

# Clinical Supervision for Community-Based Mental Health Services

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## Whole Person

We are committed to enhancing our understanding of the **whole person**, including:

- **how people self-identify and are experienced by others, as it relates to age, gender, race, ethnicity, sexual orientation, dis(ability), trauma, religion, native language, socio-economic status, family status, and occupation and education**
- for the people we serve, for you, and for ourselves.

We are committed to better understanding and addressing structural racism and systemic discrimination of marginalized groups that result in disparities.

Here's what we've been doing at the UNC Institute for Best Practices. We invite you to privately or publicly offer additional feedback.



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## Why is this important?

Summers, N. (2010).  
Managing social service staff  
for excellence: Five keys to  
exceptional supervision.  
Hoboken, NJ: John Wiley Et  
Sons.

Researchers have identified several keys to effective supervision, including

- the successful application of knowledge to practice,
- connecting caseworkers to the agency mission,
- building supportive organizational structures,
- being an effective leader, and
- promoting success among employees.

Each of these elements is necessary for

- developing employee commitment and enthusiasm,
- counteracting negative practice, and
- for getting caseworkers and the agency back on the right track when unfortunate incidents occur (Summers, 2010).

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## Objectives of Clinical Supervision

- \* To provide staff with a confidential, safe and supportive environment.
- \* To critically reflect on professional practice.
- \* To improve quality patient services by improving mental health practice, by encouraging reflection on attitudes towards people with mental health problems and disorders, their family members and careers.
- \* Improve self-awareness and taking responsibility for their clinical practice by adhering to a framework for clinical supervision.
- \* To maintain the quality of the process of clinical supervision.

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### Support for Supervisor:

- Support from upper management regarding the importance of providing and receiving supervision
- Time spent discussing supervision skills
- Access to education/training on supervision

### Support for Supervision itself:

- Positive implementation climate
  - Organizations that expect, support and reward EBT are more likely to have greater intensity of EBT supervision coverage, which in turn may positively impact clinician EBT fidelity and client outcomes
- Exposure to the EBP through more TIME spent discussing and practicing

Factors that  
support a  
supervisor

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**Describe YOURSELF as a Supervisor in ONE word!**

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Preparing yourself for  
delivering supervision

It starts with YOU

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## The amount of training (and supervision) I have received on providing supervision is

- A None
- B Very little (such as an online course, less than 2 CE hours)
- C Some; maybe two or more courses or have had a supervisor discuss this up to 4 times
- D A great deal-I have intentionally learned as much as I could
- None of the above

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Source: Carroll (1996: 53). Copyright © M. Carroll 1996. Reprinted with the kind permission of Sage Publications.

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## \*Preparing for providing supervision

- Knowledge about supervision theory
- Honing supervision skills (use of self/MI/CBT/DBT)
  - While not therapy, Supervision can benefit from the use of some therapy skills
- Be clear with intended outcome
  - Staff Support
  - Case Consultation & EBP implementation
  - Improvement of/correction of staff skills
  - Concerns about staff behaviors/attitudes
    - Team dynamics & ethics
- Right time & place—NOT “winging it”, NOT just “open door”
- Regularly scheduled so it’s not only when there is trouble brewing....

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## As a supervisor, I typically think of myself in this role:

A "Big brother or sister"; I'll show you the ropes...

B Boss; I need to manage staff behaviors and productivity

C Coach; I'm here to get the most/best out of my staff

D Teacher: my staff are very new to Community MH and need instruction

None of the above

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## 10 skills of a supervisor



1. Understanding the role of a supervisor
2. Communicating effectively
3. Preventing and resolving conflict
4. Managing employee's performance goals
5. Understanding employment law
  - Some of the major employment law issues supervisors should be aware of include the:
  - Fair Labor Standard Act ([FLSA](#))
  - Family Medical Leave Act ([FMLA](#))
  - Occupational Safety and Health Act ([OSHA](#))
  - Equal Pay Act ([EPA](#))
  - Americans with Disabilities Act ([ADA](#))
  - [Title VII of the Civil Rights Act of 1964](#)

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## 10 skills of a supervisor

6. Problem solving and making decisions confidently
  - Be able to solve problems, a person needs:
  - **Creative thinking** skills and attitudes to generate new ideas to adapt to a changing environment.
  - **Critical thinking** (analytics) skills and attitudes to ascertain whether his/her or others' ideas are good ones.
  - **Practical thinking** (innovation) skills and attitudes to implement the ideas and persuade others of their values.
7. Leading and working with teams
8. Leading and managing change
9. Planning and managing the work
10. Understanding and respecting cultural & generational differences

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## If I had to objectively rate my supervision skill level, it would be

Poor — 1 😞

2 😞

Fair — 3 😊

4 😊

Excellent — 5 😄

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# Preparing your supervisees



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**How do you prepare new staff for supervision?**

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"All learning takes place in the context of relationships and is critically affected by the quality of those relationships"  
(Norman-Murch, 1996).

We influence how supervision itself is perceived by our staff

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## Diversity and Cultural Competence SAMHSA TIP 52

- Administrators should be watchful for problems that can arise in the supervisory relationship when supervisors are of a different race, culture, or ethnicity than their supervisees. Fong and Lease (1997) have identified four areas that might present challenges:
- 1. **Unintentional racism.** Well intentioned supervisors who are unaware of how their racial identity affects their relationships with supervisees may avoid talking about race or culture.
- 2. **Power dynamics.** The power differential in the supervisory relationship may be exaggerated in dyads where the supervisor is part of the dominant group and the supervisee is a member of a minority group.
- 3. **Trust and vulnerability.** Supervisees who are in a vulnerable position are, at the same time, encouraged to trust their supervisors, when they may have little reason to do so.
- 4. **Communication issues.** Differing communication styles among cultural groups can result in misunderstandings.

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## Diversity and Cultural Competence

### SAMHSA TIP 52

- Bradley and Ladany(2001) list the following in what they term the “supervisor focused personal development” domain:
- Supervisors actively explore and challenge their own biases, values, and worldview and how these relate to conducting supervision;
- Supervisors actively explore and challenge their attitudes and biases toward diverse supervisees;
- Supervisors are knowledgeable about their own cultural background and its influence on their attitudes, values, and behaviors;.
- Supervisors possess knowledge about the background, experiences, worldview, and history of culturally diverse groups; and
- Supervisors are knowledgeable about alternative helping approaches other than those based in a North American and Northern European context”(pp. 80–81).<sup>91</sup>

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## Ways to expand my own culturally diverse worldview include:

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# Supervision Theories

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\* Developmental model of supervision

**Remember that new staff need to learn about supervision expectations**

Developmental Level	Characteristics	Supervision Skills Development Needs	Techniques
<b>Level 1</b>	<ul style="list-style-type: none"> <li>Focuses on self</li> <li>Anxious, uncertain</li> <li>Preoccupied with performing the right way</li> <li>Overconfident of skills</li> <li>Overgeneralizes</li> <li>Overuses a skill</li> <li>Gap between conceptualization, goals, and interventions</li> <li>Ethics underdeveloped</li> </ul>	<ul style="list-style-type: none"> <li>Provide structure and minimize anxiety</li> <li>Supportive, address strengths first, then weaknesses</li> <li>Suggest approaches</li> <li>Start connecting theory to treatment</li> </ul>	<ul style="list-style-type: none"> <li>Observation</li> <li>Skills training</li> <li>Role playing</li> <li>Readings</li> <li>Group supervision</li> <li>Closely monitor clients</li> </ul>
<b>Level 2</b>	<ul style="list-style-type: none"> <li>Focuses less on self and more on client</li> <li>Confused, frustrated with complexity of counseling</li> <li>Overidentifies with client</li> <li>Challenges authority</li> <li>Lacks integration with theoretical base</li> <li>Overburdened</li> <li>Ethics better understood</li> </ul>	<ul style="list-style-type: none"> <li>Less structure provided, more autonomy encouraged</li> <li>Supportive</li> <li>Periodic suggestion of approaches</li> <li>Confront discrepancies</li> <li>Introduce more alternative views</li> <li>Process comments, high-light countertransference</li> <li>Affective reactions to client and/or supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Observation</li> <li>Role playing</li> <li>Interpret dynamics</li> <li>Group supervision</li> <li>Reading</li> </ul>
<b>Level 3</b>	<ul style="list-style-type: none"> <li>Focuses intently on client</li> <li>High degree of empathic skill</li> <li>Objective third person perspective</li> <li>Integrative thinking and approach</li> <li>Highly responsible and ethical counselor</li> </ul>	<ul style="list-style-type: none"> <li>Supervisee directed</li> <li>Focus on personal-professional integration and career</li> <li>Supportive</li> <li>Change agent</li> </ul>	<ul style="list-style-type: none"> <li>Peer supervision</li> <li>Group supervision</li> <li>Reading</li> </ul>

Source: Stoltenberg, Delworth, & McNeil, 1998

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## Most of my staff are:

Relatively new to the profession and/or service (under 2 years experience)

Fairly experienced (2-4 years experience)

Very experienced (greater than 5+ years)

A mix of experienced and new staff

None of the above

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## Reflective Supervisory Cycle



The Reflective Cycle (Gibbs, 1988)  
Reference Gibbs, G (1988) Learning by doing: A guide to teaching and learning methods.  
Further Education Unit. Oxford Polytechnic: Oxford

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## The Process of Reflection



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## Reflection

- Requires a foundation of trust and honesty
- Safety, calmness, and support
- Is NOT therapy or venting
- Focused on experiences, thoughts, and feelings directly connected with work
- Supportive of professional development and growth
- Empathetic, nonjudgmental ear of the supervisor

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## Ways I supervise my team include:

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## Modalities of Supervision

- The following clinical supervision may be delivered within ACT:
  - a. **Meeting as a group** (separately from the daily team meeting) or individually to discuss specific clinical cases;
  - b. **Field mentoring** (example, helping staff by going out in the field with them to teach, role model skills, and providing feedback on skills);
  - c. Reviewing and giving **feedback on the specific tools** example, the quality of assessments, treatment plans, progress notes) to better capture and document clinical content);
  - d. **Didactic teaching** and individual and group **cross-training**; and
  - e. Formal **in-office individual** supervision (includes both impromptu and scheduled supervision).

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Observation of  
practice

Recorded

Live

In the field

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\*The power of  
modeling...



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Performance expectations for documentation/administrative



Frequency of supervision



Professional goals



Skill development goals

## Elements of a Supervision Plan

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Clinical Supervision Session Form	
Name of Supervisee:	Mode of clinical oversight: <input type="checkbox"/> Online <input type="checkbox"/> Telephone <input type="checkbox"/> Telemedicine <input type="checkbox"/> In person
Date of session:	Please indicate: <input type="checkbox"/> Individual <input type="checkbox"/> Group Duration of session: <small>(Telephonic sessions must be at least 30 minutes)</small>
Comprehensive description of topics discussed:	
Comprehensive description of results of compliance review of supervisee's clinical documentation:	
Does any conflict of interest exist between supervisor and supervisee? <input type="radio"/> Yes <input type="radio"/> No	
Does any conflict of interest exist between supervisee and clients? <input type="radio"/> Yes <input type="radio"/> No	
<small>All sections above must be completed in their entirety. Refer to R4-6-212 T4 a-e.</small>	
Supervisor's name and credentials: _____	
Supervisor's telephone number: _____	
_____ Supervisor signature	_____ Date signed
_____ Supervisee signature	_____ Date signed
<small>Clinical Supervision form effective 04/04/14</small>	

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**CLINICAL SUPERVISION RECORD**  
**Agenda and Record of Discussion**

Instructions – Supervisor to fill in the first section, photocopy and fill out remaining sections at each session. At the end of the session the supervisor and supervisee sign the agreed record. A copy is stored according to the *Community Health Service Policy & Procedures*.

Name Supervisee: \_\_\_\_\_ Date of Supervision: \_\_\_\_\_

Name Supervisor/Peer Group: \_\_\_\_\_ Length of session: \_\_\_\_\_

Key discussion points (includes a review of actions from last supervision, clinical knowledge & skill enhancement, professional development, reflective practice & support and accountability)	What's working well?	What's not working well?	Actions	By whom and when

**Celebrating Staff Achievements**

Next Meeting: \_\_\_\_\_

*This is an agreed record of the clinical supervision session*

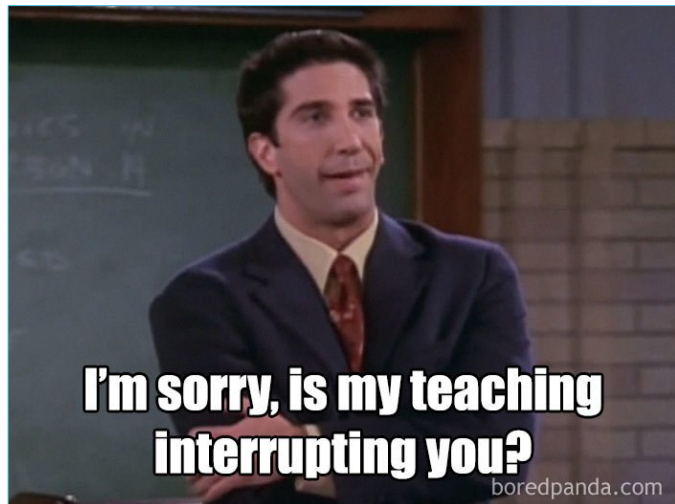
Signed Supervisor \_\_\_\_\_ Supervisee \_\_\_\_\_

Victorian Healthcare Association Clinical Governance in Community Health Project

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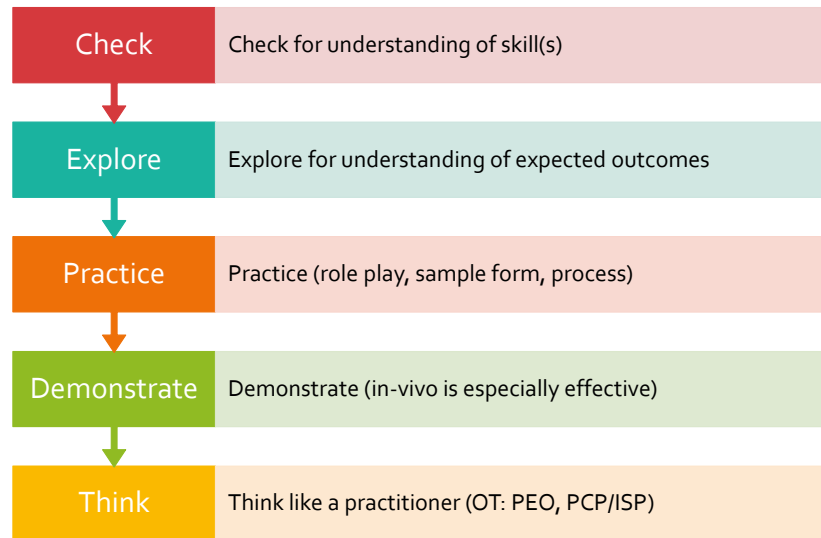
How do you  
teach/supervise  
a new clinical  
skill/EBP?



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## Correcting or improving a therapeutic skill

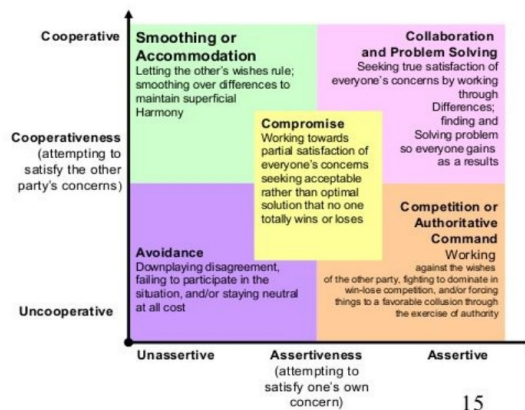


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## Where are you in terms of conflict management?

### CONFLICT MANAGEMENT GRID



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# Having difficult conversations



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Check your ego at the door



Dispassionate dialogue wins the day



Remember 20/80 (**allow the staff person 20% of the time up front**)



Right time PLUS right place

Helpful  
guidelines for  
difficult  
conversations

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## Addressing a performance, attitude or team dynamic issue

- Awareness of intersectionality (Race, gender, education, position)
- Team's culture around behaviors in question
- Hold staff person in empathy
- Invite the better behavior
- Perhaps assign a staff mentor
- Catch staff "doing well and being good"

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## Tips I've learned about providing corrective feedback

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# Avoiding the expert trap

## Collaboration

- Sharing of responsibility and control of power
- A chance to learn from as well as teach staff
- Reciprocal expectations of each other
- Requires open communication-in both directions

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Navigating  
the gray  
areas

# ETHICS

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## Ethical issues I've seen as a supervisor

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## Taking it back to work

What's next for you?

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Thank you!  
Questions or feedback?

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