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Purpose of this document

This document provides recommendations for the development of effective supervision programs and policy across the community managed mental health sector.

It explores through the literature review, different understandings and definitions of supervision; examines histories and theories of supervision, outlines available practice models and reports on the findings from the study conducted by MHCC into current supervision practices within the mental health community managed sector in NSW.

Suggested readings (references p. 108) and case studies (p.18) direct those with a deeper interest to access information which can further assist them in developing policy and practice. MHCC seeks to provide the reader with a guide to the main issues in supervision, and to provoke discussion on the appropriate application of supervision in the NSW CMO sector.

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Foreword

Supervision is a tool with which Community Managed Organisations (CMOs) can build capacity, promote best practice, maintain staff-wellbeing, enhance professionalism, build team cohesion and share experience across the sector. It is perhaps the most important element in the development of a competent practitioner. The supervisory relationship should be a complex blend of professional, educational and therapeutic aspects. It is within the context of supervision that professionals develop a sense of professional identity and examine their own beliefs and attitudes regarding clients and the work they undertake.

It is widely accepted that all professionals working in the mental health field, whether clinicians or not, experienced or just starting out, will benefit from regular practice supervision. A supervisor acts as a mentor, providing information and guidance, as well as an opportunity to reflect on work practices. In this way best practice standards for consumer care and safety can be maintained as well as providing professional and personal support for the worker.

This paper explores ways in which CMOs are currently using supervision, examines potential benefits and costs, examines some of the barriers to its effective use and makes suggestions for organisations to consider when developing a supervision model appropriate to a particular program type, or when reviewing an existing model in place.

The structure of this paper comprises the following discreet aspects:

- A literature review: providing research evidence internationally and in Australia across a number of community/ allied health sectors as to experience and evidence based practice in both public/ CMO / private settings over many decades.
- Scoping current practices identified through fifteen consultations with six MHCC member organisations investigating the challenges and opportunities that organisations, their managers and supervisors are experiencing.
- A report analysing the themes that arose from the consultations.
- Suggested supervision strategies for CMOs to utilise that take into account the differing service context and worker roles and responsibilities.

The contents have been greatly enhanced by the rich material gathered during the consultative process and MHCC express appreciation to all the organisations and staff who participated in the process.

We sincerely hope that this document goes at least some of the way in filling the gap in knowledge around supervisory practices, and is a useful springboard to further studies and research in the field.

Jenna Bateman
Chief Executive Officer

July 2012
Executive Summary

The Supervision Project arose out of response to a gap in the knowledge base surrounding supervision practices in community managed organisations (CMOs) across the community mental health and human services sectors in NSW. The issue of supervision is one that has clearly emerged as a critical issue in sector workforce development and the creation of best practice in community managed workplace culture.

At this point in time, there is no overarching policy guidance for the NSW CMO sector in relation to supervision. However, there is a broad movement towards formalisation of supervision policies across the helping professions in Australia. Notable examples include the publication of the Drug and Alcohol Clinical Supervision Guidelines in 2006 (NSW Health, 2006), and the publication of supervision guidelines by the professional bodies representing practitioners in the community sector (Australian Association of Social Workers, 2000, Australian Psychological Society, 2007, Psychotherapy and Counselling Federation of Australia (PACFA, 2010) and MHCC Policy Resource(2012).

This project provides an extensive literature review on the evidence surrounding supervision and mentoring practices internationally and in Australia. However, there is little research in the existing literature on how supervision can benefit CMOs providing a range of services including psychosocial support to consumers. There has also been little research into how CMOs in NSW are actually using supervision, or into the range of views that are held by workers, supervisors and managers in the field. As part of this project an analysis of supervision practices (fifteen interviews) in six MHCC member organisations was conducted.

In response to the gaps in current research and knowledge, the Supervision Project explores ways in which CMOs are using supervision, examines potential benefits and costs relating to different types of supervision, and sets out to understand some of the factors that may promote or hinder effective implementation and practice of supervision in the community sector.

Issues addressed in the project include: the roles of different types of supervision, including management and practice supervision; the need for supervision in terms of professional practice, and duty of care to both consumer and worker; challenges to implementation and sustainability of supervision programs; the resurgence in debates over the role of supervision, in particular the tension between supervision as a space to facilitate reflective practice and supervision as a tool for ensuring accountability.

Terminology / Glossary

Clinical / non-clinical

Traditionally, the word ‘clinical’ has been associated with a medical model of treatment and care. The clinical model focuses on assessing a person's symptoms, and treating them systematically. Community managed organisations (CMOs) deliver both ‘clinical’ and ‘non-clinical’ services. However the term ‘non-clinical’ has decreasing usage as it fails to give due recognition to the importance of looking at individuals holistically; using a recovery-orientated approach that takes into account social context and other factors that impact on an individual's well-being e.g., social connectedness; meaningful employment or activities; secure housing; and access to a range of services, as well as maximising consumer
autonomy in all aspects of care. The term ‘psychosocial support’ (services) is generally considered to be more appropriate language use.

**Consumer**

There are a number of terms used to refer to people who access a diversity of mental health services including client, service user (in the UK and NZ), patient and consumer. In Australia the term consumer is most commonly used in policy, service provision standards and guidelines, state and national plans, and research and advocacy papers to describe a person with the lived experience of persistent mental health problems.

In the *Mental Health Act 2007* (NSW) (the Act) the terminology used is patient. A person engaging with the public mental health system, and held in a voluntary or involuntary capacity, or receiving care and treatment under a Community Treatment Order, is considered to be a ‘patient’ under the Act.

Each of the terms used in a particular context has its own history and connotation for particular groups and individuals. Some terms are felt to be stigmatising and discriminatory. None adequately portray an individual’s experience or truly reflect the relationship between recipient and provider of services under the philosophy of recovery-orientated practice. The term ‘patient’, for example, tends to imply a passive recipient of medical ‘expertise’ (Axten, 2002; White & Epston, 1990), whilst ‘client’ has the connotation of a professional, transactional relationship (Axten, 2002). The term ‘user’ is commonly rejected because of its other meaning in relation to drug use. However, the consumer movement in New Zealand has recently moved towards use the term ‘service user’ in preference to consumer. The term ‘consumer’ is generally preferred as it implies ‘choice’.

Whilst the authors acknowledge individual preferences in terminology, MHCC have chosen to use the term ‘consumer’ in this paper because this is most frequently used by leading consumer advocacy organisations in NSW. We also choose the term as it relates to the objectives set out in mental health principles, standards and service delivery guidelines describing the rights and obligations a consumer has to actively participate in decision making processes and planning of their care and treatment.

**Employee Assistance Programs (EAP)**

It is important to distinguish between Employee Assistance Programs (EAPs) and supervision. EAPs provide counselling and support to workers and their families. This support is directed toward the worker’s personal needs, unlike supervision which focuses primarily on the practice needs of the worker in relation to their work with consumers. However, in some instances management may refer employees to EAP services where issues have arisen with regards to, for example, performance management or workplace conflict.

**Managed Care**

The origins of the concept of managed care emerged from the United States in the 1970s when its growth was driven by the enactment of the Health Maintenance Organization Act of 1973. Whilst managed care techniques were pioneered by health maintenance organisations, they are now used by a variety of private health benefit (insurance) programs. Managed care is now almost universal in the U.S, but has attracted controversy because it has largely failed in the overall goal of controlling medical costs. Proponents and critics are
also sharply divided on managed care's overall impact on the quality of U.S. health care delivery.

Care planning plays an important role in providing comprehensive, accountable and client centred care within mental health services. Care plans come in a range of shapes and sizes: from very formal templates to informal plans that rely on the skill and direction of those involved in formulating plans. Glover (2005) has placed ‘managed care’ on a continuum of responsibility and involvement, as follows:¹⁰

Broadly, managed care planning is based on assumptions of what clinicians think people with mental illness require, when they consider the individual does not have the capacity to participate in care planning processes. Frequently there is limited negotiation between professionals, consumers and carers. Generally, the organisation takes full responsibility for a consumer’s care, and planning takes place within the service environment using a set service framework. Planning is centred on managing crisis/distress and often aims to limit or promote particular behaviours. Managed care has a medical model focus characteristically utilising psychiatric pharmaceuticals.¹¹

**Management supervision**

Management supervision is provided to a worker by their line manager, service coordinator or other senior member of the service and covers issues of performance and expectations of work role, education and administration.

**Mental Health Worker (Supervisee)**

MHCC refer in this document to those engaging in practice supervision as supervisees, mental health workers or simply workers, and where appropriate refer to particular professional groups by their respective names (e.g. social worker, counsellor, psychologist etc.) or as used in the references cited. A person working in the mental health field who has certificate or diploma level qualifications is commonly referred to as a ‘mental health worker.’

Much of the supervision literature refers to workers in ‘clinical’ supervision (referred to in this paper as practice supervision) as supervisees and this paper uses the term frequently for clarity. However, we acknowledge the word supervisee is thought by many to imply that the worker is in a subordinate position. There is debate over the issue of a power differential in supervisory relationships i.e. whether supervision should be conceived of as hierarchical or collegiate. The authors argue that a collegial approach promotes a workplace culture reflecting a recovery-orientated philosophy and approach as best practice in every aspect of workplace culture and service delivery.
Peer Worker

A peer worker refers to an individual who has lived experience of mental illness, and is, or has been a recipient of mental health services and who currently provides mental health/support services to individuals accessing a public or community services. The peer worker may be either an employee or volunteer. They are trained and (usually) paid to work in a formalised role in support of others in recovery. Peer Workers are willing and able to share their personal experience on an equal level that supports, empowers and brings hope to the people they partner with. Peer Workers may have a diversity of job titles such as Peer Support Worker, Recovery Guide, Recovery Specialist, etc.12

Person Centred

Borrowing heavily on the affirming humanistic values of psychosocial rehabilitation and the recovery movement, the person-centred approach emphasises the development of partnerships between consumers and providers. All aspects of a person-centred approach rely on shared decision making and consumer-defined outcomes. The process promotes client choice, empowerment, resilience, and self-reliance. Person centred approaches are activities which are based upon what is important to a person from their own perspective and which contribute to their full inclusion in society.

A Person Centred Approach is described in a National Health Service Glossary13 as: an approach that puts the individual at the centre of the process and is based on their personal views and goals.

Practice supervision

Practice supervision (identified in literature as clinical supervision) has a specific meaning and is distinguished from management supervision and other forms of supervision by its greater level of confidentiality and clear separation from the functions of line management. This form of supervision derives from the counselling and psychology traditions. It involves discussion of a supervisee’s practice for the purposes of supporting worker wellbeing, developing skills, knowledge, professional identity, accountability and best practice. ‘Consultancy’ is another term that is used to describe such arrangements in the literature.

Recovery

Recovery is a deeply personal process and no single, universally accepted definition of recovery currently exists. In the simplest sense, recovery is a lived experience of moving through and beyond the limits of a person’s mental illness. In the process, individuals develop a positive and meaningful sense of identity separate from their condition, disability or its consequences in their life.

Key characteristics of recovery include:

- Recovery is personal and individualised (not defined by a treatment agency)
- Recovery moves beyond symptom reduction and relief (e.g. meaningful connections in the community, overcoming specific skill deficits, establishing a sense of a quality of life and well-being)
- Recovery is both a process of healing (regaining) and a process of discovery (moving beyond)
- Recovery encompasses the possibility for individuals to test, make mistakes and try again.
Recovery can occur within or outside the context of professionally directed care and treatment, and where professional treatment is involved, it may, depending on its orientation and methods, play a facilitative, significant or inhibiting role in the recovery process.

**Recovery-Orientated Practice**

The Australian National Standards for Mental Health Services 2010 (adapted from the Recovery Principles outlined by the Hertfordshire Partnership NHS Foundation in the UK) describe the principles of recovery oriented mental health practice from the perspective of the individual with mental illness. Recovery means gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.

Recovery-oriented practice ensures that services are delivered in a way that recognises the uniqueness of the individual; provides real choices; promotes and protects rights; supports with dignity and respect acknowledging that each individual is an expert in their own lives; offers realistic ways to help people realise their own hopes, goals and aspirations and enables them to track their own progress.

**Reflective practice**

Reflection-in-action is defined by Schön (1987) as the ability of professionals to ‘think what they are doing while they are doing it’. He proposes this as a key skill and asserts that the only way to manage the unexpected and new situations that arise in professional practice is through the ability to think on one’s feet, and apply previous experience to new situations.

This is essential work of any professional, and requires the capability of reflection-in-action. It is a process that enables a person to examine the history, experience, values, knowledge, and cultural reference points they bring to an interaction and how these may impact on how they manage and perceive the same interaction from three dimensions of reflective thought: descriptive, comparative, and critical (Schön, 1987).

**Supervision**

The terms ‘practice supervision’ and ‘management supervision’ are defined separately within this glossary however speaking more broadly, supervision may be defined as practices and relationships which provide workers’ learning and support needs in relation to their work, and helps workers maintain appropriate boundaries. Supervision is a term invested with diverse meanings by different professions and schools of practice.

There are a number of competing interpretations of supervision which reflect divergent visions of helping both within and between the helping professions. It is important to note that it is not always possible to reconcile the definitions drawn from different professional and personal perspectives operating in the helping professions with regard to supervision. In each of the helping professions, different histories and perceptions of need in relation to reflective practice, education, support and management have resulted in diverse practices which attempt to respond pragmatically to the needs of workers.
Part 1: Literature Review

Histories of supervision

Current practices of supervision have a wide range of influences which can be identified in the history of supervision and training in the fields of social work; counselling and psychology; psychoanalysis; medicine and nursing. We argue that it is worthwhile to consider a wider view of supervision taking into account social and cultural context, as well as historical development across the disciplines, as this can offer a useful framework when developing and reviewing the use of supervision.

A historical perspective also has relevance to a range of questions relevant to practice supervision in the CMO sector which will be explored later in this review - including accountability and the public face of the helping professions (Grauel, 2002); the rise of the ‘risk society’ (Beddoe, 2010); tensions between surveillance and reflection in supervision (Grauel, 2002; Beddoe, 2010); the rise of the scientist-practitioner model and divergent understandings of what constitutes ‘evidence’ and ‘evidence-based practice’ (e.g. Norcross, Beutler, & Levant, 2006); and the increasing influence of market-based understandings of the helping relationship, for example in the context of managed care (Baglow, 2009).

Supervision in medicine

Grauel suggests that medicine has a history of a range of levels of supervision, from close, direct supervision, involving a continuing, hierarchical relationship in which a supervisor provides responsible oversight of a supervisee’s work, to consultation, a case-limited, collegial relationship in which a supervisee seeks non-binding advice from a consultant (Grauel, 2002, p. 4).

In 17th and 18th century England, apprenticeship-trained apothecaries came to licenced physicians for oversight of their practice. This relationship with a consultant physician was an expression of class distinctions and provided legal protection. Consultation between licenced physicians was more collegial and provided a forum for peer review.

It could be said then that in medicine, supervision is understood primarily in educational terms. Consultation, however, continues throughout a doctor’s career as a way of seeking non-binding advice from an accredited expert in the field.

Supervision in nursing

Supervision in nursing has a long tradition and its principles are equally valid for any professional relationship. The purpose of ‘serving as a gatekeeper’ is carried out by Nursing Boards or Nursing Councils. The purpose of ‘monitoring the quality of professional services’ is carried out by the line management system of the organisation for which the nurse works. In nursing therefore, clinical supervision is for the purpose of enhancing professional functioning which Fergus (1988) described as follows:

The function of supervision is to provide and create an environment that permits and provokes the emergence of the supervisee’s spontaneity and creativity that will support them past their impasse so that they can re-enter the client system to do what they have to do with confidence.
This description contains all the elements that go to make up good clinical supervision as it has been similarly delineated in psychotherapy.\textsuperscript{25} The relationship is critical. It is positive, respectful and non-judgemental. In a very real sense it may be described as collegial.

**Supervision in the counselling, psychotherapy and psychology professions**

A key figure in counselling supervision was Carl Rogers, who in place of the master-apprentice model characteristic of psychiatry and psychoanalysis proposed a more consultative model of both therapy and supervision. ‘Clinical’ supervision in the ‘Rogerian’ tradition saw personal growth as a natural tendency of both clients (consumers) and counsellors (workers) which was to be facilitated in a non-directive way (Rogers, 1951:1969).\textsuperscript{26}

Grauel describes counselling supervision as managing the tension between promoting counsellor self-development, facilitating, *freedom for self-learning – while at the same time carefully monitoring and limiting that freedom* (2002, p. 2).\textsuperscript{27}

Humanistic counselling models of supervision emphasise the consultative side of the supervisory relationship: an interested but non-coercive and non-judgemental source of stimulation and clarification (Rogers, 1951 in Grauel, 2002, p. 10).\textsuperscript{28}

Beyond this broad emphasis on a consultative model of supervision within a confidential relationship, counselling and psychology practice generally reflects the theoretical and practice orientation of the practitioners. For example, cognitive and behavioural models of supervision tend to mirror the practice approach. These themes will be explored in the next section.

**Supervision in social work**

Social work supervision has a history rooted in the ‘good works’ projects of charity organisation societies in the second half of the 19th Century. Supervision in this period was conceived of in administrative terms, often using middle and working class supervisors employed to supervise upper-class ‘friendly visitors’ (Grauel, 2002;\textsuperscript{29} Kadushin & Harkness, 2002).\textsuperscript{30}

Social work at this time arose from what was seen as a rational response to poverty, and friendly visitors provided financial assistance which served a moral (often religious/missionary) purpose. Visitors were expected to ‘offer personal support and to influence behaviour in a socially desirable direction’ (Kadushin & Harkness, 2002, p. 2).\textsuperscript{31} Supervision in this context was necessarily consultative because of the class difference between volunteers and their ‘supervisors’.

As the class composition of friendly visitors altered, so did the functions of supervisors. After 1900, training and personal support were added to administrative functions. The formalisation of social work education occurred through the development of university programs, and increasingly social work became a salaried position occupied by working and middle-class people. Supervisors became involved in education, and under the influence of psychoanalytic ideas, the role of support and therapeutic ideas also became part of the role (Grauel, 2002; Kadushin & Harkness, 2002).\textsuperscript{32}
By the late 20th century a return to a focus on the administrative functions of social work supervision occurred. A number of factors were influential in this regard. For example, ways of interpreting the world which emphasise risk minimisation have become increasingly influential (Beddoe, 2010).\(^3\) Paralleling professionalisation in counselling and psychology, public funding of social work services and the rise of managed care have given rise to demands for accountability in terms of practice effectiveness and financial administration (Baglow, 2009).\(^4\)

In line with an expectation that supervision has an organisational purpose (Bogo & McKnight, 2006), social work tradition tends to view supervision in terms of its functions, commonly defined as being assistance with administration in addition to the functions of support and education which dominate counselling and psychology models (Baglow, 2009: Kadushin & Harkness, 2002). To this some authors add the function of mediation between the worker and wider structures which form the context of their work (Shulman, 1982: Baglow, 2009). In its focus on administration and mediation, social work supervision draws a less clear line between line management and practice supervision.

**Wider social context: influence on current practice**

Supervision in the professions of medicine, nursing, counselling, psychology and social work is increasingly limited by the demands of government policy and private bodies, including private corporations such as insurance companies (Munson, 1998a, 1998b\(^3\) in Kadushin & Harkness, 2002). The requirement to measure outcomes in particular ways and provide evidence of effectiveness has placed pressure on practice to meet short-term goals, and circumvent risk.

**Demonstrating accountability**

Another influence in the development of supervision requirements in mental health, drug and alcohol sectors as well as in the counselling and psychology professions has been the movement towards greater workforce accreditation and professionalisation of the sectors.

In the context of increased public funding of mental health services, the move towards ‘managed care’ and public demands for accountability; professional associations have become the vehicle by which practitioners can show that they are responsible, deserving of public confidence, public funds and the privilege of self-regulation. Supervision requirements are one of the means by which organisations and practitioners both ensure the effectiveness and the perception of effectiveness of the services they provide and evidence of accountability. This has been one of the driving forces towards best practice in the mental health field.

Yet supervision of a consultative style, while valuable in many other respects, may not actually provide the kind of oversight implied by the term ‘supervision’ (Grauel, 2002).\(^3\) Supervision continues to exist in a tension between policing standards and the facilitation of worker autonomy.
Part 2: Theories and practice of supervision

This section outlines supervision theories identified in the literature and the practice models associated with them from which management can determine the model/s appropriate to the particular program or service setting.

Bernard and Goodyear (1998) argue for the following typology of supervision theories:

1. Models as extensions of counselling theories and practice
2. Developmental supervision models, which match the development needs of the supervisee (Bertha Reynolds, 1963)
3. Social role models, emphasising the various roles that supervisors play in their relationships with workers (Bernard & Goodyear, 1998).

1. Supervision models that are extensions of counselling theories and practice

Cognitive Behavioural Therapy supervision

Cognitive Behavioural Therapy Supervision (CBTS) has evolved as a training and ongoing supervision approach for practitioners of Cognitive Behavioural Therapy (CBT). CBTS broadly mirrors CBT practice with a focus on a positive relationship, structured sessions and agreed objectives, with emphasis on ‘evidence-based’ procedures, the use of ‘hypothetico-deductive’ approaches to assessment and treatment, focus on measurement, individually tailored interventions and skills acquisition. Clear boundaries between supervision and therapy are drawn, although personal issues are acceptable material for supervision if they have direct relevance to client work (Kavanagh et al., 2002).

Strengths-based approaches

Solution-oriented and strengths based approaches to supervision mirror their corresponding therapeutic practices. Lowe and Guy (2002) outline one solution-oriented approach to supervision which promotes a ‘collaborative process of inquiry’. Strengths-based approaches to therapeutic change are diverse, but share some core characteristics: they are oriented towards change, take a constructionist view, seek to draw on consumers’ competence and are collaborative in their processes (Lowe & Guy, 2002, p.143).

Strengths-based approaches seek to question traditional views of supervision as necessarily hierarchical relationships. Instead, supervisors position themselves: beside their supervisees and invite them to look beyond the horizon of their current perception, to an appreciation of competence, change and possibilities (Lowe & Guy, 2002, p.144). They outline a concept of ‘embedded narratives’, in which the story which is the subject of the current supervision session (the Focus Story) is embedded within the stories of the worker’s development of competence and autonomy (the Therapist Story) and the Supervision Story, the story of the worker taking on responsibility for: defining and meeting his/her own supervision needs (Lowe & Guy, 2002, p.145).
Supervision sessions consist of inquiry and exploration in six major areas:

- Clarifying hopes and priorities of the session
- Appreciating competence and change
- Identifying challenges and resources
- Contributing ideas and perspectives
- Discussing future possibilities
- Reflecting on the session

In each of these areas of inquiry, the supervisor seeks to ‘widen the lens’ from the Focus Story (i.e. an event or issue relating to work with consumers) to the broader stories of the development of confidence and autonomy in practice, and in the use of supervision.

**Narrative supervision**

Narrative approaches to therapy and community work assume that a persons’ experience of the world is both reflected in and constructed by the language and stories they hold about their lives. White and Epston (1990) are two key figures in this approach. Narrative supervision employs many of the practices that characterise narrative therapy and community work, including externalisation ‘re-storying’ and outsider witnesses.

Crocket (2002b) argues that in the same way that narrative practice encourages ‘rich descriptions' and re-storying of clients' lives, narrative supervision invites rich explorations of the role of counsellor. In her account, it is workers who, as professionals enjoying agency (autonomy), seek support from supervisors and invite them to ‘look over’ their practice, for what it has been, for what it is, for what it might be, for how and where my work stands in relationship with my client, my colleagues, my profession, and the worlds of ideas we inhabit, and those with which I choose to align myself (Crocket, 2002b, p. 159).

Confidentiality and affording the worker the opportunity to find their own path is central to narrative approaches to supervision, unless there is very grave risk of imminent danger, I will bring my knowledge, with tentativeness, for your consideration (Crocket, 2002b, p. 163).

**Psychodynamic supervision**

Psychodynamic approaches to supervision tend to parallel the focus of psychodynamic psychotherapy on insight, unconscious processes and ‘wild and untamed forces’ working in the therapeutic relationship. For Embleton (2002), this is the real task of supervision: to penetrate the celluloid respectability of therapy and explore the often brutal, destructive and mad forces operating within and among the patient, therapist and supervisor (p.120).

Embleton (2002) offers the following definition of psychoanalytic psychotherapy, supervision is a dynamic process whereby the supervisor and the supervisee or group interact at conscious and unconscious levels of awareness so as to understand the interpersonal and intra-psychic world of the patient and hopefully comprehend their own psychopathology and psychodynamics (p.120).

While in a broad sense psychodynamic approaches have not been a key influence in the development of recovery-oriented practices, a number of useful considerations can be drawn from Embelton's model. Firstly, the supervisory relationship provides a safe, 'holding and containing’ environment which parallels the relationship between therapist and consumer. Secondly, attention is given to transference and countertransference, terms which refer to the process by which feelings of supervisees and supervisors often mirror previous or other relationships. Lastly, healthy and well-defined boundaries in supervision facilitate appropriate boundaries in the relationship between worker and consumer.
Person centred supervision

Person centred supervision is a model of supervision consistent with person-centred principles in counselling as developed by Carl Rogers in the 1950s.\(^5^4\) It focuses on the experience, growth and development of a supervisee's skills through the supervision relationship. The process encourages exploration and reflection of the worker's experience and presence in relation to consumers. Person centred supervision supports collaborative enquiry and understanding in relation to a particular consumer taking into account the perspective of a worker's own culture and social framework. Supervision provides a setting that enables and encourages the supervisee to find his or her own style and identify areas for exploration and development. Supervision can also encourage self-awareness and openness to the experiences of those they work with. This model aims to provide an open, non-judgmental and empathic environment that is both questioning and supportive, and encourages the development of "congruence."\(^5^5\)

Interpersonal process recall

Some more recent models of supervision have tended to be task-oriented, emphasising such competencies as case conceptualisation and the attending skills of the worker. However, attention is also needed to increase worker self-awareness regarding the workers 'therapeutic' relationship with the 'client' consumer. Interpersonal Process Recall (IPR) is a supervision strategy developed by Kagan and colleagues (1997) that empowers workers to understand and act upon perceptions to which they may otherwise not attend.

The goals of IPR are to, increase counsellor awareness of covert thoughts and feelings of client and self, practice expressing covert thoughts and feelings in the here and now without negative consequences, and, consequently, to deepen the counsellor/client relationship (Kagan & Kagan, 1997).\(^5^6\) Tuning out occurs most often among inexperienced workers who are engrossed in their own thought process, and in trying to decide what to do next, they may miss messages being conveyed by the client, some of which may seem obvious to the supervisor.

In this way a wealth of material in counselling sessions may remain unacknowledged by the client and the counsellor. Interactions occur on many levels, but clients and counsellors label only a limited range of these interactions (Kagan, 1980).\(^5^7\) IPR is designed to help counsellors become more attuned to dynamics of the counsellor/client relationship that they may be missing due to their tendency to toward 'sensitive' behaviour.

Hewson's Supervision Triangle

Hewson's ‘Supervision Triangle’ (2002)\(^5^8\) provides another useful guide to important issues in supervision. While it is primarily a counselling/psychotherapy model, it has relevance to all work which supports consumers. Hewson focuses on client, counsellor and relationship focused aspects of supervision, and suggests that supervisors from different therapeutic orientations will favour different parts of the triangle, reflecting the focus of their modality as seen in figure below.
As adapted to generic mental health work, consumer-focused considerations include assessment and conceptualisation of the consumer's needs, ongoing implementation, review and revision of the practice plan and contract, identifying goals and methods to be negotiated and contracted with the consumer, and addressing administrative policies and procedures.

Supervisee-focused considerations include the assessment and development of skills and knowledge to work with the consumer, facilitation of the development of professional identity, addressing ethical and professional issues including boundaries, and identification of issues relating to the supervisee's 'sense of self' and identity, and how these issues impact on work with consumers.

Relationship considerations include optimising the relationship between a worker and consumer, understanding and using systemic patterns such as parallel process (i.e. when positive or negative aspects are present in both the therapeutic and supervisory relationship); understanding and using systems relationships (i.e. seeing the supervision and therapeutic process in context); and optimising the relationship between supervisor and supervisee.
2. Practice Supervision (Developmental Models)

Developmental models of supervision have dominated supervision thinking and research since the 1980s. Developmental conceptions of supervision are based on two basic assumptions:

- In the process of moving toward competence supervisees move through a series of stages that are qualitatively different from one another.

- Each supervisee stage requires a qualitatively different supervision environment if optimal supervisee satisfaction and growth are to occur (Chagon & Russell, 1995).

Learning Domains and Self-Regulation Model

Developmental models propose stages of development for supervisors, supervisees and the supervision relationship itself. The model seeks to provide a guide for the development of a self-regulating practitioner who has internalised many of the processes and techniques of supervision (Lizzio & Wilson, 2002). They include the learning domains of systemic competence, ethical judgement, conceptual competence, personal development, technical skills and role efficacy. This model provides a useful guide for the development of a self-regulating practitioner.

Integrated Developmental Model

This model suggests key stages in the development of practitioners. The overriding structures are: self-awareness, motivation and autonomy with specific domains that relate to: intervention skills; self and other awareness assessment techniques; interpersonal assessment; client conceptualisation; individual differences; theoretical orientation; treatment plans and goals and professional ethics (Stoltenberg et al., 1998).

The Skovholt and Ronnestad Model (1992)

This model, well grounded in research, goes beyond focus on trainee development and recognised that development continues throughout the lifespan. The stages during training are identified as:

- Stage 1: Competence - The central task at this stage is to use what one already knows; the conceptual system is based upon “common sense.”
- Stage 2: Transition to Professional Training - The central task at this level is for the trainee to assimilate information from a number of sources and apply this information to practice. The conceptual system is driven by the urgency to learn conceptual ideas and techniques.
- Stage 3: Imitation of Experts - the central task is to imitate experts at the practical level, while maintaining openness to a diversity of ideas and positions; the trainee is developing a conceptual map of some sort, though typically, it is not complex.
- Stage 4: Conditional Autonomy - the central task of functioning as professionals; they have begun to develop a refined mastery of conceptual ideas and techniques.

Following graduation the stages are:

- Stage 5: Exploration - a move to explore beyond what is known. There will be rejection of some previously held ideas and models.
- Stage 6: Integration - professionals work toward developing authenticity. Their conceptual system has become individualised and most likely integrative or eclectic in their approach to working with clients.
- Stage 7: Individuation (lasts 10-30 years) - the central task is a highly individualised and personalised conceptual system, with a move toward deeper authenticity.
- Stage 8: Integrity - The task is to become oneself and prepare for retirement. At this point, the conceptual system is highly individualised and integrated.

3. Social Role Models

A Structural Approach

Holloway’s Structural Approach to Supervision (SAS) (Holloway, 1995)\(^\text{64}\) is an empirically derived model in the tradition of social role theories (Bernard & Goodyear, 1998).\(^\text{65}\) The SAS conceives seven dimensions of the supervision process: the supervisory relationship; the characteristics of the supervisor; the characteristics of the institution (the institutional context of practice and supervision); the characteristics of the client (consumer); the characteristics of the supervisee; the functions of supervision and the tasks of supervision. The six dimensions are modulated through the supervisory relationship, and the teaching tasks and supervisory functions form the action of the supervision process (Holloway, 1999, p.10).\(^\text{66}\)

Holloway describes five functions of supervision, which are functions largely fulfilled by the supervisor: to monitor and evaluate, to instruct and advise, to model, to consult, and to support and share. These five functions articulate with five tasks, which are areas of competence and awareness that counsellors need to develop: counselling skills, case conceptualisation, professional role, emotional awareness and self-evaluation.

The Discrimination Model \(^\text{67}\)

Bernard’s Discrimination Model is one of the most commonly used and researched integrative models of supervision, originally published by Janine Bernard in 1979. This model is comprised of three separate foci for supervision (i.e., intervention, conceptualisation, and personalisation) and three possible supervisor roles (i.e., teacher, counsellor, and consultant) (Bernard & Goodyear, 2009).\(^\text{68}\) This model is frequently used during training of counsellors. It is both a social role and developmental practice model.

The supervisor could, in any given moment, respond from one of nine ways (three roles x three foci). For example, the supervisor may take on the role of teacher while focusing on a specific intervention used by the supervisee in the client session, or the role of counsellor while focusing on the supervisee’s conceptualisation of the work. Because the response is always specific to the supervisee’s needs, it changes within and across sessions.

The supervisor first evaluates the supervisee’s ability within the focus area, and then selects the appropriate role from which to respond. Bernard and Goodyear (2009) caution supervisors not to respond from the same focus or role out of personal preference, comfort, or habit, but instead to ensure the focus and role meet the most salient needs of the supervisee in that moment.

The discrimination model attends to three separate foci for supervision:
1. Intervention Skills: What the supervisee is doing in the session that is observable by the supervisor (interventions, skills, techniques, etc.)
2. Conceptualisation Skills: How the supervisee understands what is occurring in the session, identifies patterns, or chooses interventions (all covert processes)
3. Personalisation Skills: How the supervisee interfaces with a personal style with therapy at the same time he/she attempts to keep therapy uncontaminated by personal issues and countertransference responses.
Other writers have suggested a fourth category, as a focus of supervision but this is not in Bernard’s original model.

4. Professional Behaviours: How the supervisee ‘acts’ and attends to professional issues such as ethics, dress, paperwork, etc.

Once a supervisor has made a judgment about the supervisee abilities within each focus area, a role is chosen to accomplish the supervision goals. Within the supervision process (or session), three roles may be assumed by the supervisor:

1. Teacher

Supervisor takes responsibility for determining what is necessary for the supervisee to learn. Evaluative comments are also part of this role.

2. Counsellor

Supervisor addresses the interpersonal or intrapersonal reality of the supervisee. In this way, the supervisee reflects on the meaning of an event for him or herself.

3. Consultant

Supervisor allows the supervisee to share the responsibility for learning. Supervisor becomes a resource for the supervisee but encourages the supervisee to trust his or her own thoughts, insights, and feelings about the work with the client.

The Hawkins and Shohet Model (1989)

The supervisor’s role is to offer support and reassurance, but also to contain any overwhelming affective responses that a supervisee might have. There are six foci that are addressed in this model.

Focus 1: Reflection on the content of the therapy session (worker narrative)

Focus 2: Exploration of the strategies and interventions used by the worker (worker activity)

Focus 3: Exploration of the process and relationship (worker/consumer process)

Focus 4: Focus on countertransference (supervisee’s state)

Focus 5: Focus on the ‘here-and-now process as a mirror or parallel of the ‘there-and-then’ (supervision process). What has been discussed by others as parallel processes

Focus 6: Focus on the supervisor’s countertransference (supervisor experience).
Modes of delivery

Management Supervision

Only a supervisor with authority and accountability for the supervisee can undertake management supervision. In order that the maximum benefit is derived from supervision, it is essential that managers actively promote an understanding of the aims of supervision within and between their staff and teams.

Management supervision provides an opportunity for staff to, for example: review their management/administrative responsibilities and tasks and review progress against objectives and priorities, and reset them as required as well consider how individual objectives relate to team/ organisation/ service system objectives whilst identifying and planning for learning and development needs and gaining support and feedback on performance.

Some of the aims of management supervision include to:
- Provide an open and supportive workplace climate, where communication is actively encouraged and feedback welcomed
- Reinforce roles and responsibilities and the standards of care and behaviour required
- Promote safe and effective practice and high quality service user experience
- Contribute to a framework of arrangements to meet governance requirements
- Share best practice and lessons learned
- Provide an opportunity for discussion of ethical issues
- Encourage and enable staff to learn and develop new and improved working practices
- Help staff gain an overview of their work and acquire fresh insights into their role and functioning
- Provide an opportunity for staff to share work experiences
- Demonstrate to staff their value to the service and their contribution to service objectives
- Develop rapport and understanding between staff
- Provide an opportunity for two-way feedback
- Avoid staff working in isolation
- Provide a forum for support, encouragement, praise, feedback and constructive criticism
- Assist with time management and organisation of workload
- Monitor objectives and evaluate effectiveness/performance
- Tackle issues associated with pressure and stress in the workplace
- Enable continuing learning and development
- Provide for staff personal needs and growth.

Social work management model

In the first instance, the social work management model has an administrative function which is: a process for getting the work done and maintaining organisational control and accountability (Kadushin & Harkness, 2002). This administrative function ensures: correct, effective, and appropriate implementation of organisation policies and procedures.

This model requires that administrative supervision take care lest it becomes subject to enforcement and narrow bureaucratic thinking because at worst, such models of supervision allow the worker to subvert the process by withholding, filtering, or even inventing information so that supervision may become a stultifying and totally dishonest series of transactions (Dale et al., 1986, p. 206, in Baglow, 2009).
Baglow (2009) understands administrative supervision in a wider sense, emphasising its potential to direct attention to workers’ support and educational needs. Failure to meet administrative requirements can be a sign of workers facing difficulties in their work, and supervisors can then help the worker address the educational, support or administrative issues underlying the problem. This kind of assistance may be unavailable in practice supervision. Supervision also acts to support workers, sustain morale and promote professional self-worth and can serve the educational and learning needs of workers.

The function of mediation is defined as assisting the worker to effectively negotiate the wider structures and systems within which they work. Supervisors have the function of mediating engagements between the worker and the systems within which work takes place bringing differences (both in facts and feelings) into the open and working to resolve them both for the worker and the system. In this model supervision is conceptualised as an expanded management function with increased supportive and educational aspects, rather than a relationship independent of line management as is the case with practice supervision. Supervision is seen as a, small, interlocking social system that at its best is cooperative, democratic, participatory, mutual, respectful and open.

This form of supervision will be familiar to many in the CMO sector, derived from social work supervision, and is often the only form of supervision available, and is rarely separated from line management. It has the advantage of a broad focus on workers’ interactions with the systems that form the context for their work. In addition, supervisors in this context can draw on their own observations of a supervisee's work and their intimate knowledge of the workplace and often the consumers who use the service (Baglow, 2009).

Merging line management supervisory functions with practice supervision responsibilities can result in significant limitations including self-censorship by workers and feelings of conflicting roles and responsibilities for supervisors. Supervisees may fear discussing their vulnerabilities with a supervisor who also has responsibility for such things as performance appraisals. This can result in a self-censorship that undermines the supervision process, and a tension between supervision as a place of reflection versus a place of actual or perceived surveillance (Beddoe, 2010).

In its focus on administration and mediation, management supervision has a less clear line drawn between line management and supervision and its theory and definitions emphasise its functions in terms of organisational aims.

The literature emphasises the importance of administrative and meditational supervision functions in addition to the functions of support and education which dominate counselling and psychology models (Baglow, 2009). These functions support workers, sustaining morale and promoting professional self-worth (Kadushin & Harkness, 2002, p. 20) and can serve the educational and learning needs of workers.

**Practice supervision**

Practice supervision is described in the NSW Health Drug and Alcohol Clinical Supervision Guidelines (2006, p.2.) as a formal and ongoing arrangement between one worker and a (generally) more experienced practitioner whereby the practice of the worker is reviewed and discussed in confidence for the purposes of:

- Further developing the worker’s professional identity and ‘clinical’ practice skills and knowledge.
- Ensuring workers are operating within relevant clinical, organisational, ethical and professional boundaries.
- Monitoring and supporting the worker's wellbeing and coping capacity in relation to their work.

Taking on a variety of forms it may be internal (performed by an organisation’s employee who is outside of the line management structure of a supervisee's team), or external (performed by an external contractor). Practice supervision may also be accessed privately by workers, particularly by counsellors and supervisors as part of the professional development or professional membership requirements.

Practice supervision can provide benefits unavailable when supervision is merged with management functions. This is the basis for the strong recommendation in many published ‘clinical’ guidelines that supervision be separate from line management functions (e.g. NSW Health,81 AASW,82 PACFA). This form of supervision also has its own set of limitations, including the distance between the supervisor and the worker's practice, and the possibility that the supervisor is not experienced in the functions undertaken by the supervisee.

**Other modes of delivery**

Other supervisory practices are available and are being used by the CMO sector. These include: coaching, mentoring, peer supervision, self-supervision, group supervision, clinical practice group and peer group.

**Coaching**

The nature of the supervisor-supervisee (coach-coachee) relationship within coaching is more difficult to define than in the counselling traditions. This is particularly difficult if the parties are working from different theoretical models. They may exhibit different cognitive styles, belief systems and ethical perspectives. They therefore need to be sensitive to potential similarities and differences. How they do this generally derives from systemic developmental models and starts with defining and structuring the supervisor-coach relationship.

Applying the work of Ronnestad and Skovholt (1993)84 (p.8 of this document) to coaching, contracts can serve to identify and clarify:

- The coachee’s developmental needs including their education and work experience
- The supervisor’s competencies, making these explicit in terms of their professional skills and experience (including knowledge of organisational behaviour)
- Opportunities (and limitations) provided by work settings so that goals set are practical and realistic
- Supervisory goals, methods and focus which are made explicit

It is important that both coach and coachee explore each other’s expectations to see if they match. It there is a mismatch, it is important that these differences are explored and negotiated.

The contract should deal with the expectations and needs of third parties such as the client (Hawkins & Shohet, 2000).85 It is essential that the boundaries between operational and any practice issues that arise are described. Organisations may have their own policies on supervision, but even if they do not, they are likely to have clear expectations about the quality of the work. As Copeland (2006) also warns, the culture and values of supervisors and the organisations in which they operate, may often be diametrically opposed.86

Mentoring

In some settings, a supervisor may be asked to become more of a practice teacher or mentor. Their task is not just to enable the supervisee to reflect on practice and to develop new understandings and ways of working, but also to teach in a more formal sense. Mentors and practice teachers may well need to instruct a student-worker on how to proceed in a particular situation; or to provide theoretical insights. This comes closer to the apprentice-master/mistress relationship.

Mentors are skilled performers - they can be observed, consulted and their actions copied. Mentoring encourages workers to think and reflect in a confidential and supportive environment. Sessions typically involve reviewing the intervening period, identifying challenges, and workshop ways to respond to challenges in the future. If needed, sessions can include skills practice, practice analysis, interpersonal skills development, role-plays and other activities. Mentoring can be a powerful aid to learning and development. Mentoring is sometimes described as a the role as that of a critical friend who is a trusted person who asks provocative questions, provides data to be examined through another lens, and offers critiques of a person’s work as a friend. A critical friend takes the time to fully understand the context of the work presented and the outcomes that the person or group is working toward. The friend is an advocate for the success of that work. 87

Peer supervision

Peer supervision in the supervision literature is quite different from what is understood as peer supervision in the context of peer work. It is commonly used by people with a similar professional background (i.e., psychology, counselling and social work) which moves away from traditional top down models of supervision. It is a model of supervision that occurs amongst colleagues in similar roles, and often the parties will reverse roles during a session. This is an informal process in which fellow professionals can consult each other, make use of each other’s particular experience and expertise; and support each other whilst minimising costs. However, it should be said though that all the professional boundaries should be maintained, and that this should not become ‘a chat.’ Hawken and Worrall (2002) suggest that such a model, leads to improved professional and organisational learning through professional collaboration, sharing of experiences and establishment of professional connections. 88

With the movement towards peer work in mental health services, there is a growing call for peer supervision which emphasises independence from professional services to one in which peers support each other within the mental health system. However, whilst there is little evidence concerning peer supervision models or outcomes for supervision in peer worker contexts there is no reason to suggest that people with lived experience working in mental health services should not utilise this mode of delivery in exactly the same format.

In the context of a peer workforce whether in the broad diversity of CMOs or specifically in consumer led organisations, peer supervision (individual or group) are processes through which the worker is able to be supported by and access the experience and expertise of other workers with lived experience of mental illness.

Workers derive many benefits from peer group supervision. In general it can offer:

1. Improvement in communication and interactive skills
2. Counselling and coaching skills
3. Quality assurance and quality improvement
One of the few studies found available surrounding peer supervision from the Arizona Division of Behavioural Health (2007) recommends that oversight and supervision is most effective when utilising a “coaching” philosophy for all employees instead of a traditional “supervising” approach. The suggestion is that ‘coaching’ better mirrors recovery principles and an approach that peers are expected to personify in their work with others who are receiving mental health services.

Some services have identified that a group coaching process combined with individual coaching is the most effective strategy. Group coaching promotes commonality of purpose and experience while increasing the comfort level in the group process, and individual coaching allows for individual clarification and strength identification. Coaching reinforces the value of “person-directed” recovery, and in so doing the peer employee “owns” their own performance improvement in a partnership with the coach, which leads to better outcomes.

Agencies are encouraged to develop career pathways for this type of peer-to-peer supervision which improves staff retention and provides for promotional opportunities.

The experience of programs employing peers demonstrate that the more inclusive the program is, with peers as equals on the team within their unique function and role, the more successful the entire team. Supervision (coaching) and training of all team members in a parallel manner should ensure that the team stands shoulder to shoulder and shares in the mission of the program (ADHS:DBH, 2007).

Self-supervision

Self-supervision has been conceptualised in two ways. First, self-supervision can be understood in terms of self-regulation, as in Lizzio and Wilson's (2002) model (see p. 8). Here, the goal of practice supervision is to increase the supervisee's ability to self-regulate their learning, practice and support needs. Self-supervision can also be understood as a systematic practice, involving the structured use of time to reflect on practice taking, primary responsibility for identifying and meeting their supervisory needs (Lowe, 2002). Lowe sees self-supervision as a supplement or an adjunct to other supervision which is not sufficient by itself.

Group Supervision

‘Clinical’ Practice Group Supervision is a situation of two or more workers in a supervision process with a lead supervisor. Generally everyone in the group agree to the model and processes used. Whilst workers often describe group supervision as a really useful process since it enables them to support and learn from each other as well as the supervisor, and enhance collegiate practice, several authors point out that: there is a lack of systematic analysis to support the efficacy of group supervision (Borders & Leddick, 1987; Hayes, Blackman, & Brennan, 2002).

Advantages of group practice supervision are numerous:

- Stimulation and a variety of perspectives on each supervisee’s clients
- Opportunities to learn from the ways in which fellow supervisees handle their practice
- Opportunities to hear about and learn from colleagues’ work with a wide variety of clients
- The variety of views may act as a corrective against the single supervisor’s biases or blind-spots
- Economical in training environments, voluntary settings, in community organisations with no funds available for supervision, or for those supervisees whose salaries prevent them from self-funding external supervisors.
• Group diversity may provide useful opportunities for role-plays to be experimented with.

Nevertheless, practice group supervision may present some challenges:
• There may be insufficient time for each member’s concerns to be addressed in any detail
• Supervisees may have too much opportunity to ‘hide’ or to minimise their difficulties
• Supervisees may consciously or unconsciously compete with or thwart each other, particularly when supervised together in a training setting
• The variety of perspectives on each supervisee’s cases may be experienced as a bombardment of conflicting and unhelpful views
• Group dynamics may become at times more distracting or interesting than the actual cases under discussion
• Confidentiality may be compromised or less protected.

The unique aspect of group supervision is that members are not only influenced by the lead supervisor, they also are influenced by (and influence) others in the group. Interventions are incorporated to capitalise on, and account for, this interrelatedness.

**Peer Group Supervision** is an effective form of supervision without a lead supervisor. For many organisations this may be the most cost effective or the only model available to them. Participants confer with one another by discussing key topics of their professional everyday lives, in order to provide solutions for difficult situations with consumers or colleagues. The participants learn better or alternative ways to manage professional problems and reduce stress. This is generally thought to result in the group members’ increased professionalism within their work environments. This results in the group members’ increased professionalism within their work environments.\[96\]

Group Supervision is a training field for personnel development. It offers:
• Improvement in communication and interactive skills
• Enhancement in practice and coaching skills
• Quality assurance and quality improvement

For the participants of Peer Group Supervision, it offers:
• New ideas for work life and new perspectives for well-worn behaviour patterns
• Reflection on management and work style
• Empathy and support in difficult situations
• Improvement of professional interaction with consumers, colleagues and managers
• Practice in supportive and accompanying workplace skills
• Better exchange of knowledge between colleagues
• Improvement of team cooperation

For the organisation, it offers:
• Improvement of quality of work and better work performance
• Improved reflective practices
• Reasonable costs for workforce development
• Development of a shared supportive organisational culture
Ideally peer group supervision should be in addition to individual practice supervision. Whilst the group mutually agree to the manner in which the group operates, e.g., safety, confidentiality, boundaries, functions, goals, models and practical issues, the organisational culture and personal dynamics may be challenging for some participants, particularly if there are perceived differences in experience, training and theoretical approaches. Peer Group Supervision can be of use for everyone whose professional tasks are communication related as well as building and maintaining supportive relationships within and across organisations.
Part 3: Supervision in practice in CMOs

The NSW Community Managed Mental Health Sector Mapping Report 2010 (MHCC, 2010) outlines the diversity of the sector, identifying 350 programs across 21 program types, the most numerous being accommodation, support/self-help groups and psychology/counselling services. Other service areas identified in the survey include employment and education, helpline and online services, counselling services, leisure and recreation, information, advocacy and promotion, as well as family support and carer programs. Education and training of the workers in these programs ranges widely from on-the-job training to government-registered TAFE, college or university courses including MHCC’s Learning and Development Program which provides a wide range of qualifications, courses and workshops to the CMO sector that cover nationally recognised units of competency and contribute towards the Certificate IV in Mental Health, the Diploma of Community Services (Mental health & AOD) and the Advanced Diploma of Community Sector Management.

Anecdotal knowledge of a range of supervisory practices and approaches in the CMO sector is widely accepted. However, despite the large number of programs and diversity of service type in the mental health community managed sector, the documentary evidence is scant, and mostly absent from the literature reviewed is evidence about the existence and relevance of supervision models to mental health support workers in a community services context. The authors nevertheless found two case studies following that describe supervision in a ‘non-clinical’ context and illustrate some of the issues identified in the research. Member organisation Aftercare was also kind enough to agree to MHCC including their report of supervision practices (case study 3, p.20).

Case Studies

Case Study 1: Supervision in a supported housing program in the UK

In spite of increased public concern surrounding people facing mental health problems, workers with minimal qualifications have a big role in caring and are often placed in highly demanding situations. Kemp (2000) found that UK community mental health workers were concerned at the level of support workers received, and how well they were supervised. Kemp (2000) suggests that in part this lack of support and training rests on a misconception that ‘unqualified’ mental health support workers offer only ‘practical support’. Kemp’s action research into the supervision needs of a UK mental health housing support service demonstrates that such a simple division between ‘clinical’ and ‘support work’ is untenable. Likewise, a recovery orientated approach to supporting consumers does not draw a clear distinction between clinical support and non-clinical support.

Kemp found that although workers’ positions were conceived as practical support, the support that they required from their workplace related to their role as social supports for residents (Kemp, 1997, 2000). As manager of a supported housing service, Kemp responded to this experience by arranging a learning programme involving a weekly training session focussed on the practical work experience of the workers and ongoing reflection on their practice. He describes practice guidance and facilitation of reflection on practice as part of his daily management role. The practices developed in the service might be characterised as supervision of a social work type, involving a broad view of his role as manager which included the facilitation of reflection on practice.
Over time the experience of the service was that although the initiative was useful, the new programme was too insular and failed to partner with mental health professionals in the local community mental health service to provide a more collaborative model.

It is interesting to note that Kemp did not opt for ‘clinical’ supervision in response to his perceptions of ‘insularity’ in the training and support program. Instead, he initiated a training program aimed at increasing confidence in formal and informal contact with ‘professional’ workers. The service sought to increase mutual understanding between ‘professional’ and ‘non-professional’ staff, highlighting the special knowledge developed by each professional group by virtue of their training and contact with consumers.

Of less direct relevance to supervision, but important nonetheless, were the experiences of support workers and consumers in contact with ‘professional’ staff such as psychologists, GPs and psychiatrists. Not only was the experience of support workers valued by most professional staff, consumers valued how their support workers were able to successfully mediate their contacts with professional staff.

Case Study 2: The Community Visitor Program of the Commission for Children and Young People and Child Guardian (QLD)

Baglow (2009) describes the role of social work supervision in enabling a community visitor program which promoted the rights of children in the care of the Minister. 200 volunteer home visitors were supervised by ‘zonal coordinators’ who were responsible for 15 to 20 visitors each in zones corresponding with those covered by the Department of Child Safety.

Administrative supervision in this program sought to take a broad view of administration:

- **Imaginative administrative supervision can discover quicker than the other types of supervision what is really going on between worker and user. Inflexibility in carrying out procedures shows that the worker has an acute fear about a case.**
- **Rules that are ignored may show that the worker may have been sucked in by a hostile client.**
- **Slack administration may reveal that the victim inside the worker is colluding with the victim part of the parent.**
- **Unwillingness to operate guidelines may reveal that the worker is afraid to confront the client** (Moore, 1995, p. 65, in Baglow, 2009).

In particular, Baglow (2009) highlights:

- The importance of noticing the depth of descriptions, which Geertz (1973) called ‘thickness,’ brought to supervision by workers. Information-poor and judgement-ridden accounts of client lives are clues to supervisory needs.
- Educational processes were also seen in broad terms. An emphasis was put on creating and sustaining a climate of learning rather than a narrow focus on imparting basic knowledge. Learning through regular feedback was supported by the development of longer-term learning plans.
- Visitors primary support needs were centred on the need for psychological and physical safety in a context of possible workplace threats and an ongoing exposure to feelings of failure to protect the children referred to them.
- Supportive supervision also assisted in mitigating burnout by assisting workers to develop revised and flexible worldviews which allow them to: maintain meaning in the face of many obstacles.
The Community Visitor Program also provides some useful experiences in relation to the mediation function of supervisors in the context of rapid organisational growth or change.

Baglow (2009) writes that supervisors internationally are faced with maintaining a consistent and dependable environment for frontline workers, while contending with often unexpected policy shifts at upper levels of management. He notes that within a period of a couple of years the Community Visitor Program of the Commission for Children and Young People and Child Guardian increased staff members from 20 to nearly 200.

Such a rapid increase was difficult to manage whilst the program moved quickly from a situation in which there was a relatively flat management structure, where everyone could talk to everyone else and roles were somewhat blurred, to a situation in which the structure of necessity needed to be more formal, with clear boundaries and paths of communication. Compounding this problem, the legislation underpinning the service changed substantially and the Commission was committed to roll out the service quickly. Understandably, both managers and community visitors struggled, and the zonal coordinators (who were the frontline supervisors) came to play a crucial role in mediating the need for change from upper management while feeding back to management what was workable and practical on the ground.104

Baglow’s report highlighted how the program’s frontline supervisor/coordinators, trained in the social work supervision tradition, encompassing administrative, educational, support, and mediating functions, enabled community visitors within a child advocacy service to engage with issues of children’s rights and welfare in a holistic rather than a fragmented manner.

He suggests that social work, with its strong supervision history, has much to offer as we attempt to address issues of child abuse. Social work supervision, at its best, promotes considered responses that acknowledge the emotive and cognitive worlds of the frontline worker, the administrative imperatives of the state bureaucracy, and the complex array of systems with which the child, the family, and the worker must interact. Baglow (2009) writes that for twenty years bureaucracies have unsuccessfully experimented with a supervision that is purely administrative. He proposes that what we now need is to reinstitute reinvigorated social work supervision that can realistically address the needs of frontline workers in child protection. He argues that many of these functions would not be possible within a narrowly defined counselling/clinical supervision model.

However, a possible criticism of the model is that it places so much pressure on supervisors to provide a safe space for workers while mediating the relationship between workers and the management and other systems in which they work.105

Case Study 3: Implementation of supervision at Aftercare

Information provided by Aftercare

The Supervision Program at Aftercare was developed by Housing and Accommodation Support Initiative (HASI) management, in consultation with staff. HASI was a relatively new service at time the supervision program began.

HASI is a partnership between NSW Department of Health, Housing NSW and the CMO sector. The program provides much needed, appropriately supported housing for clients with a diagnosed mental illness. The aim is to maximise each individual's quality of life and to help them live independently in the community, but not in isolation. It is designed also to assist people maintain successful tenancies, improve quality of life and assist in the recovery
from mental illness. Stage 1: consisted of high support places (2002/03) and Stage 2: low support places (2005/06).

The HASI 2 target group were aged 16 years and above. These consumers had public housing established or were eligible for public housing; low levels of psychiatric disability; and high levels of functioning most of the time. Service Activities included: providing holistic case management including case planning, assessment and review; developing and maintaining relationships with other agencies; providing advocacy and referrals for clients; conducting home visits and assisting with transportation to appointments and activities. Outcomes included: reduced demand on emergency and health services, reduction in costs to the health system; clients were connected to the community and had improved social inclusion; and greater levels and duration of recovery and rehabilitation. Similarly clients maintained their tenancies, had improved relationships with housing provider and improved mental and physical health and emotional wellbeing.

Structure

The initial supervision program consisted of informal individual internal supervision with a Team Leader, and group-based external ‘clinical’ supervision. However, as the service and its staff have developed, a more formalised supervision program was established, and more opportunities for professional development have been created through the implementation of a coaching program, and ‘Quarterly Recovery’ Workshops.

The Supervision Program consisted of 4 components, each with a specific purpose and goals:

1. Internal Supervision
   Regular, fortnightly individual supervision with the Team Leader ensures workers are supported in all areas of their work (e.g. client issues, administration, current projects, management, collegial concerns, training and development) thereby enhancing staff productivity and reducing burnout.

2. External ‘Clinical’ (Practice) Supervision
   Monthly group ‘clinical’ supervision provided by a supervisor (with supervision qualifications in counselling, mental health or social work supervision) allows staff the opportunity to discuss client issues, ethical issues, to reflect on their work, and to monitor self-care.

3. Coaching
   The coaching program provides experiential learning for staff, to improve their understanding of consumers’ experiences in recovering from mental health problems. This provides staff with an additional dimension to their intervention and interactions with consumers, as well as speeding up their own personal and professional development. The coaching is provided by in-house managers and team leaders with appropriate skills and qualifications.

4. Quarterly Recovery Meetings
   Quarterly Recovery Meetings are 1 day workshops, attended by all Outreach Service staff. The agenda is determined by the Service Manager and may include guest speakers, presentations by selected staff members, and activities designed to improve skills, and explore themes relating to mental health recovery.

1 Aftercare used the term ‘Clinical’ in their report. MHCC preference for the sector is ‘Practice Supervision’ (see Glossary).
Challenges

The main challenges faced in implementing this program have concerned the time required to conduct the various activities, and weighing this against the immediate needs of clients. Both staff and management agree however, that the various supervision and coaching activities ultimately support clients by better preparing staff in terms of skills, knowledge, empathy, and personal well-being.

The practical issues surrounding time management have been largely dealt with by utilising personal Outlook calendars available on Windows software. Team Leaders have access to all staff calendars, and are responsible for sending notice of all supervision sessions, training courses, and workshops scheduled. Where possible, regular appointment times are kept to assist staff in maintaining structured work routines.

Management has been consistent and vocal in its commitment to all aspects of the Supervision Program, which has helped to send the message to staff that this program will continue indefinitely, and that staff are expected to participate as part of their role and responsibilities.

Benefits

The benefits of the Supervision Program have far outweighed the challenges faced in establishing it. In a staff survey in 2008, 90% of HASI2 staff reported strong job satisfaction, and 85% reported strong organisational commitment. Furthermore, HASI2 scored 100% on questions concerning ‘Supervision’ (i.e. my manager listens to what I have to say; and my manager gives me help and support).

HASI2 also scored high on performance appraisal, personal relations, innovation, and career opportunities.

Workers have also expressed great appreciation for such a comprehensive Supervision Program, and particularly enjoy the supervision and coaching components of the program. Management note that the program helps to make workers feel valued, and in return, high morale fosters productivity and commitment.106

External ‘clinical’ supervision

Since 2011, as the HASI program at Aftercare expanded to more staff-members (12) and other services began to introduce supervision, Aftercare experimented with a supervision model. Workers from HASI, Biala, ALI and ESA2 were combined into small groups of 5-6 people for supervision, with people from each team represented. It was hoped that this would help with cross fertilisation of ideas, to create links between different services in Aftercare, and also to allow staff to gain new learnings about working with different client groups. Bi-monthly group supervision was generally conducted by an accredited and qualified therapist/ supervisor external to Aftercare.

Staff reported that this approach was beneficial for a period, but after approximately 1 year, they requested to return to homogenous groups in order to focus specifically on the type of clients they were working with.

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2 Biala Ashfield provides supported accommodation for up to two years while clients learn the skills necessary to lead independent lives. ESA (Eastern Suburbs Aftercare) provides a range of activities and living skills programs on and off site and in the community. ACI (Active Linking Initiative) provides support services to clients residing in licensed residential centres (boarding houses).
The importance of getting a good match between the needs of the staff, the organisation, and the practising supervisor is emphasised by Aftercare. In one case feedback indicated that staff required more direction and structure than was being provided by a particular supervisor and in another case, the supervisor was undermining the direction of the service. In both cases it was really beneficial to have a standard review process in place, with a trial 3 months and then a yearly review. While it is obvious that not everyone will gel with the one supervisor, what has been helpful are some guidelines on criteria as to who provides supervision, as well as the processes involved, for example:

- documentation and reading provided to the new supervisor, especially regarding Aftercare’s recovery focus
- regular check-ins between supervisor and management (maintaining confidentiality)
- anonymous survey to staff at regular intervals with the understanding that not all preferences can be met

Whilst Aftercare’s internal supervision program has remained essentially unchanged as the organisation has expanded its internal coaching program has been further developed.

**Internal coaching program**

Aftercare utilise a Collaborative Recovery Model and supervisors are trained by Psychologists from Wollongong University. The model incorporates counselling skills including motivational interviewing. All workers are trained in this model which emphasises recovery values and goals, the processes of clients’ lived experience, and have their own coach, providing personal development for all workers. The backgrounds and qualifications of supervisors/ team leaders vary, and are not necessarily psychologist/counsellor/ therapists with degree/diploma qualifications.

A coaching program coordinator role has been created to manage and support the approximately 30 Aftercare staff who have been appointed as ‘coaches’ to support over 90 staff in the application of the recovery model. Coaches now complete an initial 3 day certification program, and ideally receive monthly ‘coach the coach’ sessions from an external provider. Aftercare emphasise the need for appropriate documentation and confidentiality statements from all participants in the coaching program. Evaluation of this program was initiated with the University of Wollongong and Aftercare is currently waiting on the findings.
**Part 4: Planning a supervision program**

**Introduction**

The process of supervision is complex with multiple elements and people involved. Managers and supervisors are faced with a threefold responsibility of protecting the welfare of the client, mentoring supervisees in their professional development, and protecting the interests of the profession and public at large (Storm & Todd, 1997).

In order to establish a practice supervision program, there are a number of considerations that MHCC recommend need to be taken into account in the planning process. Part 4 identifies the factors that MHCC suggest organisations reflect upon when undertaking implementation and management of supervision including: program planning, policy development, skills and training, worker choice and supervisor match, support for supervisors, evaluation processes and troubleshooting.

Following on from, and informed by Part 4, Part 5 of this document provides checklists and tools to guide and assist managers and supervisors in the implementation process.

**Setting up a supervision program**

**Considerations: implementation and management of supervision**

**Practice supervision program planning**

Setting up a practice supervision program involves three stages:

1. Program planning
2. Program implementation
3. Program evaluation

For workplaces with practice supervision programs already operating, there is no need to start ‘from scratch’. Rather, the strategies and advice offered may be adopted to complement existing programs.

Establishing clear and specific program objectives helps to guide the practice supervision program activities and provides a standard against which to evaluate program outcomes.

**Six key issues should be considered when planning a practice supervision program:**

1. Establish a practice supervision organisational policy
2. Identify and engage with the target groups
3. Establish clear goals and objectives for the supervision program
4. Develop recruitment strategies for supervisors
5. Develop a supervisor-supervisee matching strategy
6. Ensure sufficient training and support for supervisors

**Part 5: Checklist 1 provides assistance in planning a Practice Supervision program: to guide managers and supervisors (p.37).**
1. Establish a practice supervision organisational policy

A formal organisational policy on supervision as part of a worker’s induction process is likely to enhance its effectiveness. However, if implementation is something new to an organisation time should be set aside at the outset to discuss the aims and objectives of supervision, and its role within the organisation.

An opportunity to focus on the organisation’s supervision policy in a team meeting is likely to embed its practice more effectively in the organisational culture.

It is important to differentiate between management supervision and ‘practice’ supervision in the policy and identifying the aims, responsibilities and expectations of the different model/s utilised in the organisation.

Supervisor roles in practice supervision are primarily:

- Practice orientation
- Supportive
- Evaluative

A supervision policy provides structure, direction, support and validation of supervision activities. Issues addressed in a supervision policy may include:

- Statement of program goals and objectives
- Identification of desired outcomes of practice supervision (e.g., client care, professional registration, skill development)
- Identification of desired outcomes of management supervision (e.g., organisational requirements, employee performance)
- Contribution of organisational resources to the program
- Supervisee contacts
- Regularity of supervision (e.g., frequency, duration, based on practice hours)

Part 5: Checklist 2 provides guidelines for developing practice supervision policy (p.39).

Template 1 – Provides a resource template for practice supervision policy (p. 44).

2. Identify and engage with the target groups

At the outset of program planning identify the target group of supervisors and supervisees (e.g., professionals working with similar consumer clients) and involve both groups in the planning process (e.g., on planning committees, via surveys / interviews).

The benefits of involving supervisors and supervisees in program planning include:

- Ensuring the program meets the needs of both groups
- Developing a mutual understanding of the program aims, objectives, structure and processes
- Identification of potential problems / barriers and joint problem-solving to develop solutions
3. Establish clear goals and objectives for the practice supervision program

Every supervision relationship is unique and will differ according to the needs and competencies of the supervisee and the capacities of the supervisor. However, this does not preclude designation of a set of goals and objectives for a practice supervision program.

This is necessary not only to evaluate program effectiveness, but it can also provide structure and direction for the supervisor and supervisee/s involved. It is recommended that the planning process include the development of a contract between all parties to ensure mutual understanding of, and agreement on key aspects of the program.^[111]

The contract should clearly specify the:^112

- Program objectives
- Program structure (e.g., how often, the location of supervision, remuneration) and process (e.g., what model/s of supervision, how the desired outcomes are to be achieved)
- Participants’ roles, responsibilities and competencies to be achieved
- Evaluation process
- Program timeframe

4. Develop supervisor recruitment strategies

Supervisor skills and training

There is broad acceptance in the supervision literature that supervisors need to possess both practice acumen and other skills that are specific to the supervision process. These skills include adult teaching and learning skills, skills in communicating and receiving feedback, broader communication and interpersonal skills, the ability to assist supervisees to remediate poor performance, the ability to model ethical and professional conduct, and, where appropriate, appraisal and assessment (HWA, 2010).^[113] Unfortunately, many practitioners find themselves acting in the role of supervisor without having had any training which would assist them to develop these specific skills.

Practice supervision is a highly valued professional development opportunity for many professionals.^114 However, finding suitable supervisors is frequently often one of the most challenging aspects of developing a supervision program.^[115]

Under conditions of high demand and limited supply (of supervisors), it is important that recruitment strategies for supervisees are equitable and transparent. In addition, group supervision (e.g., one supervisor for several practitioners) may provide a helpful solution when supervisors are limited in supply.

Strategies to recruit practice supervisors include:^116

- Offering professional development to existing experienced practitioners (e.g., training in theory and practice of supervision)
• Employing experienced supervisors from other similar organisations and local networks
• Providing supervision on an exchange basis where an experienced practitioner from one organisation provides clinical/practice supervision to practitioners from another organisation (this strategy may also reduce problems associated with cost if supervision is provided on an exchange basis and not for a fee)
• Employing supervisors from other fields who have particular skills to offer supervisees (e.g., experience in disability or sexual assault services)

5. Worker choice and supervisor match

A number of organisational strategies can be used to match supervisors with appropriate supervisees ranging from informal collegiate networks to formal arrangements between organisations and specific programs. The most effective approach will depend on the available resources and size of the program. Some smaller organisations may not have a formal supervision program or may have a small-scale program with few staff involved. In this situation, an informal supervisor-supervisee matching process may be a more suitable method. Regardless of the matching strategy utilised, supervisor and supervisee should be consulted during the matching process.

It is important to consider several factors that can affect a supervisory relationship:

• Gender – choice may facilitate the relationship
• Cultural background – same cultural / ethnic background may facilitate the relationship
• Professional background – practitioners may prefer a supervisor with similar professional or mental health training. (However, there are also distinct advantages in exposure to different philosophies, perspectives and work practices and supervisors from other disciplines may offer some creative and innovative input)

For the supervisory relationship to be optimally effective necessitates a high degree of worker choice and supervisor match. Acknowledging that this often presents difficulties where agencies are only able to provide internal supervision, a supervisee should be able to discuss potential supervisors with managers to assess how best a preferred professional and personal match can be of benefit to the future relationship.

The ideal situation is when a supervisee is able to choose from several supervisors, allowing for a ‘goodness of fit’, as well as having the choice to terminate the supervisory relationship if it is not a beneficial relationship without suffering any negative consequences within the organisation.

**Part 5: Checklist 1 outlines recruitment and evaluation of a supervision program (p. 37).**

Tyler and Tyler (1997) outlined key points in a ‘Bill of Rights’ for supervisees that can serve as a guide for the selection of a supervisor and the ongoing monitoring of the effectiveness of the relationship. Some of the key factors for supervisees to assess include the potential availability of the supervisor, the provision of feedback, clear guidelines for the application of theory, the competence of the supervisor, and the supervisor’s support of the professional development of the supervisee. It is important that a worker does not perceive supervision as ‘snooper-vision’.
6. Training and support for supervisors

There is often an assumption that because practice supervisors are frequently more senior and experienced practitioners, that they can perform the role of supervisor. However, experience does not guarantee that these individuals have the skills, up-to-date knowledge and confidence to be effective supervisors.

It is important to provide training (to internal staff who take on supervisory roles) and support supervisors by clearly identifying their role in organisational policy, which is likely to enhance the effectiveness of a supervision program (i.e. evaluation processes). It may also enhance recruitment of supervisors into the program. Likewise it is critical that supervision is clearly identified as an integral part of the service/program delivered and given the necessary time in a supervisor's and the supervisee’s calendar of normal duties.

There are numerous strategies which can be used to support practice supervisors, which include:

- providing access to an experienced practice supervisor for guidance and advice (e.g., telephone or email support service)
- establishing peer support networks amongst supervisors
- providing tools and resources to guide supervisory practices
- ensuring that supervisors themselves are meeting professional requirements by receiving supervision (external supervisors will be expected to confirm that they too receive supervision)
- ensuring that supervision is linked to development of professional competency

Valuing and supporting supervisors

Other opportunities for formal recognition of supervisors include provision of academic titles, certificates of appreciation, additional payment and accreditation toward higher qualifications, access to university resources, reduced fees and leave for professional development activities (HWA, 2010).

Key considerations for managers and supervisors

When agreeing to accept new supervisees, organisations, managers and supervisors should consider whether they possess the necessary competencies when providing internal supervision.

According to the workplace context, the following competencies that may be required include:

1. general case management
2. therapeutic relationship
3. perceptual (personal awareness and ability to track and observe what happens in practice and translate into an appropriate theoretical approach)
4. conceptual (ability to analyse and identify complex situations)
5. structural (adaptability to individual differences and ability to integrate subordinate competences and related skills to attain best outcomes)
6. intervention (ability to apply activities that promote, restore, sustain and enhance positive functioning)

Given that the role of supervisors is to increase competence, managers and supervisors themselves bear the responsibility to ensure that supervisees are working within their own area of competence. Similarly, supervisors have an ethical responsibility to supervise only those workers where they possess appropriate levels of competence. As the persons responsible for assisting supervisees in their professional development, supervisors must assist workers in understanding the limitations or extent of their abilities (Tyler & Tyler, 1997). Organisations must not assume that seniority is necessarily all that is required in a supervisory role.

Multiple ways are available to ensure competent supervision and these are by adhering to the guidelines of professional associations, policy standards and guidelines. Adapted from Tannenbaum and Berman (1990) are recommendations for nine areas for supervisors to continually monitor in their work with supervisees. These areas are:

1. Supervise only in areas of expertise
2. Selection of an appropriate or specific supervisory model
3. Avoid dual relationships (the formation or existence of a secondary relationship, e.g., as personal therapist, close personal relationship, business relationship) (see power dynamics (p.32)
4. Formulate a sound supervisory contract
5. Regularly evaluate the supervisee’s competence
6. Availability for supervision
7. Awareness of financial considerations in supervision
8. Maintain professional standards of confidentially
9. Maintain liability coverage (professional indemnity insurance e.g., AON Insurance)

9. Supervise with honesty and integrity

Workplace implementation of supervision

Effective supervision for an organisation is characterised by flexibility and adaptation to the needs and circumstances of the supervisee and supervisor. Nevertheless there are some underlying protocols /procedures that should be followed when implementing practice supervision:

- Confidentiality
- Professional boundary setting and conduct
- Clarity about where a supervisee can seek support that falls outside the supervisor’s role (e.g., therapy for personal issues; resolution of systemic/organisational concerns)
- Supervisors should not force the adoption of a theoretical orientation unless specific to service model and contractual arrangements (see TEMPLATE 4)
- Dispute resolution protocols should be clearly articulated

Every supervision relationship is further negotiated and established by participants. However, it can be useful to develop general guidelines regarding the role of supervisees and supervisors in a practice supervision program.
Supervisor’s role

- Writes a contract that ensures regular supervision sessions
- Builds a solid working relationship with the supervisee
- Assesses and respects the supervisee’s skills and experience
- Supports supervisee learning, challenges approaches and techniques
- Assists acquisition of knowledge and skills
- Overseas current practice
- Determines the supervisee’s learning goals

Part 5: Checklist 4 provides guidelines for developing a Practice Supervision contract (p. 42).

Template 2 provides an example of a practice supervisor’s role to consider in establishing a contract (p. 55).

Template 4 provides an example of a contract between supervisor and supervisee (p. 57).

Supervisee’s role

As an ‘active partner’ in the practice supervision relationship, it is reasonable to expect that a supervisee will actively contribute to:

- Identification of aims and objectives for the supervision relationship
- Problem-solving regarding their work practice or the supervision relationship
- Skill development process within an action learning framework
- Uphold ethical guidelines and professional standards
- Work with supervisor to develop professional and practice goals
- Be open to self-reflection, change and consideration of other approaches
- Attend and prepare sessions as agreed

Part 5: Checklist 4 provides guidelines for developing a Practice Supervision contract (p. 42).

Template 3 provides an example of a practice supervisee’s role to consider in establishing a contract (p. 56).
NCETA (2005) Provide the following visual model as an aid to the process of practice supervision.\textsuperscript{126}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{supervision-model.png}
\caption{Action Learning in Practice Supervision\textsuperscript{127}}
\end{figure}

Part 5: Template 5 provides an example of supervisee goals to be negotiated between supervisor and supervisee when planning practice supervision sessions (p. 58). Template 7 provides an example of a recovery orientated reflection form for a supervisee to discuss in supervision (p. 61).

**Supervision program evaluation**

Three key issues should be addressed in evaluations of practice supervision programs.\textsuperscript{128}

- To what extent have the program objectives been achieved (as established in the planning stage)?
- Has the program met the needs and expectations of supervisors, supervisees and the organisation?
- Has the program produced benefits or improvements to work practice?

Part 5: Template 6 provides an example of form through which a supervisee can evaluate the process of supervision sessions and the learning experience and rapport building with a supervisor (p. 59).
Power dynamics in the supervision relationship

Boundaries and dual roles in worker and consumer relationships

Both management and practice supervision provide for opportunities to be challenged in relation to ethics and boundaries with clients.

Ethical issues concerning boundaries and dual relationships are among the most complex and difficult for the mental health worker. Other than explicit prohibitions concerning sexual contact with consumers, many of the boundary situations which arise are difficult to assess ethically. What constitutes a boundary violation in one situation may be ethically acceptable in a similar situation (Caldwell, 2005).

It is important that standards and workplace policy guidelines provide workers with an understanding of what constitutes boundary crossings, boundary violations, and dual relationships in that particular workplace setting in order to discern what constitutes not only the highest standards for ethical behaviour, but the highest standards for practice.

Boundaries exist to protect a consumer from misuse or abuse by a worker and to establish the professional nature of the relationship (Borys, 1994; Brown, 1994; Gabbard, 1994; Pope & Vasquez, 1991). Whether the worker is based in a community or practice setting, the helping relationship is considered to be a professional relationship and can be adversely affected by boundary issues, including boundary confusion, boundary crossing, and boundary violations. While boundary crossings may not be inherently unethical, as are boundary violations, they do have the potential for harm.

Effective practice depends on a clear delineation of roles and Reamer (2003) writes: worker-client relationships that are based on confused boundaries can be very destructive (p.105). When the boundaries are confused or crossed as they are in dual relationships, it is not helpful to the consumer, the worker, or the organisation (Congress, 1996; Ramsdell & Ramsdell, 1993). Boundary confusion, boundary crossing, and boundary violation may reinforce maladaptive beliefs and negatively impact self-esteem and separation-individuation issues for the client (Borys, 1994).

Issues of role conflict are likely to materialise when workers engage in dual relationships with consumers and vice versa. In such circumstances, Ramsdell and Ramsdell (1993) indicate that role confusion for both worker and the consumer is likely. According to Jones (1984): the agent may not know which of two or more well-defined social roles is appropriate in the circumstances in which he finds himself (1984, p. 609).

Boundaries and dual roles in supervision relationships

Issues regarding boundaries and dual roles may similarly be reflected in supervisory relationships. As in relationships between consumers and workers, supervisors must maintain proper boundaries in their relationships with supervisees. In principle, supervisees can be exploited or harmed by inappropriate dual and multiple relationships. Where supervisors exercise some form of authority over supervisees, this imbalance of power can lead to exploitation or harm if supervisors handle it inappropriately (Reamer, 2009).

Dual and multiple relationships between supervisors and supervisees may exist in various ways and include personal, religious, political, or business and social relationships. Supervisors should avoid dual relationships that have the potential to interfere with the quality and objectivity of their supervision.
Reamer (2009) writes: *sometimes complex ethical issues can be resolved with fairly simple solutions. Often the key ingredients are an earnest willingness for social workers and their colleagues to collaborate, a deliberate effort to consider and be guided by ethical standards in social work, and thoughtful, creative problem solving.*

**Professional power in the supervision relationship**

The underlying concern for a dual relationship between the supervisor and supervisee is the potential for ‘abuse of power’ due to the status differential in this relationship. Much of the literature focuses mainly on a dual relationship of a sexual nature that could occur in supervision (Corey, Corey, & Callahan, 1993), where the parallel process of being a role model for a worker is emphasised. If the boundaries in the supervisory relationship are unclear, the supervisee can interpret this as permission to cross boundaries with their consumer clients and then face ramifications for creating dual relationships with clients.

**Other forms of power at play in the supervision relationship**

Power is inherently present in supervision and how power is experienced can affect relationship dynamics and professional growth. It is important to acknowledge how power might interact with issues such as gender; age; cultural background and individual variables and is experienced by both supervisors and supervisees.

When supervising peer workers, it is important that the stigma, discrimination or paternalism frequently experienced by consumers is not played out in the workplace. Supervisors can usefully acknowledge consumer workers ‘lived experience’ as valuable knowledge and expertise equal to other workers’ qualifications and experience.

**Troubleshooting**

**Overcoming potential barriers to practice supervision**

In establishing supervision in an organisation it may be necessary to consider appropriate strategies to overcome some common barriers to the creation and maintenance of an effective supervision program. Consider the following:

**Funding and resource constraints**

To overcome funding and resource constraints, it may be appropriate for organisations to foster partnerships and share resources (e.g., joint ventures, collaborations, alliances or coalitions). It is important that organisations involved in partnerships develop a memorandum of understanding that clearly states each organisation’s responsibilities (e.g., administration, residence, managerial).

**Lack of professional development in supervision**

When it becomes apparent to the worker that the supervisor does not have the particular knowledge or experience necessary to aid their professional development, a worker needs to know that it is legitimate to seek an alternative supervisor, and that the organisation is willing to discuss this matter. In most instances a good supervisor will be appropriately self- reflective and recognise their lack of expertise to assist in a specific area and will recommend an alternative supervisor with the necessary expertise, or will seek to engage with the professional development required to extend their knowledge and skills. This may
be the only path available where referrals are problematic (e.g., in rural and remote regions where professionals are thin on the ground or where resources are scarce and mutual arrangements are limited).

Access to and participation in practice supervision programs

Problems accessing and participating in supervision may be alleviated by some of the following strategies:

- Establish online or email supervision
- Telephone supervision (recommend initial face to face to establish rapport)
- Chat rooms – using individual or group supervision sessions, but conducted in a virtual realm (as with face to face sessions, supervisors can guide topic discussions, or supervisees can set goals for the process)
- Video stream technology – a supervisor and supervisee can talk while viewing each other via a computer camera (i.e. via Skype). In such settings a supervisor will be able to observe the supervisee and their responses and engagement
- In relation to strategies that involve transmission of information via the Internet, attention must be paid to matters of client confidentiality (consideration must be paid to recorded material and access to the information by unauthorised people)
- ‘Remote’ supervision may be the only option available for workers in rural and remote areas or where agencies do not have the resources or skills to provide internal or external supervision. It can also be utilised to supplement existing workplace supports and enable a worker the ability to choose a supervisor who has the experience and expertise that particularly meets a worker’s developmental needs or goals
- Specify hours each week or month when nominated topics are to be discussed between a supervisor and worker/s
- Clear organisational policy surrounding supervision and clearly defined expectations as to what the program involves of both parties

Conflict and lack of clear differentiation between practice and administrative supervision

Many organisations seek supervisors external to the workplace to minimise disharmony and conflicts of interest and to maximise skill enhancement. Such arrangements promote opportunities for workers to experience autonomy, a sense of greater confidentiality and safety to share their own and client material. Supervision held off-site lends much to emphasise that it is an independent process.

Worker engagement with practice supervision

While many workers will already be experienced in and expect to engage in supervision, to others it will give rise to considerable anxiety or apprehension. For supervision to be embraced, it is important for supervisors to acknowledge and address issues that may contribute to supervisees’ lack of engagement in roles and tasks.
Factors contributing to a supervisee’s difficulty engaging may include:

- Fear of being exposed as an inadequate practitioner
- Rigid work practices and fear of having these challenged
- Fear that their individual style may be at odds with the organisational culture
- Lack of trust between fellow workers or between workers and administrators
- Pressure of work
- Additional workload related to supervision preparation and presentation

A supervisee may experience some aversion to practice supervision due to feelings of:

- Losing independence and work autonomy
- Being scrutinised, spied on or interrogated
- Feel they are being ‘performance managed’
- Vulnerable to judgement, criticism or comparison

Supervisors are advised to:

- Establish the relationship sufficiently before challenging
- Develop skills for dealing with lack of engagement
- Be alert to and able to recognise a supervisee’s difficulty engaging in the process
- Question and self-reflect on own contribution to a supervisee’s difficulties
Part 5: Tools for developing Practice Supervision

Checklist 1
Planning an effective practice supervision program: a guide for managers and supervisors

Checklist 2
Guidelines for developing Practice Supervision Policy

Checklist 3
Guidelines for developing Peer Supervision

Checklist 4
Guidelines for developing a Practice Supervision Contract

Template 1
Practice Supervision Policy

Template 2
Example: Supervisor Contract

Template 3
Example: Supervisee Contract

Template 4
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Template 5
Example: Planning Practice Supervision Sessions

Template 6
Example: Employee Practice Supervision Evaluation Form

Template 7
Recovery-Oriented Supervision: Reflection Form

Copies of the Practice Supervision checklists and templates can also be downloaded from www.mhcc.org.au
Checklist 1

Planning an effective practice supervision program: a guide for managers and supervisors

Supervision relationships will vary according to the needs of the supervisee and the capacities of the supervisor. This checklist is designed to be used by managers / supervisors wanting to set up a practice supervision program in their organisation / workplace, and is just a guide to work from.

Planning for a practice supervision program

1. Has a practice supervision organisational policy been developed?

Does it identify?

- Program goals and objectives
- Desired outcomes
- Contribution of organisational resources to the program
- Expectations of supervisees and supervisors

2. Has a target group of supervisors and supervisees been identified?

Are they involved in the planning process?

3. Have clear goals and objectives for the supervision program been established? Are they consistent with the organisation’s policy?

4. Have appropriate practice supervisor recruitment strategies been planned? For example:

- Offering professional development opportunities to existing experienced practitioners
- Employing experienced mental health supervisors from local networks
- Employing supervisors from other fields who have skills to offer consumer support workers

5. Have recruitment criteria for practice supervisors been established? For example:

- Experience in the mental health sector (2-5 years)
- Up-to-date knowledge and skills
- Willingness to supervise
- Not performing a line manager role (if a practice supervisor is also the supervisee’s manager an alternate, independent support should be made available to the supervisee).

6. Is there an appropriate supervisor-supervisee matching strategy? (Consider sex, age, professional background and ensure that the supervisor and supervisee are consulted during the matching process).

Is appropriate training and support provided to supervisors? For example:

- Access to an experienced practice supervisor for guidance and advice
- Peer support networks amongst practice supervisors
• Regular meetings for the exchange of ideas, experiences, problem-solving and support
• Tools and resources to guide supervisory practices.
• Implementing a practice supervision program
• Have guidelines been established regarding the role of supervisees and supervisors in the practice supervision program?

7. Has the supervisee been briefed on the expectations of their role?

Has a policy document been developed to specify the:

• Program objectives?
• Program structure (e.g., how often, the location of supervision, remuneration) and process (e.g., model of supervision, how desired outcomes will be achieved)?
• Participants’ roles, responsibilities and competencies to be achieved?
• Evaluation process?
• Program timeframe?

Evaluating a practice supervision program

Does the practice supervision program involve ongoing evaluation that addresses the extent that the:

• Program objectives have been achieved?
• Program has met the needs and expectations of supervisors, supervisees and the organisation?
• Program has produced benefits or improvements to work practice?
Checklist 2

Guidelines for developing Practice Supervision Policy

It is necessary to develop clear policy directives on supervision for community mental health workers to ensure the successful implementation of a supervision program.

The following guidelines outline the elements to consider when developing supervision policy within a workplace or organisation. Differences in the context, environment and service provision / workforce undertakings will require specific consideration. However this checklist aims to provide three fundamental criteria applicable to all supervision programs.

1. Consistency with the organisation’s mission / goals / philosophy
2. A specific purpose or direction
3. A clear structure for the development of the supervision program.

It is recommended that a supervision policy addresses the following

1. **Clearly state the importance of practice supervision and expected benefits, value to consumers, workers and the organisation**

   *For example:*
   - Improves consumer engagement / quality of care
   - Improves work practices and professionalism
   - Offers support to mental health workers, reducing burnout, job dissatisfaction and job stress
   - Development of collegiate processes

2. **Develop policy statements that provide information related to the organisation’s commitment and contributions to supporting and developing supervision and clearly state the conditions under which supervision is provided.**

   *For example:*
   1. **Organisational commitment**
      - All staff with direct client contact will have regular access to supervision on an individual; and/or group basis
      - Supervision will be provided by internal/ external supervisors
      - Allocated time for supervision for a worker - per week/month
      - Where supervision may be held and allowance for travel if required
   2. **Conditions of supervision**
      - All supervision plans will be responsive to workers’ needs
      - Worker choice of supervisor parameters clearly stated
      - Ongoing evaluation of supervision processes and issues concerning requests by workers to change a supervisor
   3. **Communicate the aims and intended goals of the policy consistent with organisational philosophy**

   *For example:*
   - Supervision will provided in line with the philosophy underpinning recovery orientated practice
• The aim of supervision is to develop the skills of mental health and support workers, address areas of need and encourage high standards of practice

4. State the standards that the organisation aims to achieve as a result of the program

For example:
• The supervision program aims to enhance quality care to consumers by the organisation
• The supervision program will assist identification of problems within the service, and ensure best practice
• Supervision will promote high standards of practice by identifying the learning needs of individual workers, monitoring and improving these areas

5. Establish a process through which the supervision program will be evaluated

The process of evaluating and measuring outcomes of the program is described including outcomes for workers as well as consumers.

For example:
• The number of staff receiving supervision and the frequency of sessions is monitored
• Arrangements for supervision will be incorporated into work plans
• An annual survey administered to workers and supervisors
• The date that the program evaluation will take place is identified
• Consumer satisfaction questionnaires
• Line management involvement specified

6. Identify all key players in the supervision policy that relate to all the different professions/roles within and external to the organisation

The roles and responsibilities of these different parties must be clearly outlined.

For example:
• Managers are responsible for ensuring all workers are aware of the supervision policy and that they all must/have access to supervision
• Supervisors are responsible for negotiating arrangements, utilising ethical practices and working within confidentiality laws
• Clearly set out requirements re mandated reporting for supervisors/ supervisees
• Supervisees are responsible for organising and making appointments with supervisors
• Supervisor/ supervisee roles, obligations (e.g., supervisor reporting and evaluations; supervisee preparation for supervision)

7. Supervision arrangements

The specifics of the supervision arrangements should be clearly outlined i.e., location, frequency, area of focus/ ongoing review, supervisee learning objectives.

For example:
• Supervision will be granted on an individual or a group basis
• Supervision will target: e.g., practice 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 e.g., twice per month.
Guidelines for developing Peer Supervision

Guidance regarding key components of a successful peer supervision program that includes, but not limited to:

- Assessment of agency values, beliefs, and structure that supports a peer workforce
- Employment/hiring considerations
- Negotiating peer and non-peer staff relationships
- Distinguishing roles and establishing professional boundaries
- Training and supervision of supervisors (by other peer worker/supervisors or non-peer supervisors)
- Encountering/billing for peer support services

The key element to remember about best practice in peer supervision is that a growing body of best practice evidence supports the development of the role of peer/recovery support staff as a unique way to foster empowerment and hope.

The role of peer/recovery support staff is flexible and varied and a CMO should seek to develop a peer workforce should invest sufficient time and attention to planning early in the process.

Adapted from: Arizona Department of Health Services, Division of Behavioral Health, 2007.
ADHS/DBHS Clinical and Recovery Practice Protocol
Checklist 4

Guidelines for developing a Practice Supervision Contract

1. Purpose, Goals and Objectives of Supervision:
   - Monitor and promote recovery of consumers seen by worker
   - Promote development of worker professional identity and competence
   - Fulfil requirement for Supervisee certification and accreditation

2. Context and Content of Supervision:
   - Frequency and duration
   - Presentation style and format
   - Variety of methods may be used within an eclectic framework

3. Method of Evaluation:
   - Feedback provided each session by supervisor
   - A formal evaluation will be conducted every e.g., six months by supervisor/supervisee
   - Supervision notes may be shared with supervisee at i.e. supervisor’s discretion; upon request of supervisee
   - Records to be limited to i.e. session details; major issues relevant to the supervision of a ‘case’; supervisee learning needs

4. Duties and Responsibilities of Supervisor-Supervisee

   a. Supervisor:
      - Encourage ongoing professional development
      - Challenge supervisee to validate approach and techniques used
      - Provide alternative approaches for the supervisee
      - Intervene where client welfare is at risk
      - Ensure ethical guidelines and professional standards are maintained
      - Recognise skills limitations and provide additional consultation when necessary (identify limitations during recruitment process, e.g. models and areas of limited expertise)

   b. Supervisee:
      - Uphold ethical guidelines and professional standards
      - Discuss consumer presentations with the aid of i.e. written notes and video/audio
      - Be open to self-reflection; change and alternative methods of practice approaches and techniques used
      - Consult supervisor or designated contact person in cases of emergency
      - Implement and reflect on supervisor directives in subsequent sessions
      - Maintain a commitment to professional development
5. Procedural Considerations:

- Supervisee's i.e., written notes, action plans and informal reflections will be reviewed in sessions.
- Issues related to the Supervisee’s professional development will be discussed.
- It is understood that important and seminal issues experienced in practice will be raised and addressed in supervision. Failure to raise such issues in a reasonable time frame will be considered a breach of contract.
- The contract is subject to revision at any time upon request by either Supervisor or Supervisee.
- The contract will be reviewed each six months on the approval of both the Supervisor and the Supervisee.

We agree, to the best of our ability to uphold the guidelines specified in the supervision contract and to manage the supervisory relationship process according to the ethical principles, policies and code of conduct of the XXXX organisation.

Supervisor ____________________________ Supervisee ____________________________

Date: _______________ Date: _______________

This contract is in effect from ............ to ............
**Template 1**  
[insert organisation name/logo]

**Practice Supervision Policy**

Document Status: Draft or Final  
Date Issued: [date]  
Lead Author: [name and position]  
Approved by: [insert organisation name] Board of Directors on [date]

**Scheduled Review Date:** [date]

---

**Record of Policy Review**

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Person Initiating/Leading Review</th>
<th>Other People Consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Triggers for Policy Review (tick all that apply)

- [ ] Standard review is timetabled.
- [ ] A gap has been identified
- [ ] Additional knowledge or information has become available to supplement the policy.
- [ ] External factors
  - [ ] Policy is no longer relevant/current due to changes in external operating environment.
  - [ ] There are changes to laws, regulations, terminology and/or government policy.
  - [ ] Changes to funding environment, including requirements of funding body(ies)
- [ ] Internal/organisational factors
  - [ ] A stakeholder has identified a need, e.g. by email, telephone etc.
  - [ ] A serious or critical incident has occurred, requiring an urgent review.
  - [ ] Need for consistency in service delivery across programs and organisations.
  - [ ] Separate, stand-alone policy is now warranted
  - [ ] A near miss has occurred, requiring a review to prevent a serious/critical incident in the future
- [ ] Other (please specify).

**Additional Comments**  
[for example, policy now covers details related to new legislation].
1. Purpose and Scope

[Insert organisation name] regards regular, recovery-oriented, supervision as an essential process for providing quality services, fostering reflective practice, supporting staff wellbeing, professional development, accountability, skills, expertise, and developing collegiate processes.

This policy provides guidance on selecting a supervisor, scheduling supervision sessions, confidentiality, and monitoring and evaluating the supervision program.

This policy does not provide guidance on organisation supervision or line management processes – refer to Human Resources Policy and Community, Professional and Personal Development Policy.

2. Definitions

In this policy, confidentiality refers to a situation in which the discussions that take place between a supervisor and staff will not be disclosed to anyone else. Exceptions to this include when:
- There is a breach of the organisational code of conduct and/or a professional code of ethics
- A breach of duty of care occurs
- Mandatory reporting requirements require an issue to be disclosed
- There is a serious concern about the safety of the worker, a client or other individual

Practice Supervision is a formal and ongoing arrangement between staff and a (generally) more experienced practitioner whereby the practice of the staff member is explored and discussed confidentially for the purposes of:
- Further developing the worker’s professional identity, recovery-orientation and knowledge
- Ensuring workers are operating within relevant ‘clinical’ (if appropriate), organisational, ethical and professional boundaries
- Supporting the worker’s wellbeing and coping capacity in relation to their work
- Improving outcomes for people accessing [Insert organisation name] services

Practice Supervision is clinically-oriented when:
- there is a focus on diagnosis, interventions and symptom reduction
- the supervision program meets requirements for clinical registration
Supervision is recovery-oriented when:

- It is based on the firm premise that mental health recovery is a personal journey, with the staff member becoming a partner in that journey.

- The supervision process supports staff to:
  
  o Become self-aware in practice
  o Consider how well they know the values, treatment preferences, strengths and goals of consumers
  o Reflect on how their work with consumers is orientated around supporting their goals and using approaches of their (the consumer's) choosing
  o Think person-first (not diagnostically)
  o Build a mutual partnership with the consumer regarding their (the consumer's) needs
  o Emphasise the consumer's strengths
  o Normalise communication (e.g., not use jargon)
  o Assist the consumer to address stigma

3. Principles

Effective recovery-oriented supervision is an important tool for staff to reflect and explore their work practice, and how their personal values, beliefs and behaviours impact on the treatment, care and support they provide to clients. Supervision sessions aim to increase staff self-awareness and provide guidance so staff can further enhance their recovery focussed skills and support those with whom they work.

Recovery-oriented supervision should include highlighting where further educational opportunities could enhance practice and development of skills.

[Insert organisation name] recognises the importance of supervision through the allocation of resources such as an appropriate length of time, frequency, conducive environment, financial and human resources.
4. Outcomes

High quality, recovery oriented services are provided by [insert organisation name].
Processes exist to support staff wellbeing, increase knowledge, and job satisfaction; the learning needs of individual workers are identified, and skills are improved and monitored.

The recovery-orientation, [and if necessary, clinical/practice skills] of staff are reviewed and developed in the course of their employment at [insert organisation name].

The skills of mental health and support workers are developed; areas of need are addressed and high standards of practice are encouraged.

5. Functions and Delegations

<table>
<thead>
<tr>
<th>Position</th>
<th>Delegation/Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Directors</td>
<td>Endorse Supervision Policy.</td>
</tr>
<tr>
<td>Management</td>
<td>• Compliance with Supervision Policy</td>
</tr>
<tr>
<td></td>
<td>• Approve budget allocations for supervision</td>
</tr>
<tr>
<td></td>
<td>• Ensuring all workers are aware of the supervision policy and that they all must/have access to supervision</td>
</tr>
<tr>
<td></td>
<td>• Clearly set out requirements re mandated reporting for supervisors/ supervisees</td>
</tr>
<tr>
<td></td>
<td>• Ensure systems are in place that allow regular and effective:</td>
</tr>
<tr>
<td></td>
<td>o recovery-oriented supervision to take place with staff</td>
</tr>
<tr>
<td></td>
<td>o reflective practice to take place with experienced supervisor</td>
</tr>
<tr>
<td></td>
<td>• Involvement in concerns raised in supervision sessions as required</td>
</tr>
<tr>
<td></td>
<td>• Maintain contracts with external supervisors [if applicable]</td>
</tr>
<tr>
<td></td>
<td>• Scheduling and implementing the evaluation of the supervision program</td>
</tr>
</tbody>
</table>
| Supervisor | • Negotiating arrangements, utilising ethical practices and working within confidentiality laws  
• Encourage ongoing professional development  
• Challenge supervisee to validate approach and techniques used  
• Provide alternative approaches for the supervisee  
• Intervene where client welfare is at risk  
• Ensure ethical guidelines and professional standards are maintained  
• Recognise skills limitations and provide additional consultation when necessary |
| Staff | • Compliance with Supervision Policy  
• Organise and make appointments with supervisors  
• Actively participate in supervision processes  
• Uphold ethical guidelines and professional standards  
• Discuss case presentations with the aid of i.e. written notes and video/audio  
• Be open to self-reflection; change and alternative methods of practice; approaches and techniques used  
• Implement and reflect on supervisor directives in subsequent sessions  
• Maintain a commitment to professional development |
6. Risk Management

The functioning of supervision will be reviewed [insert frequency] with staff to ensure it is providing effective support and education to staff.

Any concerns about the safety of a staff member, client or other individual raised during practice supervision will be raised in the first instance with the staff member and promptly with the CEO/Manager to enable appropriate action to be taken.

Supervision notes will be made and kept confidential in a securely filed location. These records may be reviewed in the event of any concern being substantiated.

7. Policy Implementation

Supervision policy is developed in consultation with relevant staff and approved by the Board of Directors. The policy forms part of staff orientation processes for all staff involved in client service delivery and management. Service delivery staff are responsible for understanding and adhering to this policy, and signing off as read.

Supervision policy should be referenced in relevant and related policies, procedures and other supporting documents to ensure that it is familiar to all staff and actively used.

Supervision policy will be reviewed in line with [insert organisation name]’s quality improvement program and/or relevant state standards, guidelines and legislative changes.

8. Policy Detail

All staff with direct consumer contact will have regular access to professional supervision on an individual; and/or group basis.

Supervision will be provided in line with the philosophy underpinning recovery orientated practice.

8.1 The Supervisor

Successful and effective recovery-oriented supervision requires that the supervisor has an exemplary understanding of the uniqueness of the recovery journey, be experienced and successful in recovery-oriented support, and able to develop a trusting and open relationship with staff.

[insert organisation name] requires that the supervisor be qualified, experienced, competent, respected by staff and familiar with the work of the organisation.
[Insert organisation name] will consider the following when selecting a supervisor:

- Employee indication of supervisor / supervision needs
- Able to develop a trusting and open relationship with staff
- Understanding of the uniqueness of the recovery journey
- Recovery-oriented experience in an area relevant to the work of the organisation
- Impartial and non-judgemental approach
- The cultural appropriateness of the supervisor in relation to the person/s they will be supervising
- Relevant qualifications to the supervisory role
- The supervisor's understanding of the role and function of supervision
- [Where appropriate], extensive practice experience in an area relevant to the work of the organisation

[Insert organisation name] will seek and select an external person to fulfil the role of practice supervisor.

Alternatively, another experienced employee with relevant qualifications, experience and demonstrated skills may undertake this role.

[For external supervisors, delete if not applicable]

[Insert organisation name] will contract with an external supervisor for the provision of regular staff recovery-oriented supervision sessions. Contracts will be reviewed [insert time frame].

External supervisors will be required to undergo a criminal record check prior to engagement, as per the Human Resources Policy.

### 8.2 Additional Considerations for the Recovery-Oriented Supervisor

The recovery-oriented supervisor’s tasks are to:

- Educate, inspire, model, teach, discover and listen to both the staff they supervise and the clients the staff are supporting

- Inspire staff to increase the consumers’ exposure to non-disabled roles, using natural supports to decrease stigma, and to participate in mainstream community activities, peer supports and self-help, where possible

- Discuss issues during professional supervision, such as:
  
  o Personal boundaries and physical touch
o Self-disclosure
o Meeting each other in public places to talk or do an activity
o Going into a consumer’s home
o Meeting at personal celebrations
o Working together as peers and colleagues

- Be aware of, and discuss, common pitfalls or counter-transference issues that the supervisee can run into, such as:
  o Taking too much responsibility for the consumer and doing too much
  o Assuming the role of parent, enabler, or policeman
  o Being too much of a peer and losing their focus as the coach or guide role

8.3 Scheduling Supervision
Supervision will occur [insert frequency] for [insert duration].

[If there are both individual and group supervision sessions occurring, include frequency of each]

Supervision sessions will be held at a regular time to assist workforce planning and ensuring availability of the supervisor. If a session time needs to be altered, staff should provide as much notice as possible to the supervisor and negotiate as appropriate.

Cancellation of scheduled supervision sessions can occur due to the following circumstances:
  - Illness / unforeseen family commitments – supervisor or staff member
  - Client crises
  - Conflicting organisational meetings that cannot be rescheduled

8.4 Supervision Agreements
All supervision plans will be responsive to workers' needs.

[insert position] enters into a contract with the supervisor on behalf of [insert organisation name] which stipulates
  - Structure of sessions – frequency, duration, time, location
  - Overall supervision goals
– Session note-keeping practices
– Contract review frequency

A staff member and supervisor will make an agreement on particular supervision arrangements including:
– Goal setting
– Confidentiality arrangements and limits of confidentiality
– Activities that staff and/or supervisor will undertake in preparation for the next supervision session

Arrangements for supervision will be incorporated into employee work plans.

The agreement between staff and a supervisor should be reviewed as agreed (at least annually) by the [insert position], who will also consider requests by workers to change a supervisor.

### 8.5 Confidentiality of Supervision Sessions

The confidential nature of supervision sessions will be respected by [insert organisation name]. Situations when it is expected that a supervisor will breach the confidentiality of practice supervision sessions include when:
– There is a breach of the organisational code of conduct and/or a professional code of ethics
– There is a breach of duty of care
– Mandatory reporting requirements require an issue to be disclosed
– There is a serious concern about the safety of the worker, a client or other individual

The parameters of confidentiality are to be clear, documented and understood by all parties.

In the event when confidentiality needs to be breached, the supervisor should inform staff of their concerns and the need to inform the CEO/Manager. The CEO/Manager should then be informed at the next possible opportunity of the concerns raised in the practice supervision session.

### 8.5 Managing Disputes or Concerns Arising from Supervision

If a dispute between the staff and supervisor occurs in the course of practice supervision, the steps detailed in the Feedback and Complaints Procedure should be followed.
If a concern arises about the safety or welfare of a staff member, client or other individual during supervision, the supervisor is required to inform the CEO/Manager immediately.

### 8.6 Supervision Following a Critical Incident

Following a critical incident, staff may require additional supervision sessions and/or access to professional counselling services.

[[Insert organisation name]] will prioritise access for staff to these services following a critical incident.

### 8.7 Monitoring and evaluation of supervision

Regular monitoring and evaluation of supervision takes place to review the effectiveness of the supervision program. It is not a mechanism to monitor performance management issues related to staff.

A review of the supervision program of [[insert organisation name]] will take place [[insert frequency]] covering:

- Staff satisfaction with supervision sessions and supervisor/s
- Uptake of supervision – are staff attending at recommended intervals
- Any areas of concern or strategies for improvement of the supervision program
- The extent of human and financial resources used to provide supervision.
- Consumer outcomes (e.g., improved quality of life)

Feedback should be sought from staff and supervisor/s and can be provided anonymously if preferred.

Following a review of the supervision program, efforts will be taken by [[insert organisation name]] to implement recommendations for improvement within available time, financial and human resources.

### 9. References + Resources

[[Template 1 – Practice Supervision (p. 43)]]

- Human Resources Policy
- Feedback and Complaints Policy
- Privacy and Confidentiality Policy
Community, Professional and Personal Development Policy
Recovery-Oriented Supervision Reflection Form
Employee Evaluation of Supervision

9.2 External

Legislation
Community Services (Complaints, Appeals and Monitoring) Act 1993 (NSW)
Health Records and Information Privacy Act 2002 (NSW)
Privacy Act 1988 (Cth)
Privacy and Personal Information Protection Act 1998 (NSW)
Work Health and Safety Act 2011

Other

NADA Clinical Supervision Policy.

Template 2

Example: Practice Supervisor Contract

My role as Supervisor is to:

- Build a working relationship with you
- Work with you to define your work and professional development goals
- Support your learning
- Respect your different experience and skills
- Challenge your approaches and techniques
- Help you work more effectively with consumers
- Assist you acquire knowledge and skills
- Oversee your work practices
- Feedback honest and open appraisal of your work
- I have read the organisation’s policy on supervision
- You have been given the organisation’s policy on supervision and understand the aims and objectives of supervision
- The contract can be revised upon my request
- The contract can be revised at your request
- The contact will be reviewed annually

Name:...........................................................................................................

Signature:.......................................................................................................

Date:..............................................................................................................
Template 3

Example: Supervisee Contract

My role as Supervisee is to:

- Uphold ethical guidelines and professional standards
- Build a working relationship with you
- Organise and attend supervision meetings
- Work with you to identify my work and professional development goals
- Be open to reflect upon my work, change and consider of alternative methods of practice
- Prepare for the sessions as contracted
- Complete the work tasks that we agree to each session
- Use supervision to build my confidence and skills as a mental health worker
- Express my experience, thoughts and feelings about supervision
- I have been given an overview of the organisation’s aims and objectives
- I have read the organisation’s policy on supervision and I am familiar with its general operation
- This contract can be revised at any time upon my request and will be reviewed annually

Name:………………………………………………………………………..

Signature:……………………………………………………………………..

Date:………………………………………………………………………….
Template 4

Example: Practice Supervision Contract or Agreement

Between………………………………………..(supervisor) and ……………………………………………………..(supervisee)

Agency expectations

(Agency policy/ requirements about supervision e.g., purpose, frequency, expectations and outcomes)

Goals, timeline, strategies and outcomes

Content and focus

Methods to be used

Feedback and evaluation

What each party contributes to supervision

Expectations of each party

Recording of supervision sessions

How to deal with conflict

Time, place for supervision sessions

Frequency of contract renewal

Signatures

Supervisor                                                                                               Supervisee

__________________________________________                                                                 ________
Date                                                                                                       Date
Template 5

Example: Planning Practice Supervision (Supervisee goals)

- Skill or area of focus

- Goal

- Tasks

Date reviewed……………………

- Progress towards achievement

0…………………………………………………………………………………………10

Supervisor's signature:...............................Date:...............................

Supervisee signature:............................... Date:...............................
Template 6

Example: Employee Practice Supervision Evaluation Form
(Supervisee)

Name……………………………………..Supervisor ……………………………..

Purpose:

This form is a tool which may be used for several purposes:

- Clarifying your expectations of your supervisor
- Helping your supervisor understand what he/she does well and areas in which improvements could be made
- Providing a framework around which you may initiate a discussion with your supervisor about your working relationship
- Gathering information for your supervisor's performance appraisal.

Instructions:

Completion of this form is optional (or as required according to organisational policy)

If you choose to participate, please return it to ……………… by………………

You are also encouraged to discuss this evaluation with your supervisor directly

Use of the information:

These comments will be shared with your supervisor in the manner that you prefer

Please indicate how you would like the information to be conveyed

i. You may share these comments with my supervisor and may quote me

ii. You may share these comments with my supervisor without mentioning me by name

iii. You may not share these comments without my permission

Please evaluate the supervision you have received as it relates to the areas listed below:

The rating scale is as follows:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
</tr>
<tr>
<td>Neutral</td>
<td>3</td>
</tr>
<tr>
<td>Agree</td>
<td>4</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>5</td>
</tr>
</tbody>
</table>
Evaluation:

- My supervisor provides me with information about appropriate training and professional development opportunities
- My supervisor is good at sharing their experience and knowledge
- My supervisor understands my job and what I do well enough to help me with my work
- My supervisor respects my learning goals and aspirations
- My supervisor clearly defines what he/she expects of me
- My supervisor and I discuss how I can grow and advance in my career.
- My supervisor listens well
- My supervisor communicates well
- My supervisor is accessible when I have a problem
- My supervisor is a good problem-solver
- My supervisor gives clear, helpful feedback about how I'm doing my job
- My supervisor expresses appreciation of my work

Comments:

What are the specific strengths you see in your supervisor?

How could your supervisor be a better supervisor?

Additional comments:

If you have noted concerns or problems with your supervisor, have you shared your concerns with your supervisor?

- Yes
- No

If no, why not?

Signature…………………………………………………………………..Date……………………
Recovery-Oriented Practice Supervision: Reflection Form


[insert organisation name/logo]

Please use this form as a prompt to reflection before each supervision meeting. Where possible discuss it in supervision with your supervisor.

1. Personal reflection on self-awareness

1.1 Reflect on your own awareness of:

1.1.1 your beliefs and how your family of origin, cultural and religious background impact on your judgment

1.1.2 your capabilities

1.1.3 your skills and knowledge

1.1.4 your thoughts and emotions

1.2 What are your blind spots? Are you aware of them? How challenging is it to engage with these blind spots

2. The Johari Window

One well known framework that encompasses the notion of becoming self-aware in practice is the Johari window.

In the diagram self-awareness is expanded as we take the risk of self-disclosing some 'hidden areas' and by being receptive to feedback from others about our 'blind spots'.

[For this level of self-disclosure to occur, certain boundaries need to be in place to ensure the safety and trust of the supervisee. It is essential that these boundaries are discussed in the first session of supervision as part of the supervision agreement].
3. Think about the people you provide services for. How much do you know their values, treatment preferences, strengths and goals?

Be concrete – think about specific people:

3.1 When do you ask, and when do you not ask, questions about values, treatment preferences, strengths and goals?

3.2 Think about the people for whom you do know these things, and those you don’t. How do these two groups of people differ?

3.3 You might consider characteristics like gender, ethnicity, working alliance, or the time you have known the person.

3.4 How do your own characteristics impact on the working alliance with a particular person?
4. How much is your work with people orientated around supporting their goals and using approaches of their choosing? Think about the support you provide a person you are working with:

4.1 How many of the goals came from the person themselves?

4.2 Is your work focused on approach goals (making positive things happen) or avoidance goals (avoiding negative things from happening)?

4.3 How do you impact on the goals?

4.4 Are there ways in which you could support the person to do more for themselves?

4.5 How do the person’s values and treatment preferences inform their support plan?

4.6 How do your values, beliefs impact on your interaction?

4.7 What is your reaction to goals in complete opposition to your own values?

4.8 How is the support plan amplifying their strengths?
4.9 What would you say are your strengths?

4.10 How much does the relationship influence the recovery of the person you work with?

4.11 How difficult do you find it to discuss, in supervision, negative/positive outcomes with the people you support?

References


Appendix A 1

Consultation interviews with MHCC members

Introduction

This report details the findings of a workplace consultation conducted by MHCC in relation to workplace supervision practices in the NSW community mental health sector. 15 qualitative interviews were conducted in NSW CMO workplaces in order to investigate both practices of supervision and worker support as well as views held in relation to supervision. The interviews yielded a range of views and diverse practices, ranging from very limited supervision practice to structured and regular practice of management and practice supervision.

Methodology

The consultation employed a relatively unstructured interview technique. A set of interview questions was derived from a literature review of practice supervision and theory, drawing primarily on counselling, psychology and social work literature. The questions were refined over the course of the 15 interviews in response to feedback from participants and to cover additional themes which emerged from the interviews.

Interviews took place in participants’ own workplaces for approximately one hour each. The set of questions provided a guide for discussion; however participants were encouraged to elaborate on their views and workplace experiences. Interviews were recorded; transcribed and thematic analysis was carried out by the interviewer. At this time consent was obtained for any quotes to be used in the final report. Participants were sent a copy of the final draft of this paper to check whether there were any comments of concern to them.

Participants were recruited from MHCC member organisations, by invitation. Six agencies chose to participate in the study. Senior management from each organisation invited participation from frontline and middle management staff members. In order to guard against coercion, participants were given the opportunity at the beginning of the interviews to withdraw their participation as outlined in the information and consent form.

In order to maintain the confidentiality of participants, this report focuses on themes which emerged from interviews without linking particular quotes or views to organisations or client groups. Although this reduces the specificity of findings, most themes were common across practice areas. Readers are encouraged to make their own assessment of how the findings apply to their area of work.

Description of participants and organisations

Participants

This workplace consultation involved 15 interviewees from six organisations. These organisations ranged from a small provider with less than 5 full-time equivalent (FTE) staff to large organisations employing staff nationally across a range of different programs. Interviewees included frontline managers, team leaders, senior practice leaders, regional managers, and state directors. 3 men and 12 women were interviewed.
The professional backgrounds of interviewees included psychology, TAFE training in mental health or community welfare, social work, occupational therapy, counselling, workplace pathway to management positions, mental health nursing and recognition of lived experience of mental health problems (peer workforce pathway).

Most of the teams supervised by participants were located within the Sydney metropolitan area, although three of the agencies also provide services in rural and/or regional areas.

Client services offered

The six organisations represented in this consultation offer a range of services including vocational support, disability employment services, housing support (e.g. HASI) and living skills support (e.g. D2DL), respite services for carers and consumers, assertive outreach homeless services, Personal Helpers and Mentors programs, recovery orientated tertiary mental health support services, educational programs, counselling, case management, public health and preventative health interventions.

Client group and presenting issues

Interviewees reported that clients in their services present with issues including financial disadvantage, grief and loss, depression, anxiety and other mental health issues including persistent and severe mental health problems, dual diagnosis of mental health problems and substance use problems, domestic violence, difficulties with daily living, difficulty accessing employment, stress as a result of providing care and support to family members experiencing mental health problems, and diagnosis with multiple physical illnesses.

Practice orientations of services

Interviewees described a range of practice orientations / practice philosophies in their work. Common themes included client centred practice and using person centred counselling skills, setting goals collaboratively with clients, recovery orientated practice, psychosocial rehabilitation models, disability inclusion models, social enterprise, social-work and case management models. Also present were harm minimisation and public health models, and behavioural and cognitive behavioural perspectives.

Supervision and support practices present

Management supervision and practice supervision were the two main types of worker support practices present in the consultation. However, interviews also confirmed that management and practice supervision are practices which function within the broader work environment.

The following practices were identified as practices supporting and complementing management supervision and, where it was present, practice supervision.

- Mentoring practices (Peer-worker mentoring, peer-mentoring, staff mentoring)
- Peer-based consultation (Peer consultation/supervision)
- Reflective practice as used informally in the course of practice, as well as the use of more formal reflective practices in staff meetings, journal clubs and case management meetings
- Employee Assistance Programs
Overview

The CMO consultation provided preliminary evidence that there is an increasing recognition of the value of a management supervision and practice supervision in the NSW CMO sector. Numerous interviewees reported significant policy and practical support from their organisations for the implementation of supervision. The most common form of supervision was management supervision, whereby a worker’s line manager provides for their supervision needs through regular meetings.

Management supervision was almost exclusively conducted on a one to one basis. Practice supervision was limited to three out of the six organisations. This was most commonly conducted in a group format. Participants reported that workers were also supported in other ways, including mentoring practices, peer-based consultation, reflective practices as part of staff meetings and incidental conversations with their managers.

Interviewees communicated that practice supervision is limited by a number of factors. Time was the biggest barrier to the ongoing practice of both management and practice supervision. Although participants from three out of six organisations indicated that supervision time was ‘quarantined’, numerous interviewees indicated that management supervision time was often encroached upon by daily management concerns, incidents at work and other requirements.

Policies regarding supervision regularity ranged from fortnightly to six-weekly, however actual practice supervision for some teams was irregular. Interviewees reported both interpersonal reasons for this irregularity (including avoidance on the part of managers or workers due to poor relationships existing between the parties concerned) and institutional reasons (including lack of support and recognition for the time needed to carry out management supervision effectively). Other challenges included worker resistance to supervision because of a lack of knowledge about what supervision could offer, fear of the process and broader workplace cultural issues where supervision was seen as disrespectful of worker skills and experience.

Focus on the supervision relationship

Despite these challenges, front-line and senior managers clearly valued the support they provided and received in both management and practice supervision. A number of themes emerged regarding what interviewees held to be important in supervision. Three themes related to the supervision relationship:

- Interviewees described the role of a trusting, collaborative relationship in ensuring that supervision is a more rigorous process than just an opportunity to chat about their clients with a colleague or manager. For supervision to be a site of critical reflection on practice, both supervisees and supervisors need to feel free to raise concerns and issues without the fear of undue criticism.

- Interviewees argued for the importance of clear contracting in supervision. However this appeared to be one area which was broadly lacking in current supervisory practice. Interviewees reported that mechanisms for establishing, maintaining, evaluating; reviewing and terminating supervision relationships were, in general, informal and left up to individual managers.

- Interviewees emphasised the importance of practice supervision that reflects and promotes the practice orientation of the service.
Focus on workers

A range of themes emerged regarding the needs, roles and responsibilities of workers in supervision. In addition to support, educational and administrative needs, interviewees emphasised supervisees' need for support in developing the capacity to work autonomously in environments where they do not always benefit from daily management support. This process includes the development of professional identity as a mental health worker with an important role in the mental health sector. Further, some interviewees suggested that CMO’s should support the career development of their workers, encouraging and supporting their move out of the service or into management positions where appropriate.

Supervisees also expected to assume a range of roles and responsibilities in supervision. This included taking responsibility for their own learning needs, being an active participant in supervision, being committed to professional development, and demonstrating a willingness to engage in reflection regarding practice and the impact of their own actions on others.

Finally, interviewees discussed the importance of supporting workers when engaging with the complexities of working with specific populations, particularly in relation to non-indigenous workers working with Indigenous consumers.

Focus on supervisors

Interviewees emphasised the need to support supervisors in their role. Supervision of managers who are supervisors was an area which emerged as lacking in the practice of some agencies. Where interviewees were supervised by their managers, some felt well-resources and supported, while others felt that some aspects of their supervision needs were being neglected.

Alternatives being used included supervision by external consultants, supervision by a manager within the organisation but from outside the direct line management structure of the interviewee, and finally, a peer consultation format for a senior manager.

Formal supervision training was also limited and piecemeal, although participants described how general management courses had provided them with useful resources and skills regarding supporting their workers through management supervision.

Interviewees argued that supervisors, in both management supervision and practice supervision roles, needed a number of key competencies to perform their functions effectively. These included the capacity to listen respectfully and to suspend judgement during supervision, emotional intelligence, flexibility and adapting to the needs of supervisees regarding the level of structure in supervision, sensitivity to cultural differences between supervisor and supervisee, and when cultural norms may inhibit the effectiveness of traditional supervisory practice. In addition, many interviewees emphasised the importance of knowledge of the specific needs of the community sector, skills in reflective practice, the courage to provide feedback and challenge supervisees when appropriate, and being open to and making opportunities for receiving feedback on the process of supervision.

The consultations indicated that interviewees were finding creative ways of engaging with the tension inherent in providing for the support, education and administrative needs of workers as management supervisors. For example, numerous interviewees described having a ‘closed door’ policy regarding supervision whereby closing the door in meetings with staff indicated that the conversation would be kept confidential with the usual limitations set by duty of care. Some interviewees indicated that they attempted to keep management supervision separate from day-to-day management issues. Other managers considered
such issues to be a key part of management supervision and described their efforts to develop collaborative relationships with their staff which recognised their different roles, responsibilities and competences.

Interviewees expressed a range of views on the role of power in their supervisory relationships. Some interviewees discussed such matters in depth, arguing that ongoing consideration of and discussion of power relations was an important part of effective supervision. They further suggested that open discussion of power in supervision sensitised workers to the importance of such issues in their work with consumers. Other interviewees suggested that their professional power was at times useful and important in challenging irresponsible or ineffective practice. Finally, a minority of interviewees described power as not really an issue or that it went unrecognised in their practice.

**Focus on organisation action**

It emerged from the interviews that organisations have a key role to play in promoting and sustaining supervision. Without sustained leadership from middle and upper levels of management, competing responsibilities and other tensions in the workplace may reduce the effectiveness of management supervision or eliminate its practice altogether.

Interviewees described the importance of an appropriate location for supervision, and management support in making time for supervision and provide support for supervision through supervision policies, providing educational information, processes for feedback and review, and appropriate funding for practice supervision where appropriate.

The level of management support in these areas perceived by participants ranged from a laissez faire approach involving vague encouragements to conduct management supervision, to highly specific management supervision and practice supervision policies and practices for both frontline workers and for the first two tiers of managers. Finally, participants described the importance of a broader institutional culture of teaching and learning which communicates the importance of supervisory practices.

**Key considerations for effective practice**

As already mentioned earlier in this paper (p.26) some agencies are concerned that the practice of ‘clinical’ supervision runs against their practice orientations, and a number of interviewees in the consultation expressed or reported negative attitudes towards clinical supervision because it was too ‘clinical’ and that external ‘clinical’ supervisors would not understand the aims of recovery oriented practice.

**Practice supervision**

Based on previous literature, one of the key questions the authors brought to this consultation was whether the addition of practice supervision to management supervision would be valuable and viable in the NSW CMO sector, under the title of ‘practice’ supervision as mentioned earlier in this paper (p.x).

Literature emphasising counselling and psychology perspectives strongly support the use of ‘clinical’ supervision. The primary argument is that the confidentiality afforded in clinical supervision provides workers with an environment which can facilitate professional development and allow for examination of their practice without fear of evaluation by their line manager. On the other hand, social work supervision literature has traditionally emphasised the importance of the role of the supervisor as a mediator between workers and higher management levels, de-emphasising the role of external forms of supervision.
In our interviews we found that while there was broad institutional support for the concept of supervision, three out of the six agencies emphasised only management supervision and only two provided unequivocal support for entirely separate and confidential practice supervision. While cost is an oft-quoted barrier to the implementation of consultancy and practice supervision, some CMOs are choosing to make considerable resources available this practice. The evidence from this consultation suggests that cost is not the only obstacle to the consideration and implementation of practice supervision. Four main objections emerged from interviews.

**Objections and concerns regarding ‘clinical’ supervision**

As already mentioned some agencies expressed reservations regarding the use of ‘clinical’ supervision which might run against their practice orientations.

*Because we’re not clinical, it’s different. I don’t know, I just think probably those supervisors, they have a lot of supervision experience, but whether that can apply to the community based services, which are not clinical services. I just feel that supervision is a little bit different from “clinical” supervision.*

Likewise some agencies were concerned that external supervisors will not fully understand an organisation or the sector in which they operate. It is notable that interviewees from those agencies that had external supervision quoted experience and understanding of their particular sector and work as a primary reason for their satisfaction with current arrangements.

*My viewpoint and the viewpoint of the organisation has been that although that can have, be of assistance, there are barriers when you have external supervision where people don’t actually know the context of the organisation and the context in which we expect clinical supervisors to work.*

Similarly some organisations do not see the necessity of adding external consultation to existing or planned arrangements for management supervision. In this workplace consultation, interviewees reported that in many cases managers are able to overcome and manage the tensions inherent in combining line management and supervisory roles.

Nevertheless, a majority of participants indicated that they struggle with these tensions in their practice, including finding that workers may be guarded and defensive by virtue of the structural power differential inherent in the process. These tensions were also evident in interviewees’ descriptions of their own experiences as supervisees.

Finally, organisations were concerned about a lack of accountability in ‘clinical’/practice supervision. Without clear contracts and methods for supervisors to indicate both that supervisees are satisfied and are focussing on professional issues, managers and agencies may be concerned that supervision is just a ‘chat’.

**Advocating for practice supervision**

In spite of these barriers, MHCC’s review of the literature and the evidence from workplace consultations suggest that when practice supervisors are carefully selected and supervision contracts are clear, practice supervision:

1. provides a routine tool to provide for the support, education and administration needs of workers
2. increases accountability of individual workers to their practice guidelines, policies and ethical duties
3. provides a fresh perspective from someone independent on a team’s practice which is a guard against insularity of organisational culture, approaches and models.

In addition, there is some evidence to suggest that effective supervision can reduce staff turnover and burnout rates. Finally, practice supervision can provide for additional support when managers are not able to effectively provide for the supervision needs of their staff.

Any efforts to advocate for practice supervision in NSW CMOs can usefully:

1. emphasise these potential benefits and complement management supervision
2. emphasise that practice supervision is a diverse tool that can support any practice orientation, not just a ‘medical’ approach
3. include clear articulation of how supervision will be established and appropriate recruitment take place of supervisors with sector experience and an understanding of an organisation’s practice orientation
4. include the establishment of clear contracts between workers, practice supervisors and the organisation and methods for ensuring accountability to this contract
5. provide methods for evaluation and review (e.g. ongoing informal review, annual evaluation and goal setting with supervisors and anonymous satisfaction surveys)
6. describe how practice supervision fits in with the broader worker support strategy of the organisation
7. explain that where funding is limited, group practice supervision is an attractive option for frontline teams, suggesting alternatives that include exchanges of practice supervisors between different organisations or within organisations

Part 5 of this document provides a number of tools for developing practice supervision, including checklists and templates

The case for management and practice supervision

Management supervision is increasingly seen as an essential tool in supporting workers across different mental health settings. This review and consultation provides broad support for the use of management supervision. Of course, the mere presence of quarantined ‘supervision’ time does not guarantee effectiveness. Management supervision should be structured and implemented in such a way as to provide for the education, support and administrative needs of supervisees through a collaborative environment.

The interviewees emphasised that supervision in a coercive environment is ineffective at best, dangerous at worst. Just as clients can be in a vulnerable position in respect of their workers, so may supervisees find themselves in a vulnerable position in their relationship with managers. Some workers in the CMO sector, by virtue of their training background, personal experiences, or lack of experience may feel unable to question managers (who may have different professional qualifications) when they fail to provide for their supervision needs. Such negative experiences were formative for many interviewees now acting as management supervisors. These participants hoped to provide more positive management supervision experiences for their own supervisees.

Practice supervision can provide for additional support for workers when managers are unable to provide for the supervision needs of their staff. Organisations choosing to employ only management supervision may wish to consider avenues for routine feedback about
management supervision as well as providing clear grievance procedures and offering alternative arrangements when workers feel that their supervision needs are not being met through supervision with their line manager.

**Supporting supervisors**

Many interviewees providing supervision to frontline workers reported feeling stressed and sometimes under-supported and under-resourced in this role. Given the potential for vicarious traumatisation among frontline managers and the importance of their role in supporting frontline workers, this should be cause for concern. When provided as an adjunct to consultation with their own managers, individual or group practice supervision for team leaders and service coordinators can provide for frontline managers’ own supervision needs, and numerous interviewees reported wanting or hoping for such support in their current or past supervisory roles.

In addition, interviewees reported appreciating leadership training provided through their agencies or externally. Participants made suggestions of further training, more effective and regular management supervision for themselves, and external practice supervision to support them in their roles as management supervisors. Importantly, not all frontline managers felt comfortable raising their concerns and suggestions with middle and senior management, suggesting that agencies should be proactive in assessing the supervision needs of both frontline staff and managers.

**Considering supervision in context**

When considering, implementing or reviewing a supervision program, the evidence that emerged from consultation with CMOs suggests that it is important to consider management and practice supervision as two elements in a full assessment of workplace practices and culture. Daily interactions between workers, between workers and managers, staff meetings, training, journal clubs, mentoring, induction and EAPs were among the practices valued by interviewees. Finally, management supervision and practice supervision programs should employ methods for routine feedback, collaborative goal setting, regular review and evaluation.

**Strengths and limitations of this consultation**

**Strengths**

This consultation represents the first attempt to assess the needs, views and attitudes of NSW CMO managers regarding supervision. The fifteen interviews provided a wide range of views regarding both management supervision and practice supervision. The organisations represented provide mental health support services to a wide range of different consumer/client groups in many different settings.

The methodology of this consultation provided a number of significant advantages. First, the interviews allowed for in-depth exploration of both views and practices regarding supervision, enabling assessment of the range of practices currently being used to support workers in this sector. It also allowed us to explore the views and attitudes held throughout an organisation from workers, managers through to senior management levels. Interviewing managers also meant that experiences from a large number of teams were assessed. For example, two state directors and four regional managers provided their assessment of practice supervision across large geographical and practice areas.
The analysis of the interviews was performed primarily by one interviewer and together with the project coordinator agreement as to the themes extracted from the interview data was defined. Agreement on these themes was high.

Limitations

The following limitations to this consultation are acknowledged including that the cohort was a relatively limited sample, representing primarily larger, urban CMOs. Given the recruitment procedure, self-selection of organisations and participants holding an interest in supervision was likely. Interviewing worker staff was also beyond the scope of the present study.

A further consideration was the potential for response biases whereby interviewees may have censored their responses intentionally or unintentionally according to their perception of what they believed the interviewer wanted to hear.

A range of information processing biases relevant to interpreting qualitative data is well articulated in the social psychology literature. The authors sought to minimise the influence of biases by balancing inductive and deductive processes in the study.

Future research

Further study of practice supervision in the NSW CMO sector could usefully broaden the focus in two ways. Firstly, further research is needed into the effectiveness of supervision in community managed mental health services. Research could employ evaluation of satisfaction with both management and practice supervision (e.g., Manchester Supervision Scale) while focusing on outcome measures of staff turnover, client outcomes, and burnout (e.g., Maslach Burnout Inventory). Secondly, future research could capture a broader sample by using online mixed methods research. This would allow for a larger sample from a wider geographical range, as well as providing an opportunity for anonymous participation by frontline workers. Developing a stronger evidence base for the effectiveness of management supervision and practice supervision will promote support for supervision in terms of funding, policy and daily practice.

Appendix A – Contains a full report of the MHCC consultation with CMOs

Interview Analysis 1: key support worker practices

Interview Analysis 2: management and practice supervision

Interviewees identified a number of things they wanted from the Supervision Project. The following summation informed the general contents of this document as well the inclusion of Part 4: Planning a Practice Supervision Program and Part 5: Tools for developing Practice Supervision.

- Knowledge of what other supervisors were doing

Numerous interviewees expressed interest in the findings of the consultation in relation to the practice of other supervisors.

- Advocacy for management and practice supervision
Other interviewees hoped for active advocacy of management and practice supervision in the public sphere.

- Material for induction programs

Requests for material for induction and welcome packs were common.

- Model contracts and other tools

Interviewees requested model contracts and other tools for evaluation and review.

- Short guides to the effective use and practice of supervision

Many interviewees requested short guides to the effective use and practice of supervision which they could employ in their daily practice.

- Training programs

Participants suggested that specific training programs for management supervision would be beneficial for them and for their own managers.

One participant expressed a desire for more training about the administrative functions of supervision, in relation to how to effectively bring broader institutional and strategic objectives into supervision.

- Guidance on external supervisor recruitment

One participant suggested having a list of recommended supervisors specific to the community sector.

**Conclusion**

That organisations value supervision is clear. However, the question of whether supervision reduces rates of unethical conduct and burnout and increases quality of service delivery and consumer outcomes needs to be addressed through further research. Further empirical research will add to the current limited knowledge base that suggests that supervision can be effective and the widespread perception among helping professionals that it is essential to their practice.

The authors have attempted to provide further understanding into the supervision needs of the CMO sector and their relationship to public mental health services and primary care.

A review of the literature suggests that supervision is a key element in worker support practices and workforce development, and a wide range of supervision practices are available to support workers’ needs and to promote the values and practice philosophies of CMOs.
Appendix A 2

Describes findings from the MHCC consultation interviews in relation to management supervision and practice supervision. A small number of de-identified quotes have been selected to illustrate the findings.

Interview Analysis 1: key worker support practices

Interview Analysis 2: management & practice supervision

Thereafter examines key findings from the interviews regarding management and practice supervision from four specific perspectives:

- The supervision relationship
- The supervisee
- The supervisor
- The organisation

The Interview Analysis 1: key worker support practices

Management supervision

All organisations provided staff with some kind of supervision by managers. This support was diverse in terms of regularity, practice orientation and how the practices fit within the organisational and management structure.

Participants’ definitions and practices of supervision

A majority of managers sought to provide a separate, allocated time to their workers in order to discuss issues relating to their work in a supportive and collaborative environment. Participants described management supervision as an environment and a relationship between supervisee and manager which promoted the support and educational needs of workers while assisting them in the administrative aspects of their work. The extent to which each of these functions of supervisions was emphasised differed from one interviewee to the next. For some managers, management supervision was not a substantially separate practice from general management discussions, and focussed primarily on the administrative and performance requirements of the supervisee’s position. The majority of interviewees, however, described their management supervision as a primarily supportive and educational role which they sought to keep separate from line management and performance management where possible.

Participants described administrative, educational and supportive functions in supervision. Management supervision was further described as interactive environment involving guidance, and aspects of counselling. Nevertheless, all interviewees drew a clear distinction between the professional focus of management supervision and the personal focus of counselling. Interviewees indicated that they look to managers/ supervisors for advice, guidance, resources, knowledge, reflection, awareness and support:

[There’s an] administration function ensuring that the policies and processes of the organisation are adhered to. It has a mentoring purpose in terms of assisting managers with their management and leadership skills; equivalent to clinical
supervision processes, and also a supportive function.

I know we’ve got EAP but sometimes people bring stuff about how their personal life might be impacting on work, it’s about putting some parameters around that, not professionally counselling someone [...] if I was supervising you and you came to me and said “oh listen [participant’s name], I’m in the middle of breaking up with my partner, I’m a bit messy at the moment, I would say thanks for telling me that, is there something that we can do in relation to your work? Do you need to have some time off, or do we need to look at some more flexibility around your work hours? So I’m offering a work response, I’m being human with that […], but if I sat down and started having a conversation with you about the ins and outs of what’s happening in your relationship breakup then that would be crossing the line.

I need to talk with my manager on certain issues. I need to have a clear understanding of how those issues could be addressed and what kind of support I need. I need advice from my supervisor… I need some kind of guidance from my manager or my supervisor so that I can do my job properly… Resources, yes, knowledge, as well, [but] I think I would rather do a little bit reflection, like things happened, and then to reflect on why it happened, how it happened, how could we learn something from that experience, what was my emotional reaction to that situation, why I reacted the way I did. That awareness of myself, being in that situation and how can I learn something, ‘oh OK, now this is why I reacted the way I did’. How can I be more aware of myself, my own emotions next time when similar things happen […] it’s a learning process, but also of course support. I need that support.

Most interviewees indicated that the structure of management supervision was largely left to individual supervisors. At more senior levels interviewees reported that management supervision may be less formal and have a greater emphasis on administrative issues such as program quality and funding.

**Regularity**

Participant’s responses regarding the regularity of management supervision ranged from weekly practice to responses which described policies of monthly or six-weekly supervision but that in practice supervision practice was irregular because of a number of factors.

Participants suggested that sometimes supervision should be more frequent for administrative reasons. Participants also described how competing priorities made it difficult to make time for supervision. They reported that regularity of supervision could depend on critical incidents, supervisees’ responsibilities, their level of experience and whether they were working full-time or part-time.

**Management supervision in context**

Participants also described how they saw supervision as an on-going conversation which continued outside the formal setting of a management “supervision session”.

Front-line managers described providing on-going, daily conversations and debriefing support to their staff.

**Strengths and limitations of management supervision**

The combination of line management and practice supervision functions within a single relationship was seen by some participants a ‘strength’. For these participants, the intimate
knowledge of the practice environment and the combination of administration, education and support was a key advantage of keeping supervision ‘in-house’.

Conversely, some interviewees spoke of the tensions inherent in combining educational, supportive and evaluative functions within a single relationship. Some participants felt that these tensions could be fully addressed by approaching the relationship and the practice of management supervision in particular ways.

Finally, some participants, both in agencies employing practice supervision and in other agencies which were using only management supervision, felt that the tensions were strong enough to warrant practice supervision as an additional practice.

Participants described previous experiences of supervision, both positive and negative, as key influences informing their management of practice supervision.

**Evolution of management supervision practices**

Participants described an evolution of supervision practices over time, with numerous participants reporting that supervision had become more structured, focussed and professional in the time that they had been with their organisation, or that their organisation was planning to implement more structure through training.

A broad distinction in practices can be drawn between management supervision, where the supervision needs of supervisees are addressed by their manager, and practice supervision, where a supervisor from outside the direct line management structure of a team is brought in for consultation.

The following section focuses on definitions and practices relating to practice supervision that emerged from the interviews.

**Practice supervision**

Interviewees recognised a clear distinction between management supervision and practice supervision, however how participants defined practice supervision, the practices they described, and their attitudes towards it varied widely.

**Participants’ definitions and practices concerning practice supervision**

**External supervision – Individual**

Counsellors and psychologists across organisations used external supervisors as part of their professional association membership requirements, however only one service (a counselling service) provided funding for this external ‘clinical’ supervision for frontline workers.

One participant indicated that they received external supervision in relation to their responsibilities as a manager and a management supervisor. Other participants reported that they had been offered funded external supervision as manager but that they had not yet found the time to take the offer up.

Participants from three CMOs reported that their organisation used or had a policy of using external individual consultancy/supervision in response to critical incidents, in situations where a management supervisor felt that they were not able to adequately meet the needs of a supervisee, or when they as a management supervisor had supervision needs that were not being met within their own management structure.
I’ve requested and had external supervision in the past where I’ve had particular issues happening in relation to my professional development where I’ve thought that would be appropriate, but in general we don’t do it.

And that would be up to you to seek that out…

Yeah, or if a manager was struggling with something and I felt that I didn’t have the experience or skills to [deal with it I might recommend an external supervisor].

**External supervision – group**

One organisation employed regular external group supervision for individual teams, while another organisation employed an external consultant with the front-line manager attending the supervision with the team. Three participants reported that their organisation used or had a policy of using external group consultancy in response to critical incidents.

**Advantages and disadvantages of practice supervision**

Participants reported that external group consultancy/supervision allowed teams to discuss and resolve issues relating to team dynamics and to speak to a neutral third party about how to resolve issues with their managers.

Participants reported a number of personal and organisation concerns about /objections to external consultancy. These included that the supervisor might not fully appreciate the context of their work, that supervisors would not have intimate knowledge of the organisation and the organisation’s policies, that the cost of external consultancy would be prohibitive, and that ‘clinical’ supervisors may take an inappropriate approach to supervision, for example by being too didactic.

**Regularity**

One organisation used external group consultancy once every two weeks or every four weeks depending on individual team members’ needs and according to whether they were full or part-time. The other organisation using external group consultancy was using external group consultancy either monthly or fortnightly depending on individual team members’ needs.

**Alternatives to external supervision: internal supervisors external to supervisee’s team**

One supervisee reported having supervision with a manager from the same organisation but outside the line management structure.

**Induction and mentoring practices**

**Staff mentoring**

Interviewees spoke of both formal and informal mentoring practices. Formal mentoring practices within organisation policy included mentoring by other workers during induction. Two participants spoke of their own formalised arrangements with senior members of staff condoned but not prescribed by organisation policy. Finally, interviewees spoke of mentoring as a routine management role.

One organisation provided new workers with an extensive three month induction package. Another organisation provided new workers with a ‘buddy’ for three months. In the first half of that period the worker shadows the more experienced worker. In the second half of that
period the new worker takes the lead. Other organisations provide encouragement for new workers to gain informal support from other workers:

_We have new staff members coming, I encourage them to spend time with the existing staff members, take them out and do activities with the clients and also some questions they can answer._

Finally, some participants felt that they could do more to mentor staff, particularly when they first join the service. One participant reported that their organisation provides workers with opportunities for mentoring by senior staff. Other participants reported more informal buddy and mentoring practices.

**Peer-worker mentoring**

While the issues relating to supporting peer workers in the sector were common issues in the interviews, specifically peer-worker support models, where peer workers support and provide mentorship or supervision in a structured way was rare. One organisation, however, was considering the implementation of peer worker support processes, particularly for indigenous workers who may otherwise be isolated in their role.

_My own experience in working with aboriginal people is that sitting down and doing this face-to-face isn't necessarily going to work. It might though, if they've come from [...] a health background or a background where it's just expected they might be used to it._

**Reflective practices**

**Reflective practices within staff meetings and case management meetings**

Interviewees described staff and case-management meetings as an opportunity for limited reflective practice. Although supervision functions such as support were not the primary focus of these meetings, staff and case-management meetings were spoken of as a key element in producing an environment of mutual support and reflection in the workplace.

**Reflective practices within journal clubs**

One interviewee spoke of reflective practices within 'journal clubs', where staff reflected on an article or issue relevant to their daily practice.

**Reflective practice in the course of daily practice**

Interviewees described how one of their roles as managers was to engage in and encourage reflective practice in the course of daily practice, as opposed to waiting for supervision to raise issues or concerns.

_[...] with workers the supervision is a little bit different, because most of my team members are part time workers and casuals. They work on different days. They come to me with whatever problems, whatever issues. I provide support as much as I can, straight away. Most of the time it’s informal supervision, rather than to sit down for one hour, unless it’s really urgent, like you sit down and talk about the issues and I give a bit of advice as to what to do. But a lot of other times it’s informal supervision._

_I have to put a lot of effort into training. That kind of training is kind of part of supervision, but not quite formal supervision, see what I mean? We talk about clients, sitting in the car, driving [to see] clients. Would you call that supervision? Sometimes it’s more informal, and my challenge is that I need to know, what they know, and_
what they don’t know and what kind of support they need. What their communication style is, so I can communicate with them better.

Self-supervision

Self-supervision as a structured practice was not discussed in the interviews. However, a number of managers spoke about how they encouraged their supervisees to reflect on their practice as an on-going activity, and to take responsibility for their own learning needs.

Employee Assistance Programs

All agencies had some kind of employee assistance program in place. In 4 agencies employees were provided with details of the EAP provider in their induction package and their access of EAP services was thus kept confidential. In other agencies, interviewees suggested that although EAP support would be available, staff would have to request the service.

Training Support

Four out of six organisations provided on-going training support, with the final organisation proving ad-hoc training as required.

Training in larger organisations included training on how to effectively support staff through management supervision.

Participants reported that workers’ response to training opportunities was usually enthusiastic.

Interview Analysis 2: management and practice supervision

Examines key findings from the interviews regarding management and practice supervision from four specific perspectives:

- The supervision relationship
- The supervisee
- The supervisor
- The organisation

Key issues

There were four main areas of discussion on the topic of supervision in the CMO sector:

Supervisee Focus

- Informing, equipping and training the supervisee
- Supervisees’ needs, roles and responsibilities
Supervisor Focus
- Selecting, supporting and training the supervisor
- Required skills, supervisors’ roles and responsibilities

Supervision Relationship Focus
- On-going support of the supervision relationship
- What is a good supervision relationship and how is it maintained?

Organisation/Organisation Focus
- The role of agencies in promoting and supporting supervision
- Supportive structures and evaluation practices

Focus on the supervision relationship
A relationship of trust, support and collaboration

Numerous participants argued that supervision must be more than a ‘chat’ or ‘talk’. Instead, they described it as a trusting, collaborative relationship and a site for critical reflection on practice.
[It’s] also really important to have a strong relationship so that people can feel that they can develop a trusting relationship [...] people feel that they have a reflective space to look at their practice in a way that’s not judgemental [...] where they can grow and critically look at their work.

It’s not just about ‘how is everything going?’ It has to go to a much deeper level of understanding the situation, understanding the staff and to guide them through their learning.

Developing a collaborative, honest and open relationship

Participants emphasised the importance of working with supervisees on common goals rather than assuming the position of expert.

Participants described supervision as a collaborative process.

Other participants emphasised acknowledging and drawing on the skills and competencies that supervisees have gained in previous jobs, from their study and their own life experience.

[...] they use the skills that they’ve learnt from previous jobs, from their study, my view is that everybody has some skills. It’s how they use their skills in the work. I give them the space to do [what] they think is suitable for certain clients in a certain situation, but quite often I encourage them to let me know why they do things the way they do, so that the staff members [are] kind of more prepared, more thoughtful, ‘have you thought about this, is this the real issue?’ The staff say ‘oh yes, that would be good if I could implement that’ or ‘I hadn’t thought about that’. Just something to let them see the bigger picture, but whoever comes up with an idea that I think would be suitable for that client, I would encourage them to do it.

Participants also describe the importance of the supervision process, and that sometimes effective use of the supervision process was as important as getting supervisees to a particular destination.

If I do have some doubts I will talk with the staff members and say ‘OK, it is a good idea, but it might not be the right time to do it now. Can we do the things that have more priority at the moment?’ We plan for that. It’s all about the planning. It’s all about how to get the clients, as well as the staff, to participate in the process. Quite often it’s not just about outcome, it’s about going through the process.

Trust and confidentiality

Participants spoke of trust and confidentiality as being the bedrock of an effective supervision relationship. However, they said that developing trust can be difficult, and curiosity is sometimes required to get to the bottom of supervisee’s concerns about or objections to supervision. Participants were clear about the limits of confidentiality being risk of harm to self and other, as well as illegal activity.

A reflective space

Participants made a strong distinction between supervision and criticism.

Supervision is a kind of guidance, to guide the person through the process, so the person can learn. It’s not about criticism. If I take an attitude like ‘you haven’t done this, you haven’t done that’, that’s not supervision.
Critical examination of work and professional growth was seen as taking place in a reflective space provided by a strong relationship.

**Providing necessary support**

Interviewees described how difficult it had been in previous positions to fulfil their work responsibilities without adequate management or practice supervision.

Other participants were finding that in their current positions their management supervision focussed more on the administrative aspects of their job, sometimes to the detriment of education and support. When this support is not there, some supervisees said that they rely on family and friends for support.

**Mutual learning**

Numerous interviewees discussed how they see management supervision as a learning opportunity for both supervisee and supervisor.

> My understanding of supervision, both the supervisor and the supervisee, is that both of them are learning together. It’s not ‘I know everything, I want to tell you’, it’s not about that. It’s about getting to know the person who’s being supervised.

**Supervision to prevent and respond to crises**

Participants emphasised how on-going supervision could prevent crises and reduce problems when they did arise.

**Dual roles**

Participants spoke of the importance of clear boundaries and the need to engage with the challenges of dual roles in a small community of professionals.

**The extension of management supervision beyond ‘the session’**

It emerged that for many management supervisors, supervision was not restricted to discrete, monthly sessions. Instead they saw supervision as an on-going conversation in the workplace which ranged from providing structured support in a management supervision session to providing ad-hoc support as required throughout the day or in response to specific situations.

**Practice supervision that reflects and promotes the practice orientation of the service**

Participants argued that practice supervision should reflect the practice orientation of the service, which in most cases implied that didactic approaches were not appropriate. Supervision was seen as a place where supervisees can learn about and reflect on the practice philosophy of the organisation.

**Making time for supervision**

Numerous participants spoke of the difficulty of making time for management supervision, particularly when a service is new. When unavoidable interruptions do arise, one suggestion was to ensure that a new appointment was made immediately.

> [...] if you do have to, for whatever reason, because stuff does come up, cancel or
change a time [...] you should be making another time so that it's not just “oh sorry we can't do it now.

**Match between supervisee and supervisor**

Interviewees suggested that finding a match between supervisor and worker is important. A number suggested that it is important to be flexible and find ways of working with a range of different workers or managers. Where possible, allowing supervisee choice may be desirable. Where supervisee-supervisor match was not working, participants suggested that it may be necessary to make alternative supervision arrangements.

**Supervision contracting**

**Clear outcomes in contracts and practice**

Participants emphasised the importance of setting goals, drawing up plans and agendas for supervision, and then keeping to those contracts in practice.

**Establishing supervisory relationships**

The commencement of supervision relationship was seen as an opportunity to establish clear contracts. Initially workers may not have a history of supervision so commitment needs to be encouraged. Interviewees argued that supervision contracts can help.

**On-going goal setting and review**

Most interviewees indicated that they set goals in collaboration with their supervisees. Some interviewees also indicated that they introduced performance issues into management supervision in order to suggest these as supervision goals.

**Regular review and evaluation**

A majority of organisations have no formal evaluation process in place for either management or practice supervision. Two agencies have an annual evaluation process for practice supervision.

**Termination**

In discussion of concluding supervisory relationships, participants wondered how to know when to move on to new supervisors. For one participant, the answer to this question was when things get too comfortable, or when the supervisor stops challenging the supervisee on important issues.

**Focus on the supervisee**

**Supervisee needs**

The supervision functions of support, education, and assistance with the administrative aspects of mental health work ran through all discussions of management supervision and practice supervision during the interviews. In addition to these needs discussed elsewhere in this report, three further themes emerged regarding the support of supervisees through supervision: the development of autonomous competence, professional identity and the support of supervisees’ career development.
Acknowledgement competence and developing the capacity for autonomous practice

Interviewees described the importance of acknowledging competence rather than focusing solely on criticism and areas requiring remediation. In addition, participants described management supervision and practice supervision as an opportunity to develop the capacity for autonomy in their work.

Developing professional identity

One participant discussed the role of supervision in developing professional identity, and that staff fulfill an important function in consumers’ lives and they are professionals in their own right. The clear message was that CMO managers considered their services to be complementary to rather than subordinate to state health services.

*We consider ourselves to be a rehabilitation service and that within that we already had our supervision and reflective practice policies so we saw ourselves as professionals working within the non-government sector […] we've certainly seen a change in the landscape and how people view themselves. [At first], it was a bit of a struggle because […] clinical services thought they could tell us what to do […] we come with our own level of expertise and skills and experience that we’re bringing to this and we complement each other, you’re not actually our bosses, [we’re] not lackeys […]. It’s important for staff to see that they actually fulfill a really important function in people’s lives […] that they are professionals in their own right.*

Supporting supervisee career development

Two interviewees spoke specifically about how they seek to support supervisees in career development, recognizing that for many mental health workers, support work is something that they do for a limited amount of time. Three participants spoke about how they enjoyed supporting peer workers to progress and move into mentoring and management role.

*One of the things that I really enjoy is assisting people to grow and develop within their roles, and to move on from their roles as well. I’ve been lucky enough to supervise a number of staff who progressed to management positions both within and outside of the organisation.*

Supervisee roles and responsibilities

Interviewees indicated that they expected supervisees to take on a range of roles and responsibilities in management supervision and practice supervision. The picture that emerged was one of active engagement in supervision by the supervisee.

Taking responsibility for own learning needs

Numerous participants emphasized the importance of supervisees being proactive in their use of supervision and taking responsibility for their own learning needs. This includes preparation and reflecting on supervision needs between sessions.

*I think they need to know what they need. If they don't know what they need, they don't get what they need. … OK, usually when they come to a supervision session I would like them to prepare what they want to ask. That preparation will get them to think what is the most important thing that I want to know, what kind of support do I need?*
Commitment to professional development

Management supervisors expected supervisees to have a commitment to on-going learning and development and a willingness to be challenged and/or engage in critical reflection of their practice.

Understanding one’s own actions and their impact on others

Participants described the important of being aware of one’s impact on others, both as a management supervisor and as a worker. For direct care staff in the community sector, this included the importance of recognising boundaries in worker’s roles with vulnerable and marginalised consumers. Reflective practice, including in the supervision relationship, and emotional intelligence training were two key strategies which were seen to protect consumers in this context.

In [one of our programs], 23% of people could not identify a friend. And so you have someone come along and talk to them about their hopes and dreams and desires […] it’s a very intimate thing to be doing with people, you know, and they’re learning from you there’s going to be some things that happen there, especially if you’re working with someone really closely over a long period of time.

Being mindful of one’s impact on clients

Management supervisors described how they expect workers to be able to set aside their own agenda and set goals collaboratively with clients and to be able to understand the effect of their own actions and approaches to the work.

Quite often you will see staff members with very strong personalities. Strong personalities are good, but when you're working with other services, with other staff members from other services, you have to behave in a professional way. You can’t just be… That’s OK that you have a strong personality, but if you don’t behave in the professional way, it’s not going to work and it’s going to have negative impacts on the clients and the services.

Being mindful of colleagues’ needs

Participants described the importance of supervisees being aware of and considering their colleagues’ needs, particularly in the context of group supervision, group reflective practice and staff meetings. This was seen as especially important in the case of teams including people with varying training backgrounds.

Active participation and openness to the process of supervision

Numerous participants described expecting supervisees to take an active role in supervision, be prepared and not treat it as an informal chat. However, participants reported that some workers don’t feel that they need supervision support in their work. Another participant described that one challenge raised by management supervisors was that supervisees may be under or over invested in the work.

Participants expected workers to be vocal about their own supervision needs and, if they have concerns about their management supervisor or external supervisor, to raise them through the appropriate channels. Supervisors expected supervisees to be accountable to themselves and their own professional responsibilities.
Working with specific populations

Interviewees discussed the need to be aware of and help supervisees become competent to work with people in specific populations. One participant spoke about the importance of cultural competence in relation to working with indigenous consumers. In particular, this participant spoke of the potential that white workers will be expected to promise much and deliver little.

It's really easy to stuff things up and many times workers have gone out and come back and said “I said this thing and he went right off” and I'm just like “oh he was just growling and next time you just have to sit there and take it and be quiet and just accept it, you're just another white person who's coming along and saying [you're going to do shit and] you're not going to [...] Some people think that only aboriginal people should work with aboriginal people, I don't think that that's the case], but you do need to have a good understanding.

Working with clients who have had a long term contact with the mental health sector

One participant described the challenges of working with consumers who have been accessing mental health services over many years. This participant suggested that long term consumers may look for workers to make decisions for them, and feel uncomfortable, at least initially, when workers seek to encourage autonomous action.

Focus on Supervisors
Supervision of supervisors

The supervision of external practice supervisors was not discussed in the interviews.

Among those interviewees providing management supervision to frontline managers or to frontline staff, three were receiving external supervision provided by their organisation. Other interviewees who were receiving practice supervision did so out of choice, using their own funds, or as part of their professional membership requirements. Another participant reported that they had been offered funded external supervision as manager but that they had not yet found the time to take the offer up.

I've been told that I could find an external supervisor and the organisation is going to pay for the cost, so I'm very pleased. It's just at the moment I'm struggling with the time.

[...] there may be issues within the organisation, there might be issues for example, with my supervisor that I find it hard to deal with and external supervision is extra support that I can have to talk through the issues that may have nothing to do with my service, my manager or my organisation.

Management supervision of staff providing supervision to frontline workers was diverse. Some supervisors felt well-resourced and supported through their relationships with their line managers, while others felt that some aspects of their supervision needs were being neglected.

One senior staff member used a peer consultation format in order to meet supervision needs. Another interviewee reported how having access to external supervision allowed her to be more effective in her own supervision of frontline workers and to get through difficult times. Some front line managers had supervision with managers of other services who were not their direct line managers. Interviewees described the advantage of this as being able to
talk about the office dynamics in a relationship where supervisors don’t have contact with the people involved.

Training needs of supervisors

A number of staff were currently doing or had already completed the MHCC Leadership in Action course. Other relevant training accessed was through the NSW Institute of Psychiatry and the MHCC LDU (Community Sector Management course). However, many interviewees in management supervision roles described feeling under-prepared for their role.

Supervisor competencies and roles

Interviewees outlined their understanding of a range of competencies and roles necessary for a supervisor to be effective in both management supervision and practice supervision.

Listening, respect and suspension of judgement

Interviewees spoke of the importance of active and genuine listening as the foundation of the supervision process as was the suspension of judgement.

That’s the challenge - to listen really carefully, and to clarify. Another challenge is that the supervisor’s approach to people – you’ve got to really respect that person. That person has a lot to offer, so it’s not that ‘I’m the supervisor telling you’, it’s to learn about that other person’s language, background, culture, experience. I think that’s very important.

Currently, my supervisor’s communication with me, [...] there is some misunderstanding], her communication style is sometimes a bit too straightforward and very directive. There are quite a few occasions that she jumped to conclusions too quickly, totally misinterpreted what I said or what actually happened. Sometimes I feel a bit frustrated, but most of the time I can explain to her later [what] happened and say ‘can I explain to you that what had happened was not what you had interpreted, it was different’. She needs to understand the context.

Emotional intelligence

It emerged that emotional intelligence training was an explicit focus of training in three of the CMOs involved. Interviewees emphasised the importance of understanding the different learning styles, communication styles and sensitivities of each supervisee.

Some people are more outgoing, so you can tell them straight away, but other people are more kind of introverted type of personality, so I have to be really careful about how I’m going to get the message across. That’s very important.

Understanding the different levels of structure preferred by different workers

Participants described how they tailored supervision to the needs of each supervisee in terms of the amount of structure and guidance provided.

Being flexible and self-reflective as a supervisor

Management supervisors spoke of the importance of being flexible and reflecting on one’s own role rather than taking a rigid position as ‘expert’.

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Sensitivity to cultural differences

Participants emphasised the importance of being sensitive to different cultural understandings of mental illness.

In addition, interviewees suggested that it is important to recognise when cultural norms may inhibit supervisees from speaking up about their concerns, or where traditional supervisory practice may not fit in with cultural norms relating to communication.

[...] she’s from an [Asian] background, she’s working for another disability service, and she doesn’t ask a question. You would think that if she doesn’t ask a question that means she understands. It’s not. I know it’s not. That’s why I initiate the questions. I ask her, ‘are you clear about this? If you’re not clear, I can show you’. I take a step forward and say ‘OK, now this is what we’re doing’. I explain to her, I don’t wait until she comes to ask, then she will never come to me to ask.

People at least need to be aware that there might be differences in the way people communicate and it’s not just around language [...] sometimes you really feel like you’ve left it open for someone [to bring up their feelings or concerns], [...] and particularly with a lot of Asian cultures where there’s a high level of respect for authority and how we deal with that is basically trying to be really open to those things and accepting, but also being able to gently probe and question, what’s going on for people, not just leaving it at expecting that they’ll be forthcoming. Part of that is picking up on nuances.

Knowledge of practice area

Many interviewees both from organisations (that did and did not employ external practice supervision) emphasised the importance of supervisors having a strong understanding of the practice area, the organisation and the community sector. Interviewees further discussed the importance of a range of experiences and a diversity of knowledge that they draw on in their practice supervision.

Respectful of and appreciate knowledge gained in different areas

Interviewees spoke of the importance of acknowledging and using the knowledge that supervisees have gained in different areas of life including studies, life experience, other work and lived experiences of mental health problems.

Skilled in reflective practice, not just advice-giving or problem-solving

Participants suggested that supervisors should facilitate reflection on practice rather than simply giving advice or attempting to solve problems for their supervisees.

In supervision with my manager, most of the time it’s about problem-solving; giving instruction, giving advice, do it. Very straightforward, which I often find something is missing. I’m not fully satisfied. A lot of the times, problems are easy to solve. You can find solutions to any problems. However, if you want to learn something you need to go deeper, you need to reflect, you need to do that in a way that really gets to the unconscious level of who I am and why I do the things I do. What are the backgrounds, values, even cultural, language backgrounds, life experiences, everything that has influenced me [...] guide me through reflection [...] to see myself because if I don’t see myself, [Otherwise] next time when things happen, I will still react the same way. It’s because I haven’t really understood the deeper level of why. If I go through that process, do a proper reflective practice, next time I’m aware of that. I won’t react the way I did before, so I would be more skilful, and more
experienced to deal with the situation, so that’s what I hope I can get from my supervision.

A source of tools and resources

Participants suggested that supervisors should be actively involved in seeking out tools and resources to give to their supervisees or to use in the supervision process.

Providing feedback and challenging workers

Numerous participants focussed on the importance of being able to provide feedback to supervisees in a non-threatening and encouraging manner. Others saw this role in slightly different terms, emphasising the need to directly challenge workers on their practice, their approach towards clients.

Being open to and making opportunities for receiving feedback on the process of supervision

Some participants argued that supervisors should be open to feedback on supervision. It was also seen as important to actively provide opportunities for feedback and ongoing review of practice supervision, even when this was personally difficult for the supervisor. This feedback may include reflection on the supervision relationship itself.

Sensitivity to issues of power in supervision and practice

Participants’ understandings of power in supervision were diverse. Some participants reported that they did not think that power had been a big issue in their practice, while for others issues of power and how to responsibly engage with power dynamics was central to their understanding of daily practice.

One participant spoke of an ongoing consideration of power in her supervisory practice and in her training of managers. She pointed to the danger of supervisees being intimidated when managers are unaware of their own levels of power in different domains. Emotional intelligence training and maintaining an open style of communication was seen as important in this context. Another participant described ‘naming’, or explicit recognition of power differentials, as an important part of managing power in supervision.

I’m very aware of power dynamics, and there are some things that I can’t change, but I do know that that exists, I suppose that in general I have a fairly open, relaxed style [...] one of the things that we think it’s important for people to understand is the different sorts of power that people have and often people will come into management positions with a certain amount of personal power attached to them they have to be aware of that [...] I’ve had some managers where I’ve hit my head against a brick wall so many times and thinking oh my god you are just so unaware of how you come across and it doesn’t seem to matter how often we have these discussions you still terrify the staff as soon as you walk into the room. [...] That combined with the level of structural power can be, you know, terribly intimidating. What we do try to do is to train managers in emotional intelligence and a big part of that is being self-aware, looking at the impact on other people, and being able to use your empathy and social skills [...] something that we all bring to our interactions is that we are people. Although within my role I have certain restrictions, and constrictions about what I do and have to adhere to, as an employee and as a manager, but I’m also a person, and I bring that person to interactions and I think that to be able to show that you are real and human and vulnerable as well brings a lot to the interaction.
Conversely, some participants described their own struggles with having difficult conversations when supervisees questioned their authority because of age or gender roles. In one case a more collaborative style of management supervision was seen as appropriate. In another case mediation and supervision was required.

**Using self-disclosure and anecdotes thoughtfully**

Some participants discussed how they used their own experiences through anecdotes and self-disclosure in order to level out power differences and to help supervisees feel that it’s ok to show vulnerability in supervision. Other participants described how in the past they had had negative experiences when supervisors had used self-disclosure inappropriately, in ways that made the participant feel as if they were being imposed upon.

**Being available and accessible**

Participants emphasised the importance of remaining available and accessible to workers outside structured supervision time.

> I’m not making [the] assumption that they know something. I always clarify with them, ‘are you clear about what you’re expected to do, and if you’re not clear I can show you anytime. Ask me, anytime. Ask for help anytime. So I think I keep the communication open and I think as the supervisor I want to create an environment where people feel comfortable and people feel supported and encouraged to try things.

A number of interviewees argued against ‘saving issues up’ for supervision, as frustrations or problems may not be addressed. This manager argued that avoidance of supervision issues may come from both supervisees and supervisors, particularly in the context of management supervision.

**Managing tensions and competing responsibilities**

Most participants saw a tension between line management and management supervision responsibilities. For some participants, mentoring and practice supervision were seen as ways of alleviating that tension. A trusting relationship in management supervision emerged as a key factor in reconciling the competing responsibilities of evaluative and supportive functions as a manager.

> [...] that sometimes comes back to the conversations that you might have around values and why people are doing the work, and in general people are wanting to do the best that they possibly can, so if you’re creating an open space where people are feeling supported and not necessarily unduly criticised, but open to criticism, then that’s where you reduce the tension, there’s always going to be a tension there.

Participants also suggested that clear contracting helps manage the tensions inherent in the varied functions of management supervision. Other participants saw administrative functions as a key part of their supervision responsibilities while seeing certain tensions. Finally, some participants did not consider that their line management and management supervision responsibilities were in tension or conflict.

**Understanding team dynamics and teaching/modelling conflict resolution**

Participants reported that through external supervision staff had developed skills in directly approaching peers and managers instead of gossiping. This participant argued that supervisors need to have good conflict resolution skills.
Organisational focus
Actions that organisations can take to promote and sustain practice supervision

Many of the issues raised by interviewees related to the interaction between supervisee and supervisor. However, interviewees also spoke of the importance of action by the organisation’s management in promoting and sustaining effective supervision and worker support practices. It emerged that without sustained leadership from middle and upper levels of management, competing responsibilities and other tensions can easily reduce the effectiveness of practice supervision.

This following section discusses interviewee’s views on how organisations can act to support supervision.

Enabling the supervision environment: space and time

It emerged that agencies need to take active steps to assist managers and workers with making time and space for supervision.

Conducive physical environment

One participant spoke of the importance (and difficulty) of finding appropriate premises for gathering the whole team for supervision.

Supporting making time for supervision

Numerous participants described time as the key resource which can determine whether supervision happens at all, and whether it is effective when it does happen. It emerged that management support for making time for supervision is crucial in some service settings.

[...] at some stage I think supervision is not [given priority], people were kind of buried in the daily work, and really don’t have the time to stop and say I need to reflect. I think sometimes I’m in the same situation, so much work to do and I don’t have the time to sit down with the staff members to do the supervision. For example, if the organisation has the policy that you need to [give it priority], you need to have regular supervision, I think that people would really think ‘that’s what I need, I must do it’.

Formalised feedback, evaluation and review

Processes for feedback about management and practice supervision

Most participants reported that there were few routine opportunities for feedback about management supervision. One participant pointed out that while it would be possible for supervisees to complain by jumping a level of management, very few workers would take such a step.

Two agencies had implemented routine feedback on practice supervision. In another organisation, annual reviews were used to gain feedback from supervisees on their training and support needs. However, management supervision was not specifically assessed in this process.

Policy and practice support

Interviewees discussed the importance of feeling that management fully supports practice supervision. This included:
Providing evaluation tools

One interviewee described evaluation tools in their practice.

Funding supervision

Two interviewees were aware of specific requirements from funding bodies regarding supervision for their programs. All organisations had policies regarding management supervision and three organisations had policies demanding that all staff receive external practice supervision of some kind. One organisation provided funding to individual workers for them to access their own supervision.

Institutional Culture

Those participants most satisfied with the supervision arrangements in their organisation spoke of a supervision philosophy which was integrated into a larger organisational culture of support and learning. In addition to practical steps to facilitate supervision, participants described the importance of management communicating genuine support for supervision practices. Some participants described feeling that their organisation made supervision central to daily practice. Others described feeling that supervision was a second-tier priority – an add-on to be engaged in when the rest of the work is completed.

Recruitment of supervisors

In most cases the recruitment of supervisors was an organisation function. Three out of the six agencies employed external practice supervisors. In two of these agencies they were recruited by word of mouth. In the third organisation, individual workers were able to choose their own supervisors.

NSW and National practice guidelines

No interviewees were aware of their organisation specifically employing NSW or National Practice Guidelines relating to supervision.

What interviewees wanted from the supervision project

The following summation informed the general contents of this document as well the inclusion of Part 4: Planning a Practice Supervision Program and Part 5: Tools for developing Practice Supervision.

➢ Knowledge of what other supervisors were doing

Numerous interviewees expressed interest in the findings of the consultation in relation to the practice of other supervisors.

➢ Advocacy for management and practice supervision

Other interviewees hoped for active advocacy of management and practice supervision in the public sphere.

➢ Material for induction programs

Requests for material for induction and welcome packs were common.

➢ Model contracts and other tools
Interviewees requested model contracts and other tools for evaluation and review.

➢ Short guides to the effective use and practice of supervision

Many interviewees requested short guides to the effective use and practice of supervision which they could employ in their daily practice.

➢ Training programs

Participants suggested that specific training programs for management supervision would be beneficial for them and for their own managers.

One participant expressed a desire for more training about the administrative functions of supervision, in relation to how to effectively bring broader institutional and strategic objectives into supervision.

➢ Guidance on external supervisor recruitment

One participant suggested having a list of recommended supervisors specific to the community sector.
Appendix B 1

Invitation to Participate Letter

Individual Address

Dear NAME

The Mental Health Coordinating Council (MHCC) is conducting a qualitative research project examining supervision and mentoring practices in NSW Community Managed Organisations (CMOs). The aims of the study are to explore ways in which CMOs are using supervision, examine potential benefits and costs, understand some of the barriers to its effective use and make recommendations for the development of effective supervision models across the mental health and allied services community sector.

We would like your permission to interview one member of your management team and 2-3 frontline staff from the ORGANISATION NAME. Prior to the interview you and the staff to be interviewed will receive a copy of the questions. In addition, participants will be asked to complete a short questionnaire provided in hardcopy or online. We have contracted Hamish Hill as consultant Research Project Officer to the project and he will be undertaking interviewing.

We are interested in speaking with management and staff who have a range of experiences and understandings of supervision, even if their supervision is informal. Our preference is to interview participants face to face, but if more convenient for your organisation, they could be interviewed on the phone. We estimate that interviews will take 30 minutes for each participant (including the 5 minute survey). Hamish would be on-site for approximately 3 hours with each team.

In the study and final report we would like to acknowledge your organisation’s participation, however to enhance confidentiality participants’ responses will be de-identified. All information collected by MHCC in the course of this project will be treated as confidential.

If you are interested in this important project and are willing to assist us, please let Hamish at hamish@mhcc.org.au know the individuals in your organisation that you recommend we contact. We are looking to schedule interviews in the third week of January 2011.

MHCC Senior Policy Officer Corinne Henderson will be coordinating this project. Please contact Corinne directly if you would like further information regarding the study at corinne@mhcc.org.au or (02) 9555 8388 x 101.

We will be following this letter with an identical letter via email so that you can more easily reply by return email.

Kind regards,

Jenna Bateman
Chief Executive Officer
Appendix B 2

Participant information statement and Consent Form

Supervision Practices in the Community Managed Organisations NSW

Your organisation is invited to participate in a study of supervision practices in the community mental health and allied services sector in NSW. Our objective is to understand how Community Managed Organisations (CMOs) are currently using supervision, examine the benefits and costs and investigate what opportunities and barriers exist to implement its effective use.

Through a conducting a literature review of the evidence on supervision both internationally and in Australia across the helping professions, and sharing CMO experiences via an interview/ consultative process with a number of MHCC member organisations, we aim to provide a report and make recommendations of suggested considerations for CMOs to reflect on when reviewing current practices in their organisation /or developing a supervision model uniquely appropriate to the organisation. Your organisation has been selected as an important contributor to this study, because of your service provision role in the sector and because of the variety of services you deliver and/or the context in which you provide them.

Description of study

This study was initiated in response to a need identified by the CMO mental health sector and expressed directly to MHCC. It has the potential to provide benefits to the sector in a general way by sharing experiences in the implementation and practice of supervision through a report and recommendations which will include evidence from the supervision literature across the helping professions.

If you agree to participate in this study, MHCC will ask questions about supervision practices in your organisation in an interview of approximately 30/ 45 minutes duration. The interview is intended to provide space for open-ended discussion in order to establish your views and get a picture of your experience from an organisational perspective. You will also be invited to provide some personal experience of supervision if you so wish.

Confidentiality and disclosure of information

In describing themes and practices across organisations, we may want to use ‘quotes’ or provide case studies. Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. The organisations (not the individuals) involved in this study will be acknowledged in the report.

If you agree to participate by signing this consent form, we plan to publish our findings which will be publicly available. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.
Feedback to participants
Prior to publication a draft report will be emailed to you for feedback and comments.
Any concerns that you may have concerning this study may be directed to:
Jenna Bateman
Chief Executive Officer
Mental Health Coordinating Council
PO Box 668, Rozelle NSW 2039
Tel: 02 9555 8388 E: jenna@mhcc.org.au

Hamish Hill has been engaged to conduct this study on behalf of MHCC, and he will be the person interviewing participants. His phone number is: 0414 865 725 or email at hamish@mhcc.org.au

If you have any further addition questions at any time please direct your inquiry to Corinne Henderson, Senior Policy Officer, MHCC at corinne@mhcc.org.au or phone 9555 8388 ext 101.

You will be given a copy of this form to keep.

Approval No (13/02/2011-03)
PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM (continued)

Supervision Practices in the NSW CMO Sector

You are making a decision on behalf of your organisation and/or yourself whether or not to participate. Your signature indicates that, having read the information provided above, you have decided to participate.

……………………………………………………
Signature of Research Participant
……………………………………………………
Signature of Interviewer

……………………………………………………
(Please PRINT name)
……………………………………………………
(Please PRINT name)

Organisation

……………………………………………………
……………………………………………………

Date
Appendix B 3

Interview Questions

1. How would you define supervision?

Organisation Focussed Questions

2. What is your organisation’s philosophy regarding supervision?

3. What types of supervision are used in your organisation? i.e., do you have individual / group / peer or other forms of supervision, coaching, mentoring?

4. How do you see the roles of line management, clinical supervision and other forms of supervision? Is separation important or can they appropriately be combined?

5. Does practice supervision vary with level of experience; professional background; specific program?

6. How does practice supervision in your organisation relate to your organisation’s practice orientation / philosophy of practice? Is ongoing supervision necessary for experienced workers, and if so why?

7. Are your supervisors external or internal (or both)?

8. How do you fund supervision? Is supervision required by any of your funding bodies/ funding agreements?

9. What do you see as barriers to implementation of effective supervision?

10. What role does supervision have in skills development for workers?

11. Have you seen changes in service delivery as a result of supervision implementation?

12. Do you have any cost-benefit analyses?

13. Do you conduct any outcome measurement?

14. What role, if any, have national or NSW practice guidelines had in the implementation of supervision in your organisation.

Supervisor-focussed questions

15. How do you recruit supervisors?

16. What do you see as the key attributes and skills of an effective supervisor?

17. What do you see as the key responsibilities of supervisors in supervision?

18. What are the key roles of supervisors?

19. What are your thoughts about the training needs of supervisors?

20. Do you supervise staff in your organisation?

21. How would you describe your role as a supervisor?

22. What has your own experience of supervision been in your career?
23. As a supervisor, what would you do if you perceived that a worker was not performing to an acceptable standard or was acting in a way that went against your ethical standards or those of your profession?

**Worker-focussed questions**

24. In your organisation does the worker have choice in selecting their supervisor?
25. How do workers present their cases and or supervision issues?
26. How is confidentiality negotiated with workers in supervision?
27. What are the limits to confidentiality in supervision?
28. What do you see as the key responsibilities of workers in supervision?
29. Have you had feedback from your workers on supervision?
30. How many hours of client contact for each hour of supervision? If your workers attend more than one type of supervision, please specify
31. How do the needs of workers from different training backgrounds differ?

**Questions related to the supervision relationship and supervisory practice**

32. What would a good supervisory relationship look like?
33. What are the barriers to effective supervision?
34. What promotes effective supervision?
35. How do you think power and perceptions of authority influence the supervision relationship and supervisory practice?
36. What issues affect the supervision relationship when supervisor and workers come from different professional backgrounds?
37. How do you think gender, class, sexuality and cultural differences play out in the supervision relationship?
38. Writers on supervision (e.g. Liz Beddoe) speak about a tension between surveillance and reflection: between supervision as a way of monitoring practice and supervision as a place to promote autonomy. Do you have any comments on this?
39. How is supervision evaluated and reviewed? How are goals set?
40. What are your thoughts about using new technologies for supervision? e.g. email, online supervision, videoconferencing etc.

**Special populations**

41. What are the specific challenges and opportunities for supervision in a rural/remote context?
42. What are the specific challenges and opportunities for supervision in an organisation with Indigenous clients?
43. What are the specific challenges and opportunities for supervision in an organisation with CALD clients?
Questions relating to this study

44. What would you like to know from our study?

45. What products, resources or tools would be useful to you and your organisation subsequent to this study?
Background

The GROW model (or process) is a technique for problem solving or goal setting. Developed in the United Kingdom the model was used extensively in the corporate coaching market in the late 1980s and 1990s. There have been many claims to authorship of GROW as a way of achieving goals and solving problems. While no one person can be clearly identified as the originator, Graham Alexander, Alan Fine, and Sir John Whitmore, all well known in the world of coaching, clearly made significant contributions.

The GROW model has many applications in everyday life. The particular value of GROW is that it provides an effective, structured methodology which both helps set goals effectively and is a problem solving process. It can be used by anyone without special training. While there are many methodologies that can be used to address problems, the value of GROW is that it is easily understood, straightforward to apply and very thorough. In addition it is possible to apply it to a large variety of issues in a very effective way.

The GROW model

The GROW model represents four stages in the coaching conversation: Goal, Reality, Options and Wrap Up explained in more detail below.

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**Goal**

At the outset of any coaching conversation it makes sense to establish what the ‘coachee’ wants to achieve. Just as successful people set goals for their work and personal life, establishing goals at the outset of the coaching session helps to give the session a sense of purpose ensuring it becomes a meaningful conversation rather than an aimless chat.

At this stage a goal might reflect the bigger picture of what the coachee is aiming to achieve from coaching e.g. increase confidence with clients, maintaining boundaries, managing ethical issues and also what the coachee specifically wants from the session itself e.g. identify a strategy or specific actions for moving forward or identifying options.

**Reality**

As coach, once you have established what your coachee is aiming to achieve the next stage is about where they are in relation to their goal, i.e., what progress have they made towards their goal already?; what are their current skills, knowledge and attributes?; what is the reality of what is expected of them? This is a real opportunity to really help your coachee build awareness of their current strengths and develop confidence …what are they doing already that they can build on, what skills do they possess which will stand them in good stead for the future?

At this point scaling techniques are a useful way of helping to measure progress.

**Options**

This stage of the GROW coaching model is about helping a coachee explore the options available to them. The skill of a coach at this point is about helping a coachee to think outside the box, be creative and explore extensively until both are satisfied that they have a solution they are committed to. For example what has worked in the past? How do others do it? What would they do if anything was possible? What are the relative merits of each option?

**Wrap Up (or Way Forward / Will)**

This stage is about bringing the session to a close. Once a coachee has explored different options for moving forward they are in a better position to select the most appropriate and commit to specific action. The coach will help to clarify the coachee commitment to their action and ensuring they are fully aware of what they will now do, when, where and who might help them.

Again scaling techniques are useful to help ascertain commitment and motivation.

**GROW is not necessarily linear**

The GROW coaching model has been described as a linear process; however, any of the stages can be revisited during the process depending on the needs of the coachee. For example after exploration of Reality a coachee may want to readjust their Goal or having checked their commitment to an action may find that more Options need to be explored first.
GROW provides a useful framework however, to be effective a coach will understand what their coaches needs are at any particular point in the coaching conversation. Flexibility is crucial - taking a coachee to the stage that most needs their needs, and there may be times using just part of the model is appropriate.
References/Suggested Reading List

Arizona Department of Health Services, Division of Behavioral Health. 2007. ADHS/DBHS Clinical and Recovery Practice Protocol.


References
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SAMHSA/CSAT Treatment Improvement Protocols. Center for Substance Abuse Treatment.
Part 1: Chapter 1, Clinical Supervision and Professional Development of the Substance Abuse Counselor: Information You Need to Know.


Endnotes

1 The NSW not-for-profit, non-government mental health sector prefers the language of community managed organisation (CMO), community based services and community managed mental health sector etc. as this is a more positive affirmation of our value, identity, history and function. However, the term NGO is used in this paper.


12 Arizona Department of Health Services, Division of Behavioral Health. 2007. ADHS/DBHS Clinical and Recovery Practice Protocol.


Boundaries refer to the necessary delineation of relationships and roles within a working/supervisory context.


In this context constructionist refers to a view according to which a person’s experience is not just reflected in the stories which they hold about themselves, but is also constructed through these stories.


The broadest definition of transference is that it refers to the reactions that a consumer or supervisee feel towards a worker or supervisor. In the psychodynamic tradition, transference has a more specific meaning. It is seen as the unconscious redirection or 'projection' of a client or supervisee's feelings from one relationship (perhaps with a parent) onto the relationship with the psychotherapist or supervisor.

Countertransference in the supervision relationship is the opposite of transference: the feelings of the supervisor towards the supervisee. In the psychodynamic traditions it is defined as redirection of a supervisor’s feelings toward a supervisee or, more generally, the emotional entanglement with a supervisee. In both transference and countertransference, a psychodynamic viewpoint suggests that the other presents an object of the past onto whom past feelings and wishes are projected.


Ibid. Rogers, Carl. 1951.


86 Copeland, S. 2006. Supervision comes out of the closet. Therapy today 17(2).


89 Arizona Department of Health Services, Division of Behavioral Health. 2007. ADHS/DBHS Clinical and Recovery Practice Protocol.

90 Ibid. Arizona Department of Health Services, Division of Behavioral Health. 2007.

91 Ibid.

92 Ibid.

93 Ibid.


Endnotes


122 Ibid. NCETA. 2005.

123 Ibid. NCETA. 2005.


142 Adapted from National Centre for Education and Training on Addiction (NCETA). 2005.

143 Ibid. Adapted from National Centre for Education and Training on Addiction (NCETA). 2005.

144 Ibid. Adapted from National Centre for Education and Training on Addiction (NCETA). 2005.

145 Ibid.

146 Ibid.

147 Ibid.
