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*Australia's National Research Centre
on AOD Workforce Development*

Workforce Development 'TIPS'

Theory Into Practice Strategies

A Resource Kit for the
Alcohol and Other Drugs Field

2 | CLINICAL SUPERVISION
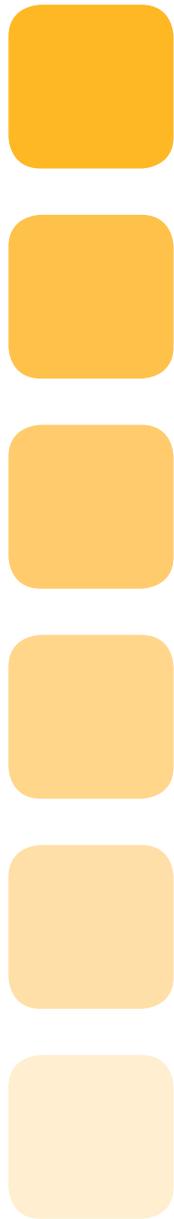
Workforce Development 'TIPS'

Theory **I**nto **P**ractice **S**trategies

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2

CLINICAL SUPERVISION

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ABOUT THE WORKFORCE DEVELOPMENT TIPS RESOURCE KIT

This Resource Kit aims to provide straightforward and practical guidance, tools and resources to support workforce development activities and initiatives in the Alcohol and Other Drugs (AOD) field.

The Resource Kit comprises 14 chapters: an introduction to workforce development and 13 workforce development topics relevant to the AOD field. Each chapter contains evidence-based strategies to address a particular workforce development issue, as well as resources and tools that can be used to implement the strategies. Each chapter can be treated as a stand alone section, however, as workforce development topics are inherently interrelated, links between chapters are identified throughout the Kit.

Clinical Supervision is the 2nd chapter in the Resource Kit.

CHAPTER

Acknowledgements

CLINICAL SUPERVISION

Chelsea Todd and John O'Connor

Table of Contents

Resources and Tools

Checklist for an effective clinical supervision program

Case Study: Development and implementation of a clinical supervision policy

Guidelines for developing a clinical supervision policy

Forms and Templates
- Clinical Supervision Plan
- Clinical Supervision Worksheet
- Example Contracts for Supervisors and Supervisees

Recommended Readings

Overview

Clinical supervision is directed at developing a less experienced worker's clinical practice skills through the provision of support and guidance from a more experienced supervisor. The clinical supervision relationship is characterised by regular, systematic and detailed exploration of a supervisee's work with clients or patients. Clinical supervision is usually a collaboration between an experienced practitioner and one or more less experienced practitioners. It can also involve two practitioners of equal seniority and breadth of experience.

It is important not to confuse clinical supervision with administrative or managerial supervision, which focuses on the worker's day-to-day administrative issues.

Benefits of clinical supervision for the AOD workforce

Clinical supervision has a range of benefits for clinicians and the organisation. Benefits include:

- Availability of support for supervisees, and a forum to discuss clinical issues
- Maintenance of clinical skills and quality practice
- Promotion of standardised performance of core skills across the organisation and / or field
- Improvement and / or attainment of complex clinical skills
- Increased job satisfaction and self confidence
- Improved communication amongst workers
- Improved worker retention
- Reduced professional development and administration costs.

Setting up a clinical supervision program

Setting up a clinical supervision program involves three stages:

1. Program Planning
2. Program Implementation
3. Program Evaluation.

1. Program planning
Six key issues should be considered when planning a clinical supervision program:

i   Identify and engage with the target groups (including supervisors and supervisees)

ii   Establish clear goals and objectives for the supervision program

iii Develop recruitment strategies for supervisors and supervisees

iv   Develop a supervisor-supervisee matching strategy

v   Ensure sufficient training and support for supervisors

vi   Establish a clinical supervision organisational policy.

2. Program implementation

There are some underlying protocols / procedures that should be followed when implementing clinical supervision:

- Confidentiality
- Professional boundary setting and conduct
- Therapy for supervisee's personal issues is not to be conducted
- Supervisors should not force the adoption of a theoretical orientation
- Dispute resolution protocols should be clearly defined.

Each clinical supervision relationship is further negotiated and built by the participants. However, it can be useful to establish general guidelines regarding the role of supervisees and supervisors in a clinical supervision program.

Regular clinical supervision sessions are more likely to occur if the clinical supervisor:

- Builds a solid working relationship with the supervisee
- Assesses the supervisee's counselling skills
- Writes a contract that ensures regular supervision sessions
- Determines the supervisee's learning goals.

3. Program evaluation

Three key issues should be addressed in evaluations of clinical supervision programs:

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

For a comprehensive guide on clinical supervision in the AOD field, refer to NCETA's Clinical Supervision Kit. Components include:

- An **Overview Booklet** containing information about the Kit
- A **Practical Guide** including practical recommendations for conducting supervision programs and sessions
- A **DVD** containing a scripted demonstration with discussion breaks and **DVD Discussion Booklet**
- A **CD Rom** containing the Guide, PowerPoint slides with notes, and training booklet.

National Centre for Education and Training on Addiction (NCETA). (2005). *Clinical Supervision Resource Kit for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.

Available at www.nceta.flinders.edu.au

Or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au

Introduction

For some time now, clinical supervision has been a designated workforce development priority for the AOD field[1] and there have been numerous attempts to highlight the importance of and promote involvement in clinical supervision programs.[2-4] However, access to clinical supervision is a problematic issue within the field.[5, 6] In this chapter we outline some strategies managers or supervisors in the AOD field can use to improve workers' access to and willingness to engage in clinical supervision.

Supervision in the AOD field is defined and perceived in a variety of ways.[3] Supervision may relate to workers' clinical practice, with a focus on the provision of support and guidance from a more experienced supervisor. Alternatively, supervision may be managerial, with a focus on the workers' day-to-day administrative issues. This chapter specifically relates to the former – clinical supervision. It is important not to confuse clinical supervision with administrative or managerial supervision.

What is clinical supervision?

Clinical supervision is usually a collaboration between an experienced practitioner and one or more less experienced practitioners,[4] although it can involve two practitioners of equal seniority and breadth of experience. The relationship is characterised by regular, systematic and detailed exploration of a supervisee's work with clients or patients.[7]

Central aims of clinical supervision include:[3]

- Improved clinical practice
- Enhanced supervisee capacity to meet professional standards (e.g., ethical, best practice)
- Provision of support and encouragement to supervisee/s
- Attainment of standards of the employing organisation.

The *Mentoring* chapter contains useful information regarding facilitating informal and formal mentoring relationships that may also be applicable to clinical supervision programs.

Each supervisory relationship will vary according to the needs and experience of the supervisee, and the style of the supervisor. Clinical supervision may involve:[4]

- Counselling, teaching and consultation
- Personal support and development
- Professional support and development
- Skills building
- A process to provide supervisees' professional credentials.

Adopt appropriate supervision strategies according to supervisee experience

Flexibility is the key to effective skill development. The most effective strategies for skill development will change depending on supervisees' experience and confidence.[3]

Less experienced supervisees may prefer supervision that is more:[8]

- Directive
- Problem-focused
- Skills-based.

More experienced supervisees may prefer supervision that focuses on examining conceptual issues that arise from work practice.[9]

Benefits of clinical supervision

Clinical supervision has a range of benefits for clinicians and the organisation. Key benefits include:

- Availability of support for supervisees, and a forum to discuss clinical issues[4, 10]
- Maintenance of clinical skills and quality practice[10, 11]
- Promotion of standardised performance of core skills across the organisation and / or field
- Improvement and / or attainment of complex clinical skills[3, 10]
- Increased job satisfaction[3, 4, 10, 12]
- Improved communication amongst workers[10]
- Improved worker retention[13]
- Reduced professional development and administration costs.[13]

Through these mechanisms, clinical supervision is also likely to improve client outcomes. However, little research has directly studied the relationship between clinical supervision and client outcomes.[3, 10]

Distinguishing clinical supervision from administrative supervision

There is a distinct difference between clinical supervision and administrative or managerial supervision, and it is important to avoid overlap between clinical and administrative supervisory roles. While brief mention will be made of administrative supervision, the focus of this chapter is clinical supervision.

Administrative or managerial supervision is directed at helping the worker to meet organisational requirements.[14] Specifically, administrative supervision addresses employee performance in regard to organisational goals, expectations and standards. Administrative supervision is typically provided by a worker's manager or supervisor.

Clinical supervision is a "working alliance" between practitioners that is focused on enhancing the clinical effectiveness of the supervisee.[3, 4, 14] It is characterised by flexibility, and the purpose of clinical supervision may change over time and in different situations.[4] Although the focus of clinical supervision is on developing the supervisee's clinical and interpersonal skills,[14] the clinical supervisor may, as a matter of course, help the supervisee to meet organisational standards. It is preferable that the clinical supervisor is someone who is "not accountable operationally or professionally"[15] for the supervisee (i.e., they are not the worker's manager or supervisor).

In order that an appropriate distance is maintained between administrative and clinical roles, many AOD organisations opt for external supervision where possible (i.e., outsourcing supervisors from another organisation).

IN PRACTICE

Variations in clinical supervision depend on resources

The availability of resources will impact on the type of supervision (e.g. face-to-face individual sessions, group supervision) as well as the frequency of supervision sessions. The reason/s for implementing clinical supervision will also influence the decision on whether to use in-house or external clinical supervision. For example:

- Internal supervision is usually a suitable option, especially if a supervisee can acknowledge some lack of competence without having other aspects of their work (e.g., case work) viewed negatively by their manager / supervisor

- External supervision (i.e., where a supervisor from a different organisation is paid on a sessional basis) may be more suitable if a practitioner's disclosure of a lack of competency (during clinical supervision) makes them vulnerable (or they perceive themselves to be vulnerable) to having work performance viewed negatively by a manager or supervisor. If clinical supervision is internal and by someone of higher status within the organisation, staff may be reluctant to acknowledge deficiencies. However, where external supervision is available it is usually in addition to internal supervision.

Setting up a clinical supervision program

Setting up a clinical supervision program involves three stages:

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

For workplaces with clinical supervision programs already operating, there is no need to start "from scratch". Rather, the strategies and advice offered in this section may be adopted to complement existing programs.

1. Program planning

Establishing clear and specific program objectives helps to guide the clinical supervision program activities and provides a standard against which to evaluate program outcomes. Six key issues should be considered when planning a clinical supervision program:

    i.   Identify and engage with the target groups

    ii.   Establish clear goals and objectives for the supervision program

    iii. Develop recruitment strategies for supervisors and supervisees

    iv. Develop a supervisor-supervisee matching strategy

    v.   Ensure sufficient training and support for supervisors

    vi. Establish a clinical supervision organisational policy.

i. Identify and engage with the target groups

Identification of the target group of supervisors and supervisees (e.g., professionals who work mainly with AOD clients, professionals who have some contact with AOD clients / issues, non-professionals) is essential at the outset of program planning. It is recommended that both groups are involved in the planning process (e.g., via representatives on a planning committee, surveys / interviews).

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

- Ensuring the program meets the needs of both groups[4]
- Developing a mutual understanding of the program aims, objectives, structure and processes
- Identification of potential problems / barriers and joint problem-solving to develop solutions.[4]

The *Organisational Change* chapter discusses strategies to facilitate workers' participation in organisational decision-making. These strategies may also be useful when setting up a clinical supervision program.

ii. Establish clear goals and objectives for the supervision program

Each supervision relationship will differ according to the needs and competencies of the supervisee and the capacities of the supervisor. However, this does not preclude identification of a set of goals and objectives for a clinical supervision program. Not only is this necessary to evaluate program effectiveness, 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.[3] The contract should clearly specify the:[7]

- Program objectives
- Program structure (e.g., how often, the location of supervision, remuneration) and process (e.g., what model of supervision, how the desired outcomes are to be achieved)
- Participants' roles, responsibilities and competencies to be achieved (e.g., successful delivery of an anger management plan to a client with AOD issues)
- Evaluation process
- Program timeframe.

For example, clinical supervision programs may be designed to increase practitioners' competencies in regard to:[16]

- Evidence-based AOD treatments
- Legal and ethical issues with respect to AOD
- AOD treatment issues
- Managing difficult clients
- Supervision in special settings
- Culturally and linguistically diverse (CALD) populations
- Managing stress and avoiding burnout[17]
- Balancing home and work life.

iii. Develop recruitment strategies for supervisors and supervisees

Clinical supervision is a highly valued professional development opportunity for a range of professions including managers, AOD counsellors, psychiatrists, nurses and other allied health professions.[3, 10-12, 16, 18] However, finding suitable clinical supervisors is often one of the most challenging aspects of developing a supervision program.[4, 10, 19]

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 three practitioners) may provide a helpful solution when supervisors are limited in supply.

Strategies to recruit clinical supervisors include:

- Offering professional development to existing experienced practitioners[4, 10] (e.g., training in theory and practice of clinical supervision)
- Employing experienced AOD supervisors from local networks[7]
- Employing supervisors from other fields who have skills to offer AOD clinicians[4]
- Providing supervision on an exchange basis where an experienced practitioner from one organisation provides clinical supervision to practitioners from another organisation[7] – this strategy may also reduce problems associated with cost (if supervision is provided on an exchange basis and not for a fee)
- Establishing a funding scheme for clinical supervision programs.

The *Recruitment and Selection* chapter discusses strategies for successful recruitment that are applicable to the selection of supervisors and supervisees for a clinical supervision program.

It may be useful to develop a set of criteria to guide the selection of supervisors. It is recommended that clinical supervisors be selected on the basis of the following criteria:[7]

- Experience in the AOD field (2-5 years)
- Up-to-date knowledge and skills
- Willingness to supervise
- Not performing a line manager role (if a clinical supervisor is also the supervisee's manager an alternate, independent support should be available to the supervisee).

In addition, for a supervision program to be effective it is important that supervisors are willing and able to:[7]

- Regularly update AOD knowledge and skills
- Regularly attend workshops and seminars on supervision
- Undergo evaluation (e.g., self-evaluation, by management, by another supervisor).

iv. Develop a supervisor-supervisee matching strategy

A number of strategies can be used to match supervisors with appropriate supervisees ranging from informal collegiate networks to formal and highly structured programs. The most effective approach will depend on the available resources and size of the program. Some smaller organisations may not have a formal clinical 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.[3, 7]

It is worth considering several factors that can affect a supervisory relationship:[11]

- **Gender** – same gender may facilitate the relationship
- **Cultural background** – same cultural / ethnic background may facilitate the relationship
- **Professional background** – practitioners may prefer a supervisor with a similar professional or para-professional background.[20] However, there are also advantages in exposure to different philosophies, perspectives and work practices
- **Collegial orientation** – supervisory relationships where the supervisor and supervisee are from the same discipline may be more effective.

v. Ensure sufficient training and support for supervisors

Clinical supervisors are often senior and experienced AOD practitioners. However, this does not guarantee that these individuals have the skills, up-to-date knowledge and confidence to be effective clinical supervisors.[3]

Providing training (if necessary) and support to supervisors is likely to enhance the effectiveness of a clinical supervision program.[3, 21] It may also enhance recruitment of supervisors into the program.

Provision of formal structured training may be beyond the resource capacity of many AOD organisations. However, a range of strategies can be used to support clinical supervisors, including:

- Providing access to an experienced clinical supervisor for guidance and advice (e.g., telephone or email support service)
- Establishing peer support networks amongst clinical supervisors
- Scheduling regular meetings / teleconferences for supervisors as a forum for the exchange of ideas, experiences, problem-solving and support
- Providing tools and resources to guide supervisory practices (e.g., the NCETA *Clinical Supervision Resource Kit for the AOD Field*[7]).

There is also the issue of "who supervises the supervisors?" It is important to ensure that supervisors themselves are still meeting professional requirements by receiving supervision. Clinical supervision should link the whole professional body in a web of peer support and guidance.

vi. Establish a clinical supervision organisational policy

A formal organisational policy on clinical supervision is likely to enhance program effectiveness.[3, 7]
A clinical supervision policy provides structure, direction, support and validation of supervision activities.

Issues addressed in a clinical supervision policy may include:

- Statement of program goals and objectives
- Identification of desired outcomes (e.g., client care, professional registration, skill development)
- Contribution of organisational resources to the program
- Expectations of supervisees.

As well as establishing a clinical supervision policy, it is important to promote a culture within the workplace that is supportive of such a policy.

2. Program implementation

Effective clinical supervision is characterised by flexibility and adaptation to the needs and circumstances of the supervisee and supervisor. However, there are some underlying protocols / procedures that should be followed when implementing clinical supervision:

- Confidentiality
- Professional boundary setting and conduct
- Therapy for supervisee's personal issues is not to be conducted
- Supervisors should not force the adoption of a theoretical orientation
- Dispute resolution protocols should be clearly defined.

Each clinical supervision relationship is further negotiated and built by the participants. However, it can be useful to establish general guidelines regarding the role of supervisees and supervisors in a clinical supervision program.

Regular clinical supervision sessions are more likely to occur if the clinical supervisor:

- Builds a solid working relationship with the supervisee
- Assesses the supervisee's counselling skills
- Writes a contract that ensures regular supervision sessions
- Determines the supervisee's learning goals.

The supervisee's role

A supervisee should be considered an "active partner" in the clinical supervision relationship.[3] It is reasonable to expect that supervisee will actively contribute to:[3]

- Identification of aims and objectives for the supervision relationship
- Problem-solving regarding their work practice or the supervision relationship
- Their skill development process within an action learning framework (see Figure 1. Action learning in clinical supervision).

Supervisor roles in clinical supervision

Three key roles of a clinical supervisor are:[22]

i. Clinical
ii. Supportive
iii. Evaluative

Briefing supervisees on expectations of their role

Before the supervision process begins, it is important for the supervisor to ask the supervisee to:[17]

- Maintain adequate records on cases
- Attend all regularly scheduled clinical supervision sessions, unless an exceptional circumstance exists
- Maintain professional and ethical behaviour
- Observe the agency / organisation rules and regulations concerning attendance, administrative procedures, punctuality, appropriate dress wear for the setting
- Participate in all clinical functions as assigned
- Take an active role in the evaluation process of the organisation, including the supervisor's evaluation of the supervisee.

i. Clinical

An effective clinical supervisor does not just instruct the supervisee, but teaches by example by modelling clinical competencies.[7]

The clinical supervisor's role as a clinical instructor is to:[7]

- Evaluate clinical interactions (in all situations and capacities)
- Identify and reinforce effective actions by the supervisee
- Teach and demonstrate counselling techniques
- Explain the rationale of strategies and interventions
- Interpret significant events in the counselling process
- Challenge the supervisee in a constructive manner.

Characteristics of successful supervisors

The "Four A's of clinical supervision" describe a good clinical supervisor:[22]

1. **Available:** open, receptive, trusting, non-threatening
2. **Accessible:** easy to approach and speak freely with
3. **Able:** having real knowledge and skills to transmit
4. **Affable:** pleasant, friendly, reassuring.

In addition, supervision sessions should be **supervisee-centred** – this way the supervisee is able to own the process, rather than feel that the process is driven and dominated by external factors.[7]

In a professional working environment, an effective approach to skill development is to incorporate modelling / demonstration by "expert others" (i.e., supervisor) and action learning. As shown in Figure 1 below, clinical supervision should incorporate observation, action and critical reflection in the development of supervisees' skills, knowledge and experience.
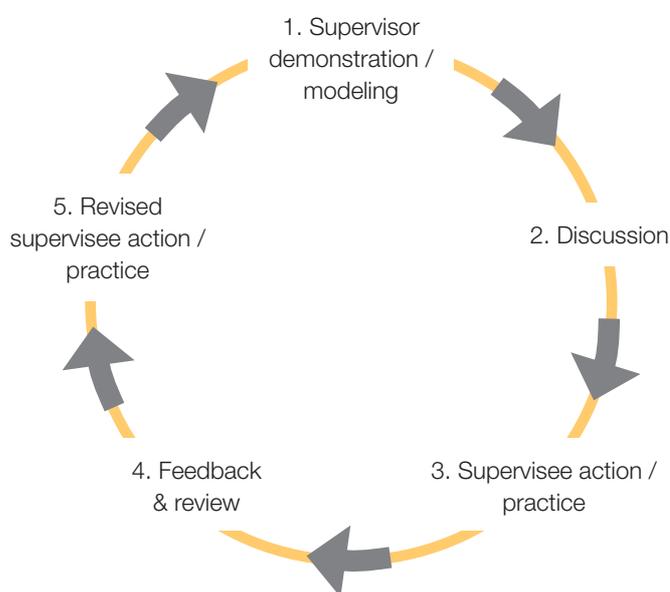
Figure 1. Action learning in clinical supervision

ii. Supportive

Clinical supervision can be a valuable source of support and encouragement for practitioners.[3] A clinical supervisor's role as a supporter is to facilitate the supervisee's growth so they are more able to help individuals with AOD problems in the most effective and humane way possible.[7]

PRACTICAL TIP

The extent of a supervisor's support role:
Adopting a cautious approach when personal issues arise

It is important that both parties understand that the supervisor's support role does not extend to counselling the supervisee on personal issues (e.g., drug or alcohol problems) that may be affecting their work role. In these circumstances it is appropriate to refer the supervisee to an alternate source of support (e.g., an employee assistance program, a counsellor external to the organisation).[7]

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iii. Evaluative

In a clinical supervision relationship, the supervisor's role as an evaluator is to:[22]

- Assess the practitioner's skills
- Clarify performance standards
- Negotiate objectives for learning
- Utilise appropriate strategies to address performance and skills deficits.

In clinical supervision, evaluation takes place between the supervisor and the practitioner and is focussed on the development of the practitioner's clinical skills. In the context of clinical supervision, evaluation should not impact in any way on administrative or managerial decisions within the organisation. Maintaining a clear division between evaluation in the clinical versus the administrative context will help to preserve supervisees' confidence that clinical supervision offers a supportive and non-threatening environment for skill development.

Evaluation can occur during two stages:[7]

1. Goal setting – creating SMART (Specific, Measurable, Achievable, Realistic and Time-framed) goals that are subject to review
2. Feedback – giving clear and constructive feedback concerning the degree to which goals and objectives have been achieved.

LINK The *Performance Appraisal* **chapter describes strategies for providing constructive performance feedback to support and facilitate effective performance.**

> The supervisee "…looks to his or her supervisor not just as a teacher but also as a role model – even a confidant." [16] (p. 116)

3. Program evaluation

Ongoing program evaluation forms the foundation of a sustainable and effective clinical supervision program. Three issues should be addressed in evaluations of clinical supervision programs:[7]

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

LINK The *Evaluating AOD Projects and Programs* **chapter discusses strategies for the design and implementation of program evaluations.**

Some other questions that may guide evaluation of a clinical supervision program include:[23]

- What framework will guide the evaluation process?
- Who will provide information and how will it be collected?
- How will success be measured?
- When will information be collected and how often?
- How will the findings be used?
- Who will be informed of the outcomes?

> Evaluation is not a hammer that attempts to nail the broken pieces together. Rather, focus on strengths and recommend areas that require expansion.

Troubleshooting – overcoming potential barriers to effective clinical supervision

Strategies to overcome some common barriers to the creation and maintenance of an effective clinical supervision program are outlined below.

Funding and resource constraints

To overcome funding and resource constraints, it may be appropriate for organisations to foster partnerships and share resources[24] (e.g., joint ventures, collaborations, alliances or coalitions). It is important that organisations involved in partnerships develop a memorandum of understanding that clarifies each organisation's responsibilities (e.g., administration, residence, managerial).

Lack of professional development in supervision

It sometimes becomes apparent to the practitioner that the supervisor does not have the specific knowledge or experience necessary to aid their professional development.[16, 25] In these cases, the practitioner needs to know that it is legitimate to seek an alternative supervisor. In many cases, the supervisor will recognise their lack of expertise to help in a specific area and withdraw their services, or will rapidly seek to extend their knowledge and skills. It may be more feasible and / or appropriate for the supervisor to undertake some form of training rather than referring the supervisee to an alternative supervisor.

Access to and participation in clinical supervision programs

Access to clinical supervision may be particularly problematic for practitioners in rural or remote locations.[4, 10, 19, 26] Difficulties accessing and participating in clinical supervision may be alleviated by some of the following strategies:[7]

- **Correspondence** via email (or letters for people without Internet access)

- **Chat rooms** – like group supervision sessions, but conducted in a virtual realm via the Internet. As with group supervision, supervisors can guide topic discussions. It is important to specify hours each week or month when nominated topics are to be discussed between a supervisor and supervisee/s

- **Telephone supervision** – a relatively cost-effective strategy (face-to-face supervision can have significant travel and accommodation costs for clinicians in rural / remote areas). It is best that some face-to-face sessions are held in the first instance[26] (to establish better rapport)

- **Video stream technology** – a supervisor and supervisee can talk while viewing each other via a computer camera ("cam"), almost as face-to-face. The supervisor can also observe the supervisee conduct "live" clinical work via the cam. Given that this strategy involves the transmission of information via the Internet, client confidentiality issues may arise (e.g., access to the information by unauthorised people, client discomfort with reporting illicit activities via video technology)

- **External supervision** – may be the only option available for private practitioners, rural and remote clinicians, and clinicians from agencies that do not provide access to clinical supervision internally. External supervision can also supplement existing workplace supports and allows a practitioner to choose a supervisor based on their professional needs and goals.

Conflict and lack of clear differentiation between clinical and administrative supervision

To avoid conflict of interest and the potential for disharmony, agencies increasingly seek supervisors outside their organisation.[10] Supervision may even be held off-site to emphasise that it is an independent process.

Difficulty engaging in clinical supervision

While some AOD clinicians will be excited by the idea of supervision, others will experience considerable apprehension.[7] For supervision to be embraced, it is important for supervisors to acknowledge and address issues that may contribute to supervisees' lack of engagement in clinical roles and tasks.

Factors contributing to a supervisee's difficulty engaging may include:[4]

- Fear of being exposed as an inadequate practitioner
- Rigid work practices and fear of having these challenged
- Lack of trust between fellow practitioners or between practitioners and administrators
- Reduced time available to provide clinical service due to additional duties related to supervision.

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

- Losing independence and work autonomy
- Being scrutinised, spied on or interrogated
- Being open to criticism.

Supervisors are advised to:

- Be alert to and able to recognise a supervisee's difficulty engaging
- Develop skills for dealing with lack of engagement (e.g., basic personal counselling skills such as active listening).

PRACTICAL TIP

Overcoming lack of engagement using the "feel-felt-found" strategy

The **"feel-felt-found"** strategy can be useful for overcoming a supervisee's difficulty with engaging in clinical supervision. This strategy involves the supervisor relating the supervisee's experiences and feelings to feelings they experienced when being supervised (e.g., "I know how you **feel** because I **felt** the same way when I first got supervised early in my career…I **found** that supervision actually helped me a lot because…"). If the supervisor cannot use personal experiences to relate, they can draw from third-party experiences (e.g., someone they supervised previously).

Using clinical supervision to address workforce development challenges

Clinical supervision can be used to address a range of workforce development challenges. In particular, clinical supervision can be a useful tool to assist with:

- Recruiting workers to the organisation
- Retaining valued workers
- Supporting and motivating effective performance
- Supporting worker wellbeing.

Recruiting workers to the organisation

Recruitment and selection processes are not only about choosing the most suitable candidate, but can also impact on a candidate's acceptance of a job offer and commitment to remaining with the organisation.[27]

The existence of a clinical supervision program can enhance an organisation's recruitment process by:

- Enabling the organisation to recruit less experienced, high potential workers and provide clinical supervision to build up their knowledge and skills. This has benefits in terms of maximising the applicant pool, an issue of concern given that AOD organisations can face difficulties attracting skilled workers
- Attracting candidates to the organisation – clinical supervision may provide an incentive for candidates who value the opportunity to further develop their clinical skills.

Retaining valued workers

The retention of valuable, high-performing workers is a key issue for the AOD field. Three factors consistently linked with turnover are:[6, 28, 29]

- Inadequate salary and remuneration
- Lack of opportunities for career development
- Work-related demands and stress.

Clinical supervision programs can help to address these issues and provide workers with an incentive to remain in the organisation by offering:

- **A valued professional development opportunity.** Professional development opportunities, such as clinical supervision, are highly valued by most workers. Organisations that provide workers with opportunities to develop their knowledge, skills and abilities are more likely to retain valued workers[30-32]
- **Challenging tasks.** Opportunities to work on important, challenging tasks and projects that can be clearly linked to the success of the organisation is valued by most workers, and has been linked with increased retention[30-32]
- **Workplace support.** Providing opportunities for clinical supervision is one strategy for organisations to demonstrate support for workers. Perceptions of organisational support have been linked to a range of desirable outcomes including increased job involvement and lower turnover.[33]

Supporting and motivating effective performance

A worker's capacity to perform key tasks, roles and responsibilities is dependent on:[34-36]

- Personal capacity (e.g., ability, intelligence, experience, training)
- Motivation (influenced by self confidence, clear goals / objectives, and perceptions of fairness and equity)
- Work environment (e.g., resource availability, organisational policies, actions of coworkers and leaders).

Clinical supervision can address some of the factors that facilitate practitioners' attainment of complex roles and responsibilities by:

- Providing support and training
- Increasing confidence in ability to engage in clinical and interpersonal tasks
- Setting clear goals and objectives
- Providing feedback on performance in relation to set goals and objectives.

Supporting worker wellbeing

The need for support and encouragement from a more experienced worker can be particularly important for workers in the AOD field given the challenging nature of some of the ethical and clinical issues that can be experienced on a day-to-day basis.

Clinical supervision can address a number of recognised contributors to stress and burnout. For instance, clinical supervision may help with issues such as:

- **Stressful events.** Clinical supervision may help the supervisee to develop coping strategies
- **Role ambiguity.** Clinical supervision may help to clarify the roles and responsibilities of the job
- **Career development.** Clinical supervision can facilitate career progression by helping practitioners to enhance clinical skills and experience and by providing (in some cases) the required credentials for registration with professional bodies
- **Skill use.** Skill variety, task identity, task significance, autonomy and feedback are recognised contributors to job satisfaction,[37] which in turn can impact on worker wellbeing. Clinical supervision can help to expand practitioners' repertoire of clinical and interpersonal skills.

It is important that workers involved in clinical supervision are aware that the clinical supervisor's role does not extend to counselling the supervisee on personal issues (referral to an external counsellor or an employee assistance program is the appropriate course of action if this situation arises).

Summary

Clinical supervision offers a valuable professional development tool for AOD workers to develop professional and personal skills and confidence under the guidance of a more experienced AOD worker. There are no hard and fast rules regarding the matching of supervisors and supervisees or the content of clinical supervision sessions. The match and the content of sessions will invariably be shaped by the professional needs and goals of the supervisee. However, as a guiding principle, the supervisor and supervisee should be comfortable with the match and the establishment of goals, objectives and tasks should be mutually determined.

Regarding the availability of resources for clinical supervision (e.g., workers' time, access to experienced supervisor) in the AOD field, it is worthwhile to consider what kind of clinical supervision arrangement is feasible for workers and their employing organisations.

Involvement in clinical supervision can offer a range of benefits for AOD workers and their organisation. In particular, clinical supervision can help to address issues relating to stress and burnout, the attainment and development of complex clinical skills, the recruitment and retention of skilled clinicians, and career progression.

Resources for clinical supervision

This chapter includes the following resources and tools to support clinical supervision:
- Checklist for an effective clinical supervision program
- Case study on the development and implementation of a clinical supervision policy
- Guidelines for developing a clinical supervision policy
- Forms and templates:
  - Clinical Supervision Plan
  - Clinical Supervision Worksheet
  - Example Contracts for Supervisors and Supervisees
- Recommended readings.

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Checklist

for an effective clinical supervision program

Case Study

Development and implementation of a
clinical supervision policy

Guidelines

for developing a clinical supervision policy

Forms and Templates

- Clinical Supervision Plan
- Clinical Supervision Worksheet
- Example Contracts for Supervisors and Supervisees

Recommended Readings

RESOURCES AND TOOLS
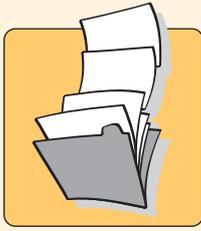
Checklist for an Effective Clinical Supervision Program

The following offers a guide for effective clinical supervision. However, clinical supervision relationships will vary according to the needs of the supervisee and the capacities of the supervisor. Not all points will be relevent to all clinical supervision relationships. This checklist is designed to be used by AOD managers / supervisors wanting to set up a clinical supervision program in their organisation / workplace.

Planning for a clinical supervision program

1. Has a clinical supervision organisational policy been developed? Does it state:
   - Program goals and objectives?
   - Desired outcomes?
   - Contribution of organisational resources to the program?
   - Expectations of supervisees?

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 clinical supervisor recruitment strategies been planned? For example:
   - Offering professional development opportunities to existing experienced practitioners
   - Employing experienced AOD supervisors from local networks
   - Employing supervisors from other fields who have skills to offer AOD clinicians.

5. Have recruitment criteria for clinical supervisors been established? For example:
   - Experience in the AOD field (2-5 years)
   - Up-to-date knowledge and skills
   - Willingness to supervise
   - Not performing a line manager role (if a clinical supervisor is also the supervisee's manager an alternate, independent support should be 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.

7. Is appropriate training and support provided to supervisors? ☐
   For example:
   • Access to an experienced clinical supervisor for guidance and advice
   • Peer support networks amongst clinical supervisors
   • Regular meetings for the exchange of ideas, experiences,
     problem-solving and support
   • Tools and resources to guide supervisory practices.

Implementing a clinical supervision program

8. Have guidelines been established regarding the role of supervisees ☐
   and supervisors in the clinical supervision program?

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

10. Has a contract 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 clinical supervision program

11. Does the clinical 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?

Development and Implementation of a Clinical Supervision Policy

Overview

This case study describes the development of a clinical supervision policy at Northern Sydney Health. This public health organisation services a large geographic area (known as "from the Harbour to the Hawkesbury") and a population of approximately 800,000. The organisation's alcohol and other drug services include a detoxification unit, residential 28-day program service, half-way houses, pharmacotherapy services, five community counselling services and consultation liaison services. The service employs approximately 100 staff, of whom about 80 are clinical staff.

Drivers for a new clinical supervision policy

Development of a new clinical supervision policy was driven by two key factors:

- Previous clinical supervision arrangements in the organisation had expired and were not adequate to address all the supervision needs of staff, and
- A survey of staff needs identified inadequate clinical supervision, and that clinical supervision was something staff wanted and some staff were interested in providing.

Developing the clinical supervision policy

The policy's primary aim was to improve clinical supervision provided to clinical staff in the organisation, either externally to the organisation or internally by senior clinicians. In general terms, the process included:

1. Establishment of a committee
2. Development of the clinical supervision policy
3. Implementation of the policy.

1. Establishment of a committee

The first step was the establishment of a committee comprising approximately 10 staff. Membership included a representative for the organisation's director, senior managers, team leaders and clinicians. This ensured that all levels of staff were represented.

Throughout the development phase, all proposed changes to the policy were passed through the consultation committee who discussed the effects of the proposals for all staff. This ensured that the guidelines outlined in the policy were carefully planned to address both management's and clinicians' main needs and concerns.

2. Development of the clinical supervision policy

The policy was developed internally over a 12-month period, then reviewed and revised over the course of another year to incorporate feedback from staff. Elements from clinical supervision policies from other organisations were incorporated into the new policy and were helpful in providing examples of working policies.

Committee members endorsed the program objectives, program structure, roles and responsibilities, evaluation process, and timeframe. A contract arrangement was adopted as the process through which internal and external supervision would be conducted. A contract was developed by examining and modifying a number of similar existing contracts. The formal contract documents all key aspects of the supervision policy to ensure both the supervisor and supervisee are cognisant of their roles and responsibilities and the purpose of the supervision sessions.

Key features of the policy include:

- Supervisees' voluntary participation
- Supervision can be either internal or external
- Internal peer supervision is strongly encouraged
- Senior clinicians offer or are requested to provide clinical supervision – their contribution is voluntary
- Well defined roles and responsibilities of clinicians, team leaders and managers
- Contract agreement between supervisee and supervisor (whether internal or external)
- Time allowance for supervision sessions (during working hours) of one to two hours per month. Note, there are also provisions in the policy for staff who may require more time for supervision (e.g., junior staff)
- No funding available for external supervision, therefore any external supervision costs to be covered by the individual
- Travel allowance of one hour per month for travel to external supervision.

3. Implementation of the policy

Following approval of the policy by the committee and management, an implementation process was undertaken. This included:

- Dissemination of the policy to staff, particularly those affected by the introduction of the policy (clinical psychologists, nurses working as counsellors, registered nurses, health education officers)
- "Recruitment" of senior clinicians to volunteer as clinical supervisors.

A number of outcomes resulted from policy implementation, including:

- Greater understanding and clarification of roles and responsibilities of team leaders
- Acceptance by all senior clinicians approached to provide clinical supervision
- Increased participation and knowledge sharing amongst all staff.

Issues and challenges

Throughout the development and implementation of this policy some issues were raised and these are provided to the reader to consider when developing their own clinical supervision policy.

- The absence of a budget to fund external supervision creates difficulties in monitoring from whom and where clinicians receive external supervision. This can result in a loss of control over the quality and suitability of the supervision received.

- No clause for professional development or training opportunities for supervisors is included in the policy due to a lack of available funding. Varying approaches and techniques used in supervision may therefore impact on the consistency of supervision across the organisation. Furthermore, senior clinicians providing supervision may not have their support and development needs met.

Conclusion

This case study demonstrates the benefits of a formal clinical supervision policy, particularly in regard to defining processes, roles and responsibilities, and increasing workers' engagement with a clinical supervision program. Collaboration with workers formed the foundation of the process of developing the supervision policy. Clinicians' needs were identified through a consultation process. This was followed up by staff representation on the committee, staff input into the policy and incorporation of staff feedback into the final policy. Ongoing collaboration with workers resulted in a clear policy that provided useful guidance for both supervisors and supervisees, and addressed both employee and management needs.

Source: Dr James Guinan, Senior Clinical Psychologist / Chair, Northern Sydney Health Workforce Development Committee / Area Manager Community D&A Programs, Northern Sydney Health.

Guidelines for Developing a Clinical Supervision Policy

A clear clinical supervision policy for AOD workers is a key strategy to ensure the successful implementation of a supervision program. The following guidelines outline the factors to consider when developing a clinical supervision policy within your workplace or organisation. Not all points included in these guidelines will be relevant to all situations. However, three fundamental criteria for effective clinical supervision policies applicable to all programs are:

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 clinical supervision policy addresses the following points.

1. Express importance of clinical supervision

Anticipated benefits and value of supervision to the organisation, workers and clients is clearly stated.

> *Example:*
> * Improves clinical practice
> * Offers support to AOD workers, reducing job dissatisfaction and job stress
> * Improves client quality of life.

2. Develop policy statements

Information related to the organisation's commitment and contributions must be communicated. In addition, the conditions of supervision must be articulated.

> *Example:*
> 1. *Organisational commitment*
>   * All staff with direct client contact will have regular access to supervision on an individual or a group basis
>   * Supervisees will be allocated two hours of supervision time per month, in addition to half an hour travel time for each visit.
> 2. *Conditions of supervision*
>   * All supervision plans will be responsive to workers' needs.

3. Communicate the aims of the policy

The goals and intended direction of the policy are communicated. These must be consistent with the organisation's philosophy.

> *Example:*
> Clinical supervision will develop the skills of AOD workers, address areas of need and encourage high standards of clinical practice.

4. Obtain outcomes

State the standards the organisation hopes to achieve as a result of the program.

> *Example:*
> - Supervision will develop the quality of health care services provided by identifying problems within the service and monitoring and improving service provision
> - Supervision will promote high standards of clinical practice by identifying the needs of individual staff members and monitoring and improving these areas.

5. Establish an evaluation protocol

The process for determining the efficacy of the program is described.

> *Example:*
> - The number of staff receiving supervision and the frequency of sessions is monitored
> - All arrangements for supervision will be incorporated into work plans
> - An annual survey will be administered to supervisees and supervisors
> - The date that the program evaluation will take place is specified.

6. Identify all key players in the policy

All parties affected should be included in a policy which is relevant to all professions and areas within the organisation. The roles and responsibilities of these different parties should also be clearly outlined.

> *Example:*
> - Managers are responsible for ensuring all staff are aware of the policy and that they all have access to supervision
> - Supervisors are responsible for negotiating arrangements, utilising ethical practices and working within laws of confidentiality
> - Supervisees are responsible for organising and making appointments with supervisors.

7. Clinical arrangements

Articulate the specific agreement for supervision (e.g., location, frequency, area of focus).

> *Example:*
> - Supervision will be granted on an individual or a group basis
> - Clinical supervision will target clinical 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 twice per month.

Source: Adapted from National Centre for Education and Training on Addiction (NCETA). (2005). *Clinical Supervision Resource Kit for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.

Clinical Supervision Plan

Name: ....

SKILL OR AREA OF FOCUS	GOAL	TASKS	DATE REVIEWED	My progress towards achieving this goal
				0 1 2 3 4 5 6 7 8 no success 25% 50% 75% 100%

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

Supervisee's signature: .... Date: ....

Weekly / Fortnightly / Monthly Worksheet

Name: ....

MY GOAL THIS WEEK / FTNT / MTH Date: ___/___/___	TASKS	THOUGHTS, QUESTIONS, ANSWERS	My progress towards achieving this goal
			0 1 2 3 4 5 6 7 8 no success 25% 50% 75% 100%

Date and time of next supervision meeting

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

Example Contract - Supervisor

My role as a supervisor is to:

- Oversee the practice you do
- Build a working relationship with you
- Attend supervision meetings that we organise
- Help you figure out your work goals
- Challenge your approaches and techniques
- Help you to help your clients
- Assist you to acquire knowledge and skills that you can use with your clients.

I have given you an overview of the organisation's aims and objectives.
I have read the organisation's policy on supervision.

This contract can be revised at any time upon my request and it will be reviewed annually.

Name: .... Date: ....

Signature: ....

FORMS AND TEMPLATES

Example Contract - Supervisee

My role as a supervisee is to:

- Uphold ethical guidelines and professional standards
- Build a working relationship with you
- Attend supervision meetings that we organise
- Help you figure out what my work goals are
- Be open to change and consideration of alternative methods of practice
- Complete the work tasks that we agree to each session
- Help me build my confidence and skills as an AOD worker
- Express my 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 it will be reviewed annually.

Name: .... Date: ....

Signature: ....

National Centre for Education and Training on Addiction (NCETA). (2005). *Clinical Supervision Resource Kit for the Alcohol and Other Drugs Field.* **National Centre for Education and Training on Addiction, Flinders University, Australia.**

This resource kit provides practical user-friendly guidance and advice about implementing effective clinical supervision programs and activities. It includes:

- An **Overview Booklet** containing information about the Kit
- A **Practical Guide**, including practical recommendations for conducting supervision programs and sessions
- A **DVD** containing a scripted demonstration with discussion breaks and **DVD Discussion Booklet**
- A **CD Rom** containing the Guide, PowerPoint slides with notes, and training booklet.

The materials are available for download from www.nceta.flinders.edu.au.

Kavanagh, D.J., Spence, S.H., Strong, J., Wilson, J., Sturk, H., & Crow, N. (2003). Supervision practices in allied mental health: Relationships of supervision characteristics and perceived impact and job satisfaction. *Mental Health Services Research, 5,* **187-195.**

This research paper discusses the important impact of clinical supervision on work practice and morale. The nature of supervision practices (e.g., total number of sessions, method) and factors that impact and improve on the provision of supervision are explored. In addition a useful tool to measure supervisor attitudes (supervision attitude scale) is described.

Kavanagh, D.J., Spence, S.H., Wilson, J. & Crow, N. (2002). Achieving effective supervision. *Drug and Alcohol Review, 21,* **247-252.**

This paper provides a good overview of literature on the efficacy of clinical supervision in the AOD field. It addresses the components of effective supervision (skills, strategies, environment), and strategies to improve supervision (access, adopting effective procedures, implementation and specific complexities in treating people suffering from AOD problems).

Milne, D. & Westerman, C. (2001). Evidence-based clinical supervision: Rationale and illustration. *Clinical Psychology and Psychotherapy, 8,* **444-457.**

This paper demonstrates a process whereby structured consultation of supervisors can improve the outcomes of supervision. A practical tool for evaluating clinical supervision is also introduced. This paper is useful for managers and supervisors looking to implement or evaluate strategies to improve the use of evidence-based research in clinical practice and it is particularly relevant for readers with an interest in research.

Powell, D.J., & Brodsky, A. (2004). *Clinical supervision in alcohol and drug abuse counseling: Principles, models, methods.* **San Francisco, CA: Jossey-Bass.**

This book outlines a best practice model for AOD clinical supervision. Three sections address (1) the role of clinical supervision, (2) a model of clinical supervision in the AOD field, and, (3) how this model is implemented in everyday practice. Useful topics include the support and utility of new and well established procedures, guidelines and specific instruments for counsellor assessment, ethical and legal concerns, the role of the supervisor and anticipated future directions in the field.