



Clinical Supervision Resource Kit

## DVD Demonstration Training Booklet





# DVD demonstration: Training Booklet

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# About this Booklet

This Booklet and DVD are an integrated part of the Clinical Supervision Resource Kit for the Alcohol and Other Drugs field.

This Booklet contains a DVD that presents approximately 40 minutes of a simulated demonstration depicting key elements of clinical supervision. Typical supervision scenarios are followed by discussion breaks in which questions are posed for trainees and sample responses are provided.

This Booklet describes how the DVD is structured and its intended use by trainers, managers, potential supervisors and supervisees. This Booklet also outlines different ways in which the DVD can be used, provides a sample one-day training program, and contains a brief reminder of key adult learning principles that should guide training in supervision.

An e-copy of this Booklet can be found on the CD contained in the Resource Kit.





# How does this Training Booklet fit into 'The Kit'?



This Booklet is intended to be used in conjunction with the clinical supervision demonstration on the DVD. It can be used as:

1. A supplement to 'The Guide'; the main principles espoused in The Guide are reinforced and dramatically illustrated in the DVD demonstration. The supplementary use of the demonstration DVD and Booklet is highly recommended, as

it will help translate knowledge into practice via the acquisition of skills

2. An aid to training; preparatory reading of this Booklet in conjunction with viewing the demonstration DVD will allow a trainer to be fully conversant with the content, and fluid in their facilitation, of a clinical supervision workshop.



However, specific directions on delivering clinical supervision training have not been provided in the Resource Kit (beyond providing a one-day sample program) in recognition that the training will take varied forms depending on the objectives of the training, the target audience and time constraints.

Trainers can also tailor the sample training program to the requirements of their audience (e.g. type of personnel attending; special characteristics of their workplace; amount of time allocated for training). Modifications to the

training program may include dropping some sections that are not directly relevant and spending longer on other segments (e.g. clinicians may benefit from more time on skill rehearsal, whereas program managers could spend longer on the exercise of sketching an implementation plan for supervision in their workplace).

The DVD demonstration has been structured in such a manner that it can be watched in its entirety or various sections can be selected and prioritised to reflect particular training needs. Inexperienced

clinicians and supervisors are likely to benefit from watching the whole demonstration.

For training purposes, the contents of this Booklet should also be read in conjunction with the PowerPoint slides (with appended notes for trainers) provided on the CD ROM. The slides reflect the content of 'The Guide' and are ordered in a manner to closely complement the sample one-day training program provided. For those who would benefit from changing the slides to reflect the needs of their training audience (e.g. type of personnel largely in

attendance, type of client contact, level of experience), instruction on how to modify the slides is provided in the 'Overview' document in this Kit.



## DVD Playing Requirements

The DVD will play on all dedicated stand-alone DVD machines. It is highly recommended that a dedicated DVD player be used for training purposes to ensure the highest quality of play-back. (A DVD player can be plugged into an existing TV/monitor).

High quality play-back cannot be guaranteed on all computers with a DVD player, due to wide variability in computer specifications.

The length/timing associated with the Acts and Scenes is found in the table below:

Act	Duration
Act 1	13:17
Act 1 Scene 1	1:28
Act 1 Scene 2	1:00
Act 1 Scene 3	0:36
Act 1 Scene 4	1:18
Act 1 Scene 5	8:20
Act 2	8:30
Act 3	13:40
Act 4	4:22
Full film (including credits)	40:50



# Synopsis of the demonstration of clinical supervision (DVD) with discussion breaks and sample responses

The demonstration of an evolving clinical supervisory relationship is presented in four Acts (approximately 40 minutes viewing, scripted to show the passage of supervision over 2 years).

The DVD can be viewed in its entirety, or individual Acts can be selected in whatever sequence is preferred. The individual scenes contained in Act 1 can also be selected individually for training purposes.

The four Acts are entitled:

Act 1: Paving the way for successful supervision

Act 2: Key elements of supervision

Act 3: Developing skills and confidence

Act 4: Time for a change.



Act 1 has been divided into 5 scenes allowing the viewer/trainer to select which of the introductory elements they would like to cover. For instance, experienced viewers may find the first four scenes, in particular, too elementary for their purposes. In the first four scenes the supervisor is predominantly active, outlining to the supervisee the core principles and boundaries governing supervision. In the remainder of the demonstration, the supervisee is increasingly vocal and active, so that by Act 3 she is determining the process and content of supervision (consistent with the principles of adult self-directed learning).

Thus Act 1 is structured in the following manner:

*Act 1: Paving the way for successful supervision*

Scene 1: Defining clinical supervision

Scene 2: Discussing confidentiality

Scene 3: Personal and therapeutic boundaries within clinical supervision



Scene 4: Finding a good 'match':  
the supervisee's right to  
choice of supervisor

Scene 5: Building the supervisory  
relationship.

All four Acts and the multiple scenes of  
Act 1 can be located and selected from  
the Menu on the DVD.

## Discussion breaks

After each Act, there is a structured  
discussion break with questions and  
sample responses. Trainers need not  
restrict themselves to the questions and  
responses provided.

### *Act 1: 'Paving the way for successful supervision'*

The supervisor (Rob) and supervisee  
(Sue) get to know each other and  
discuss the supervisee's expectations.



## Discussion break:

1. *What could have been done differently within Sue's Centre to ensure that Sue had arrived better prepared and more receptive for supervision?*
2. *What do you think was crucial in reassuring Sue that supervision was not to be feared?*
3. *What more needs to be done in this introductory session to ensure that Sue and Rob have shared expectations of supervision that are likely to be fulfilled?*

## Sample response:

1. *Sue would have arrived better prepared for supervision if her Centre:*
  - *had discussed the role and limits of clinical supervision in a staff meeting, backed-up with some documentation*
  - *had arranged for the external supervisor to attend the Centre and greet prospective supervisees prior to sessions beginning*

- *had given both the supervisor and each counsellor an opportunity to abort a supervisory relationship if they felt the 'match' to be problematic.*
2. *Sue relaxed and became more accepting of supervision after:*
- *the supervisor identified himself as having struggled with supervision early in his career*
  - *an active-listening, empathic approach reflected the anxiety she was feeling*
- *a clear explanation was given of the distinction between clinical and management supervision*
  - *she was invited to help structure the goals of supervision.*
3. *In order for Sue and Rob to share the same expectations of supervision they will need to:*
- *agree on a general approach to the structure of sessions*
  - *specify goals more tightly*



- *decide what form(s) of monitoring and review of case management are to be used (e.g. co-facilitation of a session, taped sessions, case notes, verbal recall only)*
- *agree on whether modelling of skills and skill rehearsal (role plays) are to be part of supervision.*

### *Act 2: 'Key elements of supervision'*

The characters discuss a mutually agreeable structure and process for the supervision sessions.

Discussion break:

1. *What has helped to further build Sue's belief in the value of supervision?*
2. *Who is primarily formulating a structure for supervision – Sue or the supervisor? In what ways?*

Sample response:

1. *Sue's belief in the value of supervision has been further enhanced by:*
  - *acknowledgement of the legitimacy of Sue's concerns*
  - *further references by the supervisor to his own vulnerabilities*
  - *demonstrated competence by the supervisor in providing Sue with a menu of strategies for structuring supervision.*
2. *The supervisor certainly knows the menu that he would like to offer in order to bring structure to the sessions, and would reconsider his suitability for this counsellor if she found all options unacceptable. Having said that, Sue is playing an active role in deciding which of the options she would like to use initially. Therefore, it can be said that in a frank exchange, both the supervisor and counsellor are jointly deciding upon the specific structure, within broad guidelines.*

*Act 3: 'Developing skills and confidence'*

Demonstrates critiquing of the supervisee's work (both reflective self-critique and constructive criticism from the supervisor), modelling of skills by the supervisor, and rehearsal of skills by the supervisee.

Discussion break:

1. *How would you conceptualise the relationship that the supervisor and Sue now have?*

2. *What are the merits of the supervisor demonstrating skills? What are some possible risks of this approach?*
3. *What effective learning strategies can you identify in the use of Sue's video demonstration of a clinical session?*

Sample response

1. *There is no 'right' answer to this question, but the relationship could now be conceived as one that*

- has aspects of mentoring within the supervisory relationship. Sue appears to trust her supervisor to guide her conceptual and skill development. The supervisor is careful to work with Sue at her current level of development and to encourage a self-reflective process in which Sue identifies the areas requiring refinement.*
2. *The demonstration of skills elevates supervision from the theoretical to the practical and can greatly accelerate the*

*learning process. It also firmly establishes the supervisor's credentials as a clinician. However, there is a risk that the supervisee's range of responses as a clinician may become restricted as they try to mimic the supervisor's style. This risk has to be well managed by the supervisor. Sue appears happy to model some of her approach on that of her supervisor, but he is at pains to point out that total duplication of style is not a valid or helpful goal.*

*Counsellors should seek to retain their individual style and not let it be subsumed within the supervisory process.*

3. *A taped session provided learning opportunities by:*

- *Sue independently and critically reviewing her counselling before supervision*
- *Rob being able to give an accurate and detailed critique of Sue's verbal and non-verbal skills*

*demonstrated in a real session – this is a far more potent learning experience than a hypothetical discussion or a critique based on recall alone*

- *allowing feedback and discussion with a high degree of immediacy, and therefore high salience, with the opportunity to pause and rewind the video*
- *allowing the video to be revisited to extract new insights.*

#### *Act 4: 'Time for a change'*

Shows the characters discussing goals that have been achieved and the natural progression to conclusion of this particular supervisory relationship.

There is no formal discussion break after Act 4.

#### *Summary narration*

Like many relationships, a supervisory relationship will have a natural life-span. In this interview you have seen demonstrated:

- a rationale for supervision given to the counsellor
- clear boundaries of clinical supervision vis-à-vis management established
- initial concerns overcome by an 'active listening' and an empathic approach in which the supervisor acknowledges his own struggles and allows the counsellor to address her fear of supervision

- the counsellor invited to help structure the supervision program, along with the supervisor
- the value of worksheets in clearly defining goals and monitoring progress
- the supervisor modelling skills in a mentoring style
- detailed critical and constructive analyses of cases
- care taken that the counsellor retains her individual style
- the maturing of the supervisory relationship through to a natural termination.

## Sample Program for AOD Supervision (SV) Training

A sample program for supervision training has been included here as an indication of what a typical one-day training program might cover. However, as indicated earlier, a trainer need not adhere to the sample program provided below. This program has been designed to serve as a general orientation for

various interested parties (e.g. clinicians, clinical supervisors, line-managers, program managers). A workshop that contained one of these groups to the exclusion of others may choose to vary the program considerably (e.g. more or less clinical skill rehearsal).

## Sample Training Program

Session	Minutes	Topic	Mode of delivery
Session 1 (80 mins)	10	Introduction	Include participants' introductions and what they are hoping to achieve from the day's program.
	10	<b>Definition &amp; rationale</b>	Lecture
	15	"What would you want from clinical supervision as a counsellor?"	Individual exercise with feedback
	10	<b>Evidence of SV effectiveness</b>	Lecture
	20	<b>Key goals of supervision:</b> "For your org., specify <ol style="list-style-type: none"> <li>1. Key goals of SV</li> <li>2. Barriers to achieving these goals"</li> </ol>	Small group exercise with feedback to larger group
	15	<b>Policy &amp; workforce development context</b>	Lecture

Session 2 (75 mins)	20	<b>Principles of learning &amp; SV</b>	Lecture
	15	<p>“How do these principles fit with your needs?”</p> <p>“Any points/issues to add?”</p> <p>“Why?”</p>	Small group exercise with feedback
	10	<p><b>Core contents of SV sessions</b></p> <p>“What specific topic/issues should SV include to achieve counsellor competency?”</p>	Individual exercise with feedback
	30	<p><b>Paving the way</b></p> <ul style="list-style-type: none"> <li>◦ Agenda setting</li> <li>◦ Building belief</li> <li>◦ Matching</li> </ul>	Video demonstration of simulated session with discussion breaks

Session	Minutes	Topic	Mode of delivery
Session 3 (100 mins)	30 (2 x 15)	<b>Paving the way (cont.)</b> Skill rehearsal	Participant role playing of agenda setting & belief-building (with feedback)
	30 40 (2 x 20)	<b>Training &amp; observation methods</b> <ul style="list-style-type: none"> <li>◦ Case review &amp; analysis</li> <li>◦ Modelling</li> <li>◦ Co-facilitation</li> </ul>	Video simulated session with discussion breaks  Participant role playing of review & analysis with case-vignettes provided

Session 4 (90 mins)	20	<b>Alternative delivery modalities of SV</b>	Lecture & discussion of relative merits
	10 40	<b>Practical Tips for running a SV Program</b> <ul style="list-style-type: none"> <li>◦ Developing</li> <li>◦ Implementing</li> <li>◦ Evaluating</li> </ul> <p>Sketch an implementation plan (flow-chart) for SV in your workplace.</p>	Lecture  Group exercise including presentations to full group
	20	Final open discussion & workshop evaluation	
Breaks	90		
<b>Total Duration 435 minutes</b>	<b>435</b>	i.e. approx  9-15 am to 4-30 pm	

## A reminder of key adult learning principles

Whilst not providing detailed instruction on how to deliver clinical supervision training in The Kit, it may be useful to reiterate some of the key principles of learning in relation to supervision that were provided in The Guide:

1. Adults learn best when they control the pace and content of their learning within a problem-solving framework ('self-directed learning')
2. The most efficient and effective means of learning new skills is through the immediate application of new knowledge, and is greatly aided by observational learning/modelling and rehearsal of skills
3. The acquisition of skills should be imbedded within a salient context that is imbued with much meaning for the supervisee; 'semantic-based learning' is known to be a powerful aid to integrating new learning and aiding recall.

In learning new skills a supervisee is guided through a series of steps.

Essentially this involves:

1. Discussing the rationale for acquiring the skill and how it relates to current client(s) and a broader therapeutic approach (building belief in the supervisee that they require this skill)
2. Providing a clear conceptualisation of the skill and its various components.
3. The supervisor (or other role model) demonstrating a skill(s), followed by both supervisee and supervisor critiquing the performance. The intention is not for the supervisee to mimic the supervisor's general style of communication (although it is likely that some mannerisms will be adopted), but rather to focus on the strategies employed by the supervisor



and the manner of their delivery. The supervisor should ensure that the supervisee is aware of this distinction, and encourage the supervisee to retain and develop their own style that is congruent with their personal qualities

4. The supervisee practising the skill, followed by self-critique and constructive analysis by the supervisor
5. Ideally, the supervisor later observing the supervisee (directly or via video recording)

using the skill with clients, followed by a critique.

Rather than develop skills in an entirely reactive manner (e.g. a challenging case has presented requiring a new approach/skills almost immediately), learning proceeds more effectively if guided by some clear and achievable goals set for the medium to long term (over several months of supervision or longer). Tasks are then identified that will need to be completed within specified timeframes in order to achieve the goals.

## Good luck with your training!

Initial responses to this Kit have indicated that personnel in the AOD field are very keen to advance their knowledge of, and skills in, clinical supervision and are responding very positively to training sessions based on this Kit. The benefit of clinical supervision for both workers and clients is well established; this is an exciting development for the whole AOD sector.

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