# STRUCTURING SUPERVISION AND
# FORMING THE SUPERVISORY RELATIONSHIP

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## GOALS OF SUPERVISION

To the general public, a supervisor is a foreman who manages workers' work for the purpose of quality assurance. The workers always work under supervision – they never have autonomy. For health professionals, supervisors are facilitators who carry the dual roles of overseer (ensuring quality assurance) and facilitator (developing the learners's autonomous professional functioning).

The goals of supervision are:
- To develop and maintain the learner's competent professional functioning and well-being
- while safeguarding client care and
- to evaluate and report to one or more of the following:
  - University/TAFE
  - Registration Board
  - professional association
  - line manager

The learner's well-being is included because their physical and psychological state impacts on their work. If they are under par, then their work will be also under par (but see p. 6 on boundaries between supervision and therapy).

## TASKS OF SUPERVISION

To achieve the goals of supervision the supervisor is responsible for two sets of tasks: facilitative and evaluative

**Facilitative Tasks**

- Skills and knowledge development and application
- Professional conduct and ethics
- Professional identity (taking on the mantel of the professional role and responsibility)
- Self-sustaining practices (keeping up-to-date, preventing burn out)
- Personal awareness (impact of self on the work)

> The British miners in the 1920s fought for what was termed 'pit head' time
> - the right to wash off the grime of the work in the boss's time, rather than
> take it home with them.  Supervision is the equivalent for those who work at
> the coalface of personal distress, disease and fragmentation
> (Hawkins & Shohet, 2012)

**Evaluative Tasks**

- Monitor learner's progress & well-being (quality assurance for individual)
- Monitor client care (quality assurance for agency/public)
- Evaluate & report competence (quality assurance for profession)

A supervisor holds a highly responsible position:
- Professional development and safety of learner
- Safety of public
- Agent (gate keeper) for the educational institution and/or registration board

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### FORMATIVE & SUMMATIVE ASSESSMENT

**FORMATIVE ASSESSMENT/FEEDBACK**

- Regular assessment (often informal, based on observation) and feedback on professional growth and areas to develop
- Balanced, regular formative feedback is highly related to learner' professional development and satisfaction with supervision

**SUMMATIVE ASSESSMENT**

- Objective (somewhat formal) assessment of competence at particular points in time to take stock, plan next stages of development (revise contract) and/or make reports to appropriate bodies
- Should contain no surprises (all issues addressed in formative feedback)

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**ROLES**

Clients, practitioners and supervisors can adopt a range of roles in supervision depending on the extent to which they believe it will meet their needs.

**Prisoner** – doesn't want to be there. All you can do with a prisoner is give them maximum freedom within the prison. They might come to like having visits with you

**Visitor** – no commitment to work on change. Give them a cup of tea and have a chat. They might come to share their concerns with you.

**Complainant** – willing to share lots of concerns and to do lots of work – but their goal is to change someone else. You can work with complainants, but it's not ideal.

**Customer** – willing to share their issues and work on themselves. Customer for change. But are they a customer for what you have to give them?

# BEST PRACTICE
## (Evidence-based supervision)

**Research limitations**

"The literature on supervision is heavy on opinion, theory and recommendations, but very light on good evidence. Problems with the research that does exist include a paucity of randomized controlled trials, inadequate sample sizes and the use of measures with unknown reliability and validity… There is little direct observation of supervision or examination of its impact on clinical practice, and most studies rely on the perceptions of supervisors or supervisees, despite evidence that this is often inaccurate" (Kavanagh, Spence, Wilson & Crow, 2002, p. 248).

Best practice has been identified on the basis of

- limited research evidence (Falender & Shafranske, 2004; Milne, 2009)
- consensus position of recognised experts
- legal mandates
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On the basis of these, best practice requires:

- Role induction
- Focused, with clear goals
- Supervision "contract"
- Strong supervisory alliance
- Facilitative style (rather than laissez faire or authoritarian)
- Safe
- Ethical
- Interested and attentive
- Available, no interruptions
- Challenging
- Supportive and validating
- Developmentally appropriate
- Supervisee (rather than supervisor or organisation) focused
- Acknowledgement and acceptance of differences (culture, profession, paradigm)
- Facilitates learning
- Regular, clear feedback
- Transparency of assessment procedures
- Balance of tasks, methods, and facilitative/evaluative processes
- Addresses concerns/conflicts

PLUS personal and professional suitability of supervisor

- Motivation to supervise
- Availability
- Patience and persistence
- Sufficient expertise
- Self-awareness

# MODELS OF SUPERVISION

**THERAPY BASED MODELS**

Methods and processes derived from one of the therapeutic approaches (e.g. psychodynamic, cognitive behavioural). Note that supervision is not the same as therapy (and it's unethical to provide therapy during supervision). Supervision is likely to be more effective when the methods and processes are congruent with the therapeutic orientation being supervised (e.g. imagine confusion if CBT work supervised with psychodynamic approach), but provision needs to be made for a broader conceptualisation of supervision.

**DEVELOPMENTAL MODELS**

Different needs at different stages of growth of the supervisee. Most detailed of these is the Integrated Development Model (Stoltenberg & McNeill; 1997) that has 72 cells
- 3 development levels (dependence, individuation, integration)
- 3 overriding structures (awareness, motivation, autonomy)
- 8 domains (interventions skills, assessment techniques, interpersonal assessment, client conceptualisation, individual differences, theoretical orientation, treatment goals and plans, professional ethics)

General principles to address developmental needs:
- Role induction so learner can enter fully into supervision from the start
- Provide more structure and anxiety management at earlier stages of development
- But note that experienced learners also need structure and anxiety management when stressed

**SOCIAL ROLE APPROACHES**

Different tasks and roles/functions of the supervisor

- Task approach (Proctor, 1988)

  **Formative**: focus on education and the development of skills
  **Normative**: evaluate competence, quality assurance, ethics, best practice
  **Restorative**: support and professional identity, prevent burnout
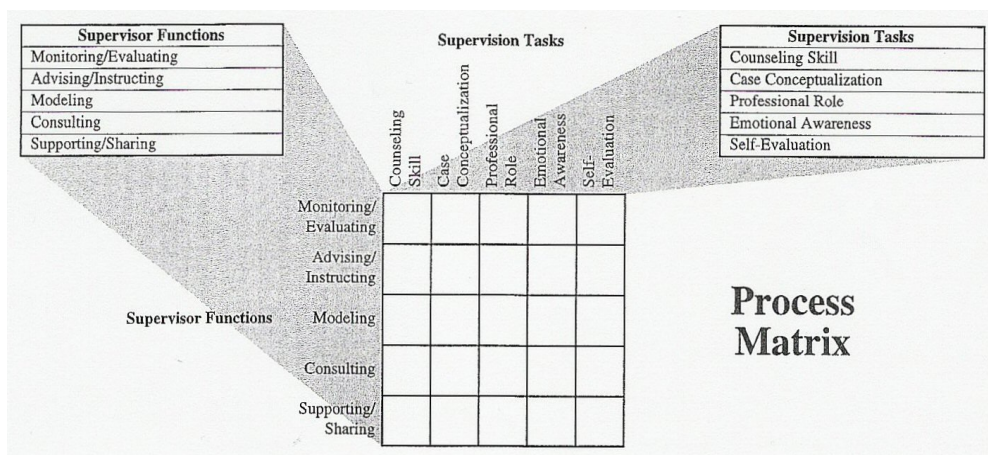
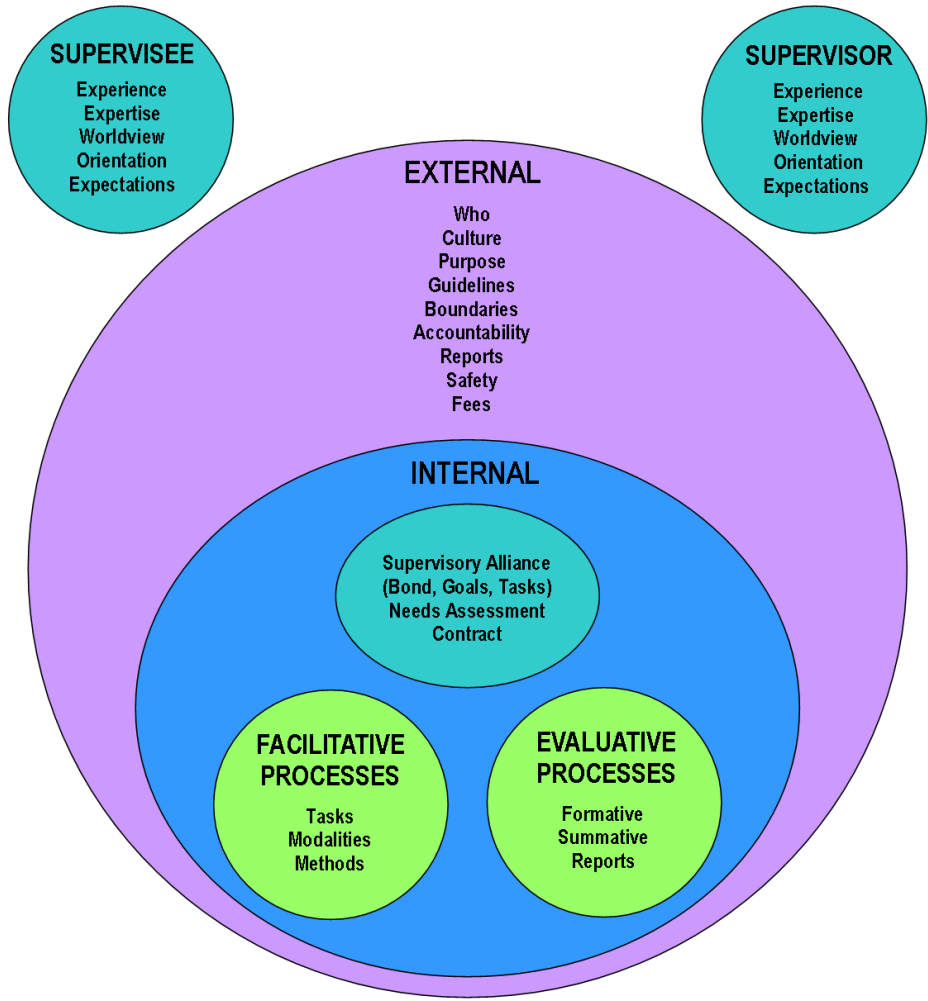- Task approach (Carroll, 2007) Tasks of

  | Relationship | Teaching | Counselling | |
  |---|---|---|---|
  | Consulting | Monitoring | Evaluating | Administration |

- Systems approach to supervision (SAS) (Holloway, 1997)

## STRUCTURE OF SUPERVISION
### "SUPER MOUSE"

**SUPERVISEE**
Experience
Expertise
Worldview
Orientation
Expectations

**SUPERVISOR**
Experience
Expertise
Worldview
Orientation
Expectations

**EXTERNAL**
Who
Culture
Purpose
Guidelines
Boundaries
Accountability
Reports
Safety
Fees

**INTERNAL**

Supervisory Alliance
(Bond, Goals, Tasks)
Needs Assessment
Contract

**FACILITATIVE PROCESSES**
Tasks
Modalities
Methods

**EVALUATIVE PROCESSES**
Formative
Summative
Reports

Hewson (2005)

### STEPS FOR IMPLEMENTATION

1. Role Induction:        Of supervisor and supervisee
2. External Structure:    All parties except those within the supervisory relationship
                          Negotiate contract with stakeholders
3. Internal Structure:    Private relationship between supervisor and learner
                          Negotiate contract with learner to build a safe, strong
                          working alliance
4. Conduct supervision:   Facilitative and evaluative tasks

**WARNING**: Don't just jump into "doing" supervision. The success of supervision depends on how well you have negotiated the external and internal structure and formed a safe, strong, collaborative supervisory alliance.

Give me 6 hours to chop down a tree and I will spend the first four sharpening the axe

Abraham Lincoln

# ROLE INDUCTION

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### SUPERVISOR'S ROLE INDUCTION

1. Read these notes and attend supervision workshop
2. Full understanding of guidelines of all stakeholders (university/TAFE, registration board, professional association, organisation/manager)

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### LEARNER'S ROLE INDUCTION

**PURPOSE**

- minimise role ambiguity and role conflict
- facilitate realistic expectations
- facilitate informed choice (increases commitment)

**CONTENT**

1. Attend a supervision workshop (if possible) or pre-reading (e.g. *On Being a Supervisee*, Carroll & Gilbert, 2006)
   In particular, supervisee needs to know that they have an **active, collaborative** role in the supervisory relationship (not a passive, "follow the leader" role) and are **responsible** for bringing their learning needs to the supervisor's attention and engaging in reflection and problem-solving to contribute to their learning.
2. Full understanding of guidelines of all stakeholders (university/TAFE, registration board, professional association, organisation/manager)
3. Supervisor's Position Statement

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CHOICE – To optimise the potential of supervision, it is preferable that the learner has a choice of supervisor. To make a choice they need to know about the supervisor (Supervisor's Position Statement). When choice isn't possible, this position statement provides a basis for negotiations on how to build a relationship.

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### SUPERVISOR'S POSITION STATEMENT

Provide (written or verbal) a description of the supervisor and what they bring to the supervisory relationship:

- Qualifications and experience
- Beliefs
    - worldview (e.g., consult to clients or expert intervention on clients; abstinence or harm minimisation)
    - theory of change (biochemical, behaviour, affect, cognitions, unconscious)
    - unit of change (e.g., individual, family, community)
- Professional/therapeutic orientation
- Relevant personal and cultural information
- Supervision style/model and expectations (e.g. live observation, self disclosure)

# EXTERNAL STRUCTURE

| | |
|---|---|
| **WHO FOR?** | Identify & map stakeholders (see below) |
| **PURPOSE** | Stakeholders' requirements |
| **ACCOUNTABILITY** | Who is accountable to whom for what? |
| **REPORTING** | Who talks to whom about what? |
| | Who reports to whom about what? |
| | When and why?  In what form? |
| | Supervisee's access to reports?  Appeal process? |
| **GUIDELINES** | How much, how often?  Sufficient for goals? |
| | Degree of choice? |
| **BOUNDARIES** | Between supervision and management and other roles |
| **SAFETY** | Limits on confidentiality |
| | Professional indemnity |
| | Policies for safe practice and notification |
| | Risk assessment and management |
| | Dispute management procedures |

## MAPPING: PURPOSE, ACCOUNTABILITY AND REPORTING

Supervisee enrolled in College/University course
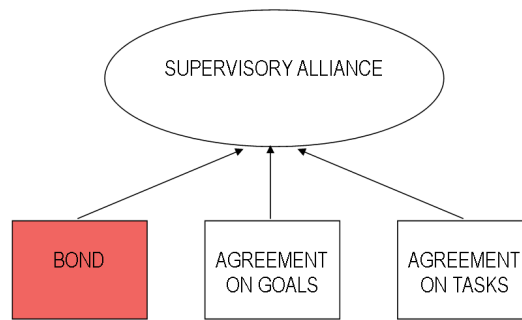**Principal stakeholders:**  Organisation (Manager) and University/Board
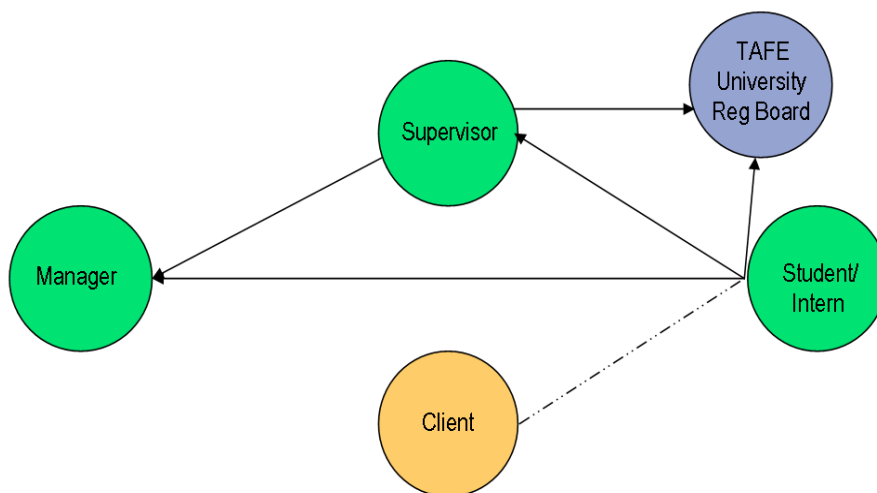


Who is accountable to whom for what?
Who talks to whom about what?  Who reports to whom about what?
When and why?  In what form?

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### NEGOTIATIONS WITH MANAGER

- Ensure Manager is aware of requirements of the learner's program
- Negotiate work duties to ensure they meet program requirements
- Negotiate timing and nature of feedback/reports from Supervisor to Manager (e.g. copy of report to educational institution, or "no report unless dangerous, illegal or unethical behaviour" or other form of reporting?)
- Ensure learner has full access to all reports (no private verbal reports)
- Identify organisation policies that learner must adhere to (e.g. home visit policy)
- Specify emergency supervision arrangements if supervisor is not available
- Any other relevant issues from External Structure list (above)

# INTERNAL STRUCTURE

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                    ╭─────────────────────────╮
                   │   SUPERVISORY ALLIANCE    │
                    ╰─────────────────────────╯
                         ↑      ↑      ↑
            ┌──────────┐ ┌──────────┐ ┌──────────┐
            │   BOND   │ │AGREEMENT │ │AGREEMENT │
            │          │ │ ON GOALS │ │ ON TASKS │
            └──────────┘ └──────────┘ └──────────┘
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The first step in forming a safe working alliance is to attend to the bond between the supervisor and the learner by conducting a pre-supervision meeting.

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## AGENDA FOR PRE-SUPERVISION MEETING

**Goal – build a strong supervisory relationship**

- Organisation (purpose, structure and climate)
- Relevant experience (personal & professional)
- Assumptive world, theory of change, professional orientation and beliefs
- Cultural differences (e.g. race, gender, religion, age, sexuality, profession)
- Supervision approach - negotiate appropriate degree of self-disclosure
- Strengths and resources
- Previous supervision experiences – what worked – what didn't work?
  – unresolved issues?
- Needs and expectations ("psychological contract" – unwritten set of
  expectations – individual's interpretation of exchange of promises)
- Boundaries (management, therapy)
- External structure – clarify all organisational and course and accreditation
  requirements (accountability, evaluations, reports, limits on confidentiality,
  managing disputes, etc. – ensure learner knows requirements)
- Purpose and length of initial contract
- Place, frequency and duration of meetings
- Fees (if applicable)
- Preparatory work (skills and knowledge) – by learner and by supervisor
- Any other matters
- CHOICE

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## ADULT LEARNING PRINCIPLES
### (Knowles, 1984)

Adults:

- Prefer to be self-directed
- Respond best when they are internally motivated
  (They resist learning when they feel ideas or actions are being imposed on them)
- Bring a reservoir of life experiences and knowledge that can enrich the learning process
- Are goal oriented
- Respond best when the material is relevant – when they feel they have a need to know
- Respond better when there is an opportunity for immediate application
- Respond better when they are respected

# NEEDS ASSESSMENT AND CONTRACTING
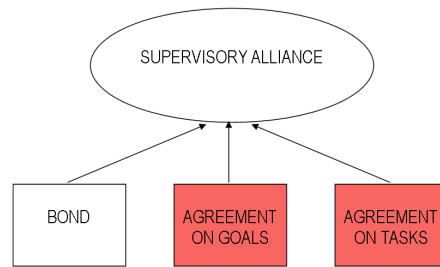


The next steps are to:
- Conduct needs assessment
- Negotiate goals, tasks and methods (individual learning plan)
- Contract (including goals, tasks and methods)

When conducting needs assessment, take into account different perspectives on needs:

- Context and requirements of the clinical setting
- Specified learning outcomes of learner's professional program
- Learner's stage of professional development (L plates, etc.)
- Learner's personal learning needs

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**METHODS OF ASSESSMENT**

**DIRECT**
- Observe sessions
- Co-therapy or co-consultants
- Video-tapes
- Audio-tapes

**INDIRECT**
- Role-plays
- Hypotheticals
- Reports by others - including previous supervisor's reports
- Self-report (written or verbal)

  Self report is the quickest method, but it can be unreliable because many learners are reluctant to volunteer areas of weakness. To seek accurate information, ask:

  "Have you had the opportunity to develop sufficient skills in …?"

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## SUPERVISION AGREEMENT
### BETWEEN SUPERVISOR AND SUPERVISEE

- Short-term, specific goals
  (SMART: Specific, Measurable, Achievable, Realistic, Time scheduled)
- Responsibilities and accountability (who is responsible for what and to whom they are accountable)
- Supervision methods (e.g. discuss, live observation, roleplay)
- Therapeutic orientation and degree of self disclosure/self work
- Methods of record keeping (such as log books and session notes) and who keeps them
- What information will go into client's files regarding supervision discussions
- Methods of evaluation and feedback (follow principles of "due process")
- Criteria for assessing competencies
- Reporting processes to Board, Manager and University - who sees what reports (limits on confidentiality).
  For example: N*o reports (except template notification that supervision occurred) to Manager unless dangerous, illegal or unethical behaviour and supervisee to have access to all written reports before submission (right of response) and to be present or in phone conference for all verbal reports)*
- Policies to be followed (for example, risk of harm to self or others, intoxication when attending the service, weapons or threat of violence during sessions, illegal or unsafe behaviours (such as non-safe sex), home visits, use of touch, working alone with minors, notification of suspected abuse)
- Dates, times, place and who books formal supervision meetings  (especially after cancelled sessions)
- Emergency back-up when supervisor unavailable
- Informal supervision arrangements (e.g. "No informal supervision")
- Procedures for resolving serious concerns and mandatory reporting
- Fees (if applicable)
- Review dates
- Date of termination of this contract (when supervision will terminate or when a new agreement will be negotiated)

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