Bhutan Board for Certified Counselors (BBCC)

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Supervision Policy

Purpose/Scope

The purpose of clinical supervision is to provide a tool for workforce development, a mechanism for quality assurance and clinical safety, and a means of providing professional support and debriefing. Participation in clinical supervision is mandatoryfor all members of the BBCC.

Definitions

Morrison (2001) defines supervision as:

'a process in which one worker is given responsibility by the organisation towork with another worker(s) in order to meet certain organisational,professional and personal objectives.'

Bernard and Goodyear (2004) define supervision as:

An intervention that is provided by a senior member or members of that profession to a junior member or members of the same profession. This relationship is evaluative, extends over time and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients she, he or they see(s) and service as a gatekeeper for those who are to enter the particular profession.

ACA Supervision Guidelinesdefine supervision as:

A process whereby a counselor can speak to someone who is trained to identify any behavioural and psychological changes in the counselor that could be due to an inability to cope with issues of one or more clients. Supervision is a process whereby the supervisee can reflect on their practice, discuss workplace and professional issues in a safe environment. Supervision is a learned process and discipline separate from counselling.

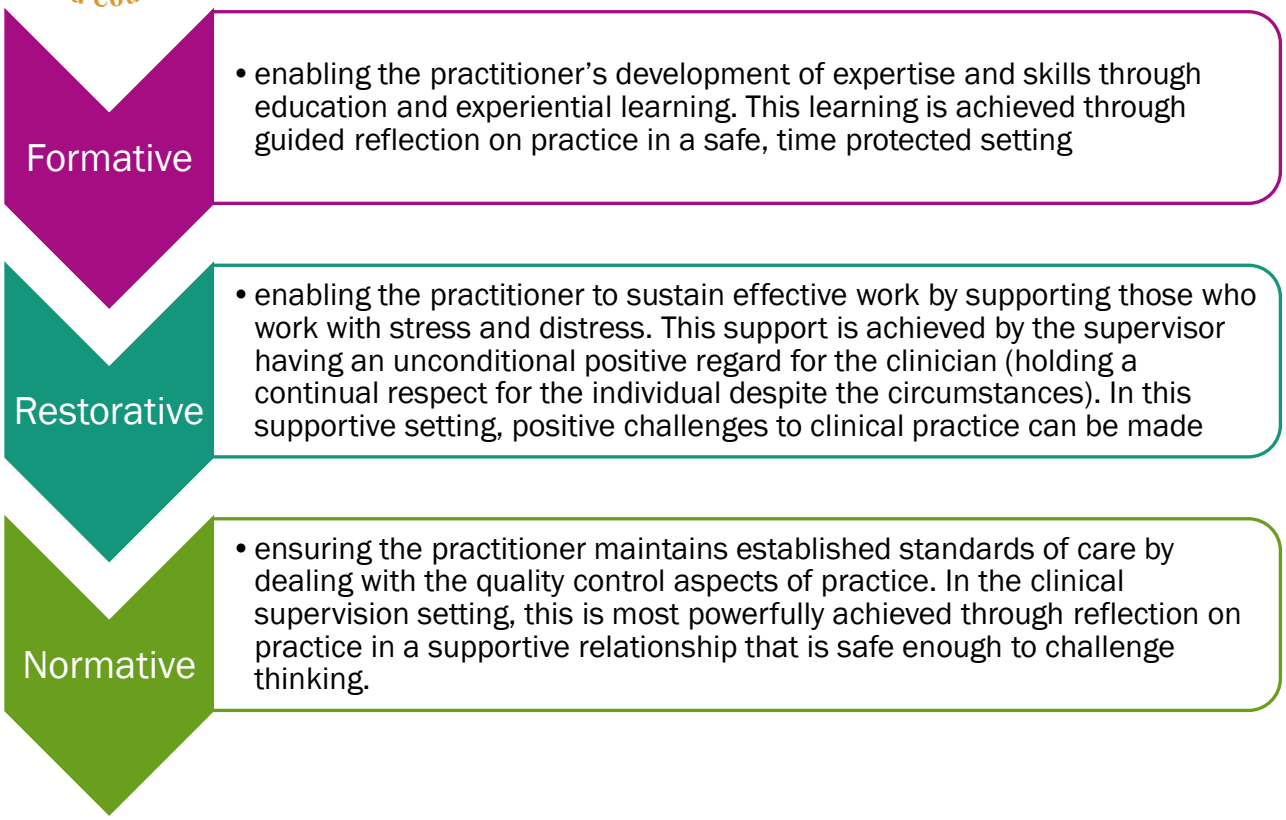
Core Values and Principles

- Clinical supervisors can be either internal (employed by the organisation) or external. Both models have merit
- Clinical supervision is one aspect of a wider framework of clinical governance activities that are designed to support workers, and manage and monitor the delivery of high-quality services and effective outcomes for health consumers

- Supervisors need to be trained in clinical supervision, ensure that they operate within relevant ethical and professional codes of conduct, and provide supervision in line with the requirements of the service.
- Effective clinical supervision relies on the development of a strong alliance between supervisors and supervisees, and ideally there should be a degree of choice for workers in selection of a supervisor.
- Clinical supervision programs need to remain flexible to ensure that they meet the needs of workers at all stages of their development and career path.
- Monitoring and evaluation of clinical supervision programs is considered important to ensure that they are meeting objectives, to identify the benefits, determine effectiveness and levels of staff satisfaction, and to report on uptake and compliance across the organisation. Any such mechanisms should ensure that the content of clinical supervision sessions remains appropriately confidential.
- Ongoing clinical supervision for all clinical staff involved in the direct delivery of mental health services is critical to ensure quality assurance in mental health practice, regardless of experience and level of appointment.

Purposes of Clinical Supervision

Clinical supervision has three main purposes:



Inskipp and Proctor (2001)

Responsibilities

Supervision is a process not an event. It entails preparation, open discussion and the implementation of decisions. Both supervisors and supervisees have a responsibility to contribute positively to this process.

Supervisees will make a substantial contribution to the quality of their own supervision by, for example:

- Undertaking an appropriate level of preparation for supervision sessions, for example preparation of case review material & completion of any agreed homework.
- Actively participating in all sessions.
- Notifying the supervisor of any difficulties in implementing decisions or plans
- Open and honest discussion of 'stuck' issues arising in therapy
- Taking action in relation to any development needs identified through supervision.
- Maintaining records related to clinical supervision sessions.
- Taking issues to supervision as directed by the line manager.
- Take an active role in their own personal and professional development, keeping written records of their supervision sessions.

Supervisors further direct and cultivate the process by:

- Ensuring supervisees are clear at the outset about the purpose of supervision, what is expected of them, the role of the supervisor, the parameters of confidentiality & the appropriate mechanisms for addressing any difficulties or concerns about the clinical supervision process.
- Establishing and maintaininga safe and trusting environment for supervision sessions.
- Ensuring supervision sessions have structure and processes whereby the supervisee can review andreflect on their clinical practice, identify areas of concern, explore new ways of working, identify development needs, anddebrief issues of concern.
- Validating good practice and providing constructive feedback where appropriate.
- Challenging practice that is inappropriate, or which does not fit with evidence-based treatment modalities andfacilitate the development of sound clinical skills andethical practice.
- Share their own knowledge, experience and skills with superviseesanddevelop the skills of the supervisee as appropriate.
- Maintaining supervision records and reviewing action plans as required.
- Act appropriately and share information where there are serious concerns about the conduct, competence or health of a practitioner.
- Keep up to date with their own professional development including ensuring that they have access to their own supervision.Take responsibility for ensuring they provide clinical supervision only within the limits of their expertise.

N.B. It is important to distinguish between clinicalsupervision and counseling. There may be personal issues which impact on a clinician which may impact on their functioning in the workplace. Seeking to resolve the personal problems of a supervisee is not a focus of supervision and clinicians requiring counseling support should be referred to an external service to resolve personal issues.

Supervision Formats

Individual (One on One) Supervision

This is possibly the most popular form of Supervision. This mode of supervision suggests a coalition of a supervisor and a supervisee. One on one usually takes place in a face to face situation however it can also be conducted using the phone, skype and web.

Peer Supervision

Members may participate in peer supervision however at least 50% of all supervision received should be on an individual basis.

Group Supervision

An organised and structured event that has a recognised leader who takes responsibility for the group (ACA Supervision Policy). The leader must be a NCC(S) and the group should not exceed 10 participants. Again, at least 50% of all supervision received should be on an individual basis.

Supervision Frequency

Practitioners with differing training and experience require differing levels of development and support. A general progression, as one becomes more adept and skillful is the reduction in frequency of supervision. This transition between levels (outlined in Table 1) will be discussed with your clinical supervisor and if, following an assessment of competence, feel development needs have been adequately met, a clinician may reduce the frequency of supervision.

At no time can a clinical stop receiving supervision. Professional development is anenduring aspect of quality health care of which clinical supervision plays an important role.

Table 1: Weighting factors for frequency of clinical supervision

	Level of ClinicalSupervision	Weighting Factors	Minimum ExpectedFrequency	Minimum over 3-year period
Level 1	High frequency clinicalsupervision	Novice practitioner with less than twoyears of clinical experience Clinicians with limited practice experiencein mental health	Four hours of individual orgroup supervision monthly. Atleast 50% of supervisionshould be on an individualbasis.	144 sessions
Level 2	Medium frequencyclinical supervision	Sole practitioners and rural and remoteclinicians Clinicians with a higher caseload, morecomplex casemix and focus of care	Two (2) hours of individual orgroup supervision monthly. Atleast 50% of supervisionshould be on an individualbasis.	72 sessions
Level 3	Low frequency clinicalsupervision	Experienced clinicians with more than five(5) years of practice as a mental healthpractitioner	One (1) hour of individual orgroup supervision monthly. Atleast 50% of supervisionshould be on an individualbasis.	36 sessions

Adapted from Clinical Supervision Guidelines for Mental Health Services, Queensland Health, Queensland Government

Establishing the supervisory relationship

Clinical Supervision Agreement

Effective clinical supervision agreements ensure potential issues in clinical supervision are recognised and managed proactively. In establishing a clinical supervision arrangement, there should be discussion and agreement about how thesupervisor and clinician will work together. The clinician's goals for clinicalsupervision need to be agreed, and the boundaries of confidentiality clarified anddocumented in the agreement.A written agreement protects both the supervisor and clinician and provides a forumfor exploring each person's expectations at the onset of supervision. It also sets theboundaries and parameters of sessions.

The clinical supervision agreement will generally include:

- Names of the parties (supervisor, supervisee)
- Respective roles and responsibilities.
- The frequency and length of supervision.
- How agendas are to be drawn up.
- How the supervision sessions are to be recorded.
- How confidentiality is to be maintained – and what the limits are to this.
- How performance and development review requirements are to be met.
- How differences in the working relationship are to be managed.
- How and when the agreement is to be reviewed.
- Signatures of both the clinician and supervisor.

Confidentiality

Clinical supervision sessions involve the review and discussion of a worker's clinical practice with a clinical supervisor. The content of such discussions remains confidential, except in circumstances of serious concern related to the ethical or professional conduct of the worker, or the safety of a worker or client.

Clinicians have the right to expect that material presented to their supervisor be maintained by the supervisor in strict confidence with appropriate ethical requirements for all parties. The intent is to allow for frank and open discussion about clinical practice in a safe environment, while developing essential trust in the supervisory relationship.

There is a need to ensure that any sufficiently serious issues related to clinical practice are dealt with transparently, given the role of clinical supervision as a mechanism for clinical quality and safety. The parameters of confidentiality need to be clearly documented and communicated to all participants in order to balance these two legitimate concerns.

To ensure an appropriate measure of accountability for clinical supervision, confidentiality is limited in circumstances where there is:

- a breach of professional ethics
- a breach of duty of care
- serious concern about the safety of the clinician or a client
- breaking of the law in regard to the provision of counselling services

Documentation

It is recommended supervisors maintain records of supervision that include:

- time and date of the session
- name of clinician

- outline of agenda for discussion
- outcomes and action plan
- date and time of next session

It is recommended the clinician maintains their own notes of supervision including:

- time and date of the session
- professional and other issues raised in supervision a reflective diary of their supervision and professional growth, which may form part of their professional development portfolio
- date and time of next session

Related Forms/Templates

Supervision Contract

Record of Supervision

References

Australian Counselling Association Supervision Policy (2019)

Bernard, J.M. & Goodyear, R.K. (2004). *Fundamentals of Clinical Supervision (2nd Ed).* Boston: Allyn and Bacon.

Clinical Supervision Guidelines for Mental Health Services (2009), Queensland Health, Queensland Government.

Inskipp, F. and Proctor, B. (2001). *Making the Most of Supervision. Part 1.* Twickenham: Cascade.

Morrison, T. (2001)*Staff supervision in social care: Making a real difference for staff and service users*, Pavilion, London.