

Clinical Supervision

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Contents

<i>Some Definitions of Supervision</i>	3
<i>Supervision</i>	4
<i>Role of the Supervisor: The Helicopter View</i>	5
<i>The Essentials of High Performance: Support & Challenge</i>	6
<i>Supervising Different Levels of Competence</i>	8
<i>Types of Supervision</i>	9
<i>Basic Skills in Supervision: A Checklist</i>	11
<i>The Specifics of Supervision</i>	12
<i>Creating Principled Agreements in Supervision</i>	14
<i>How to Organise or Re-organise a Contract</i>	15
<i>Rights and Responsibilities</i>	17
<i>Supervision Contract Examples</i>	20
<i>General Flow of the Supervision Session</i>	22
<i>Identification Check</i>	23
<i>Useful Skills Development Models</i>	24
<i>Problem Solving</i>	26
<i>Action Planning</i>	27
<i>Force Field Analysis</i>	28
<i>Clinical Supervision Agreement</i>	30
<i>Clinical Supervision Plan</i>	362
<i>Supervision Session Summary</i>	374
<i>Guidance on Completing the Session Summary</i>	35
<i>Clinical Supervision Sessions Attendance Record</i>	36
<i>References</i>	37
<i>Games People Play</i>	389
<i>Group / Team Supervision Agenda</i>	43
<i>Summary</i>	44
<i>For Your Notes</i>	45

Some Definitions of Supervision

Westheimer (1977)

The broad objectives of supervision are to develop further knowledge, skill and confidence in the practice of (social work), and by these to provide an adequate service to clients.

Cf. consultation. The consultant does not carry administrative accountability and is therefore not responsible for the implementation of the recommended action. It requires the consultee to ask for help in relation to a current work problem.

Pettes (1979)

Supervision is a process by which one practitioner enables another practitioner, who is accountable to him or her, to practice to the best of their ability. The supervisor ... a practitioner with all the responsibility this implies for professional standards, ethics and concern for the client ... assuring that the work is done.

Inskipp and Proctor (1988)

Supervision is a working alliance between a supervisor and a worker or workers, in which the worker can reflect on herself in her working situation by giving an account of her work and receive feedback and where appropriate, guidance and appraisal. The object of this alliance is to maximise the competence of the worker in providing a helping service.

Hawkins and Shohet (1989) quoting Hess (1980)

A quintessential interpersonal interaction with the general goal that one person, the supervisor, meets with another, the practitioner, in an effort to make the latter more effective in helping people.

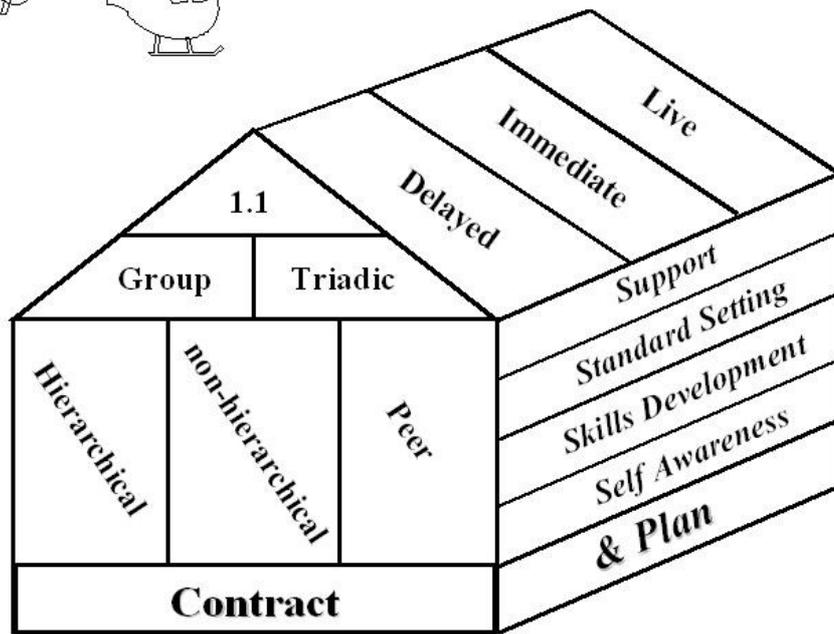
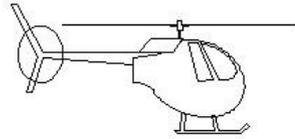
Hawkins and Shohet (1989) quoting Loganbill, Hardy and Delworth (1982)

An intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of competence in the other person.

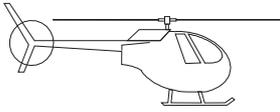
Our own

A process in which practice is supported and challenged through discussion and reflection with a trained Supervisor, promoting the safe and effective delivery of care..

SuperVision



Role of the Supervisor: The Helicopter View



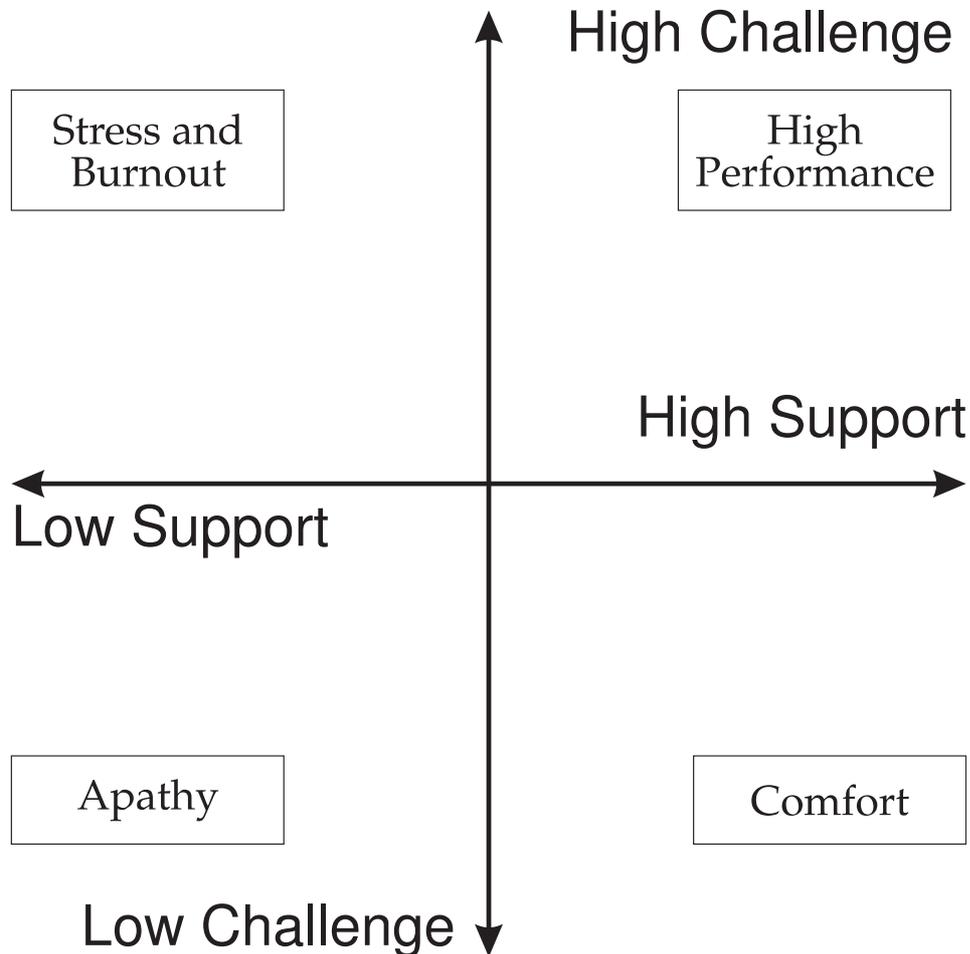
Switch your focus between the following:

- the client as presented by the practitioner:
 - content of the session
 - interventions
 - the practitioner interacting with the client
- the practitioner's own patterns and processes: the counter-transference
- your own processes - your own response to the issues, materials and patterns of the practitioner: the supervisor's counter-transference
- your here-and-now relationship with the practitioner - this may be a reflection of the issues the practitioner has with their clients: the parallel process
- the client in their wider context (what may be happening in the client's system that reinforces/maintains their behaviour?)
- the wider context of the organisation and inter-organisational issues

Using:

- SUPPORT
- STANDARDS SETTING/CHALLENGE
- SKILLS DEVELOPMENT
- SELF AWARENESS

The Essentials of High Performance: Support & Challenge



The above diagram outlines a way of thinking about some of the constraints on high performance. If the practitioner receives prolonged exposure, each quadrant may be characterised by the outcomes in the highlighted box. However, it is important to emphasise that each of the quadrants can also be appropriate in some circumstances, e.g.:

A recently qualified practitioner whose skills and knowledge are just beginning to come on stream, will be discovering constantly how little they know and just how much they have to do to become competent. Becoming disheartened at this time is a well documented phenomenon (Blanchard, Zigarmi and Zigarmi 1988, Cherniss 1980). Such an individual might benefit greatly from periods of High Support with Low Challenge, moving gradually to High Support with High Challenge.

A more experienced practitioner may have areas of substantial competence in his or her repertoire which simply require a delegating style, signified by Low Support and Low Challenge. However, their continuing development will mean a requirement for High Support with High Challenge to develop new areas of skill and expertise - their previous successes giving the motivation to strive, with support, for High Performance.

It is difficult to think of any advantages of the High Challenge, Low Support quadrant except for very short periods of time. A resilient experienced practitioner might occasionally move into this quadrant for a personal challenge, but will not sustain high performance for long if it is all they have. Yet it is often the case that this is exactly where team members and their managers spend most of their time.

A balance between challenge and support is the key to high performance.

Issues that might be the subject of support and challenge include:

Challenge

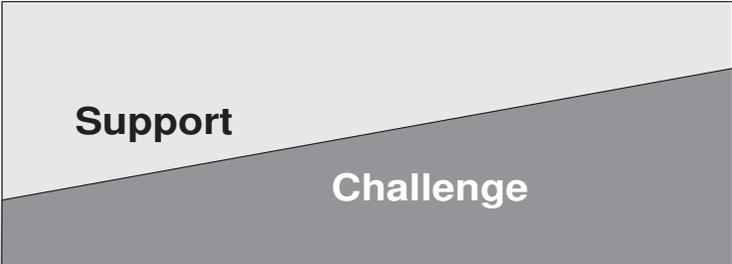
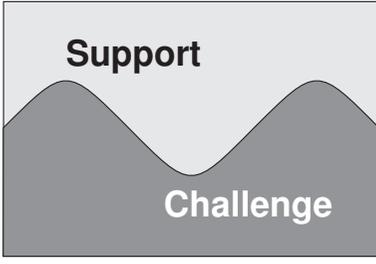
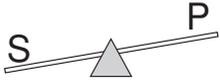
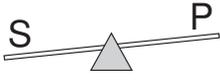
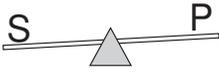
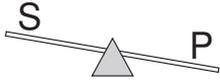
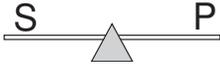
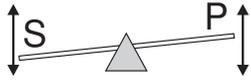
- Notice inconsistencies
- Confront games
- Elicit and question unhelpful beliefs
- Develop skills
- Confront and widen perceptions
- Develop ethical practice
- Scrutinise client care
- Measure service delivery
- Audit admin. procedures
- Give critical feedback
- Stretch targets and goals
- Develop autonomous practice

Support

- Praise good practice
- Listen to the story
- Give time for reflection and off-loading
- Provide a safe environment
- Give space to express feelings
- Show (tentative) empathy
- Give advice and guidance sparingly
- Humour - laugh with, not at!
- Resourcing the work
- Networking

Cherniss (1980) studied a group of 28 newly qualified professionals in order to learn what differentiated those who developed symptoms of stress from those who did not. Good Supervision correlated well with manageable stress and absence of burnout.

Supervising Different Levels of Competence

	Less Experienced			Very Experienced		
	Beginner	After 6 to 12 months	Experienced 2 years	High Flyer	Competent	Stuck
Focus of Attention	<ul style="list-style-type: none"> • Self • Current role 	<ul style="list-style-type: none"> • Self • Customer (internal and external) • Current role 	<ul style="list-style-type: none"> • Self • Customer • Current role • Cross-functional procedures • Future role • Wider organisation 	<ul style="list-style-type: none"> • Meta-view • Organisation in context of wider world • Whole processes • Future role • Strategic thinking 	<ul style="list-style-type: none"> • Self • Current role • Multi-skilling (in teams) • Customer 	<ul style="list-style-type: none"> • Negative thinking • Systems view • Convergent thinking • Attempted solutions • Motivation
Support and Challenge						
Likely Relationship between Practitioner (P) and Supervisor (S)						

Types of Supervision

The Pros and Cons

This model does not exclusively recommend one of the following types of supervision over the others. It is important, however, to consider the potential advantages and disadvantages of each. Every effort possible should be made to ensure that the disadvantages of the type of supervision used are avoided.

Hierarchical

Advantages

- full understanding of context and issues
- more control over allocation of time, etc.
- may offer more scope for Standard Setting

Disadvantages

- risk of using CS for performance management
- risk of practitioner being reluctant to talk to manager about certain issues, e.g. exposing weaknesses or errors
- risk of over-emphasising Standard Setting, at the expense of Support
- manager may be remote from practice, making Skills Development difficult

Non-hierarchical

Advantages

- unbiased perspective
- likely to have been chosen explicitly for their supervision skills and/or clinical expertise, and so may offer more scope for Skills Development
- practitioner likely to feel more comfortable entrusting a non-hierarchical supervisor with sensitive information and feelings. Support and Self Awareness are therefore likely to be well represented

Disadvantages

- may be unaware of significant issues not raised by practitioner
- less control over allocation of time, etc. – another line of management this has to be negotiated with

Peer

Advantages

- non-threatening
- accessible and flexible
- good understanding of context and issues

Disadvantages

- may collude in not challenging each other (“I won’t challenge your bad practice if you don’t challenge mine”, or having a “whinging session”), making Standards Setting and Self Awareness difficult

- may tend to emphasise Support, whilst not necessarily being able to give it because of their own competing need for it
- may have little to offer each other in terms of Skills Development if they are truly peers, i.e. at the same level
- may require two staff from same area to be released at the same time

Tips for Peer Supervisors

- Ensure each has had training in giving and receiving supervision
- Ensure that the peers are supervised from time to time (i.e. using triadic supervision), to help avoid the comfort/collusion trap
- When, as supervisor, you encounter something beyond your sphere of knowledge or expertise, disclose this, then make acquiring the knowledge/skill a joint venture or refer on for specialist Supervision.
- Refer the practitioners to other supervisors for specialist supervision; check that they go.
- Don't rush Exploration because you know the context – still ask exploratory questions – these are to help the *practitioner* develop his/her understanding of the situation.
- Bear in mind the developmental stage of the practitioner. Challenge competent practitioners who have lost interest.
- Avoid giving too much advice or too many suggestions - it is ineffective.

Basic Skills in Supervision: A Checklist

Stage 1

Exploration - Define the Issue

- Active listening:
 - Recap: contents feelings, summarise
 - Open questions
- Get a good account:
 - What, specifically?
 - Where, specifically?
 - How, specifically?
 - When, specifically?
 - Why, specifically?
- What have been the attempted solutions?

Stage 2

New Understanding - Develop a Deeper View

- Gently challenge
 - Share hunches re: meanings and feelings
 - Help make connections, spot themes
 - Confront inconsistencies, games and unhelpful beliefs
 - Look for parallel processes between the “here-and-now” and “there and then”
- Self-disclose feelings/experiences which might help practitioner
- Give information sparingly (least highly-valued supervision activity)

Stage 3

Skills Development

- Explaining
- Modelling
- Rehearsal
- Feedback - what I liked / disliked / suggestion for improvement
- Repeat, monitor progress in putting the skill into practice

and/or

Problem-solving

- Define the problem
- Explore possible solutions (brainstorm)
- Explore Pros and Cons of each solution (springboard)
- Select the best solution or best combination

Stage 4

Action - Resolve the Issue

- Identify possible blocks and ways of overcoming them (Force Field Analysis)
- Set goals
- Implement
- Evaluate

The Specifics of Supervision

One of the tasks of the supervisor is to gently challenge unhelpful beliefs and ideas (if any), enabling the practitioner to have a richer world-view. However, supervision is a time-limited exercise and it will simply be impossible to challenge and negotiate everything. In deciding what to attend to, the following may be useful:

- Pursue the behavioural facts, separated from the meanings - what O'Hanlon and Wilk (1987) call "video descriptions", i.e. ask "What would you actually be able to see if it was recorded on videotape and played back to you?"
- Don't get bogged down in argument - move on to areas where the practitioner is willing to shift - often, it is enough to cast a good deal of doubt on one, or a little doubt on many unhelpful ideas, in order to start a shift
- Go for the foundation stones of the unhelpful ways the practitioner views their professional world
- Tease out any pre-suppositions you are being invited to swallow as fact:

Statements which invite you to pre-suppose that other statements are true

Practitioner: "Her aggression is quite a problem in the team"

Supervisor: "What does she do that tells you she is aggressive?" (i.e. merely to ask "in what way is it a problem?" is to accept it is true that she is aggressive without checking out what is meant by the abstract notion of "aggression").

Verbs with no subject

Practitioner: "He's sabotaged the project"

Supervisor: "How, in what sense?"

Adjectives with no subject

Practitioner: "She's emotionally retarded"

Supervisor: "In what way/by what/by whom/compared to what?"

Bald assertions - without a reference point

Superlatives like:

Practitioner: "It would be best (to simply dismiss him)"

Supervisor: "In what way/in what respect/why do you say that?"

Comparisons with no reference

Practitioner: "It would be more practical to take the grievance procedure approach with this problem"

Supervisor: "Compared to what?"

Nouns with vague meaning

Practitioner: "I get little respect from her"

Supervisor: "What does she do that tells you that you get little respect?"

Non-specific expressions

Practitioner: "My team lack motivation"

Supervisor: "Which team members specifically?"

Practitioner: "I get into a state whenever I have to complete my annual report"

Supervisor: "What state?/What happens specifically?"

Practitioner: "Sometimes, it doesn't add up"

Supervisor: "When does it not add up?/What does not add up?/What do you mean by add up?"

Drawing general principles from a few facts

Practitioner: "No-one ever consults me"

Supervisor: "No-one?/Ever?/Who does not?/When do they not?"

Practitioner: "Nothing seems to have gone right since I qualified"

Supervisor: "Nothing?/What does not?/When does it go right? When does it not?"

Claiming necessity, impossibility or inability

Practitioner: "It is going to be impossible for me to make any improvement in staff morale"

Supervisor: "How so?/What prevents you?/What is getting in the way?"

Pre-supposing inability with descriptors like "cannot" and pre-supposing motivation with "will not"

Practitioner: "He cannot change"

Supervisor: (gets practitioner to agree that she just does not know whether he cannot or will not change, only that he does not change or he has not changed).

Characterisations

Practitioner: "I think my manager is incompetent/ dim-witted/ brilliant/awesome/cute"

Supervisor: "What does he do that makes you think so?"

Teasing out expressions of emotion

Practitioner: "I feel utterly stressed"

Supervisor: "How do you know? What happens that tells you this is so?"

The aim is to reduce these sensory descriptions to more neutral descriptions of bodily sensations stripped of possibly unhelpful meanings, significance or causation, concluding (hopefully) along the lines of:

Practitioner: "Well, yes, now I think about it, for 5 minutes this morning I felt some butterflies in my stomach and a bit muddled as to how to proceed with a plan to achieve a 12 item list of things to get done. I guess that's a bit different to 'my life feels totally impossible'."

Inferring meanings from someone's actions

Practitioner: "He didn't show up, he's clearly not interested"

Supervisor: "How does that demonstrate he's not interested?"

Supervisor goes on to argue the case for mere uncertainty - that his interest or lack of it is at best, not knowable from the evidence so far.

Drawing conclusions about causation

The aim is to reduce a causal claim - "A causes B" - to the weaker claim - "Whenever A happens, B happens". The pragmatic effect is to hand the locus of control for his own feelings back to the practitioner.

Practitioner: "Whenever he talks to me about his problems, he upsets me."

Supervisor: "I accept that you become upset, but how do you know that he causes it - would he succeed in making everyone who listened upset? Is it not more accurate to say simply that when he talks, you get upset?"

Creating Principled Agreements in Supervision

The Harvard Negotiation Project (Fisher and Ury 1991) is a research project which seeks to improve techniques of negotiation and mediation across a wide variety of contexts such as law, business, unions, international diplomacy.

Win-Win

When the long-term relationship is important, it is vital that every attempt is made to address the interests of both parties to a negotiation. The model suggests that it is in my interests to work hard for the other side as well as my own. If I don't do this, and they end up feeling hard done by, this will sour the relationship and either jeopardises any chance of repeat business or tempt them into seeking revenge.

Interests not Positions

Ask "why do you want that?" The clearer I am about the other party's underlying interests and they are about mine, the more likely it is that we can invent options for mutual gain. Interests will include human needs like status, dignity and respect.

People from the Issue

One of the most important principles of this model is that whilst the utmost rigour should be applied to the problem, the people should be treated kindly. To problem-solve intelligently requires that the people involved feel calm and relaxed. A climate of respect and concern for both parties will maximise the chances of such an atmosphere developing.

Options for Mutual Gain

The atmosphere in the negotiation should be one in which both parties are on the same side of the table, joining forces to beat the problem rather than each other! It is an intellectual challenge to come up with solutions that meet the needs of both parties and an emotional and moral challenge if you are in a strong position to have your own needs met at their expense.

Inventing options may be something you carry out with your own negotiating team alone or by joining forces with the other party to do some joint problem solving. Brain storming can be done in a spirit of "no obligation" i.e. neither party is bound by any of the ideas generated unless both parties agree that the idea is mutually beneficial.

Objective Criteria

Look around for criteria such as: the going rate in the market, precedent in previous dealings, likely future price shifts in the market. Establish your currency based on what is fair and principled rather than how much you can extort by virtue of your position. Insist that they do the same. Ask "how do you arrive at that position?" Where you can, establish a Best Alternative to a Negotiated Agreement (BATNA). The clearer you are about an alternative that would allow you to walk away, the more likely you will be able to resist the temptation to settle for something that is unfair to your interests.

How to Organise or Re-organise a Contract

This check list is a guide to the areas to consider when setting up or re-negotiating a contract. It is suggested that each person use this as a planning sheet before the contracting meeting actually takes place.

Getting started

1. If you don't already know, give each other some detail about your careers/experience so far. Seek clarification where appropriate. Check out if there is enough common ground to make supervision feasible.
2. Share positive and negative experiences of giving and receiving supervision.
3. Explore needs: "Knowing what you know about me and about you, how could I help you in a series of supervision sessions?" The supervisor will then probably ask for more details and start to offer information about what they can offer that is in line with what practitioner actually wants.
4. Agree the provisions of the contract, referring the practitioner's requests, objectives, appraisal feedback, job description, etc.
5. Make them **SMART** - **S**pecific, **M**easurable, **A**ttainable, **R**elevant, **T**rackable.

For re-organising Supervision, consider:

- existing arrangements
- how to introduce contracting

For setting up a new contract consider:

- type of supervision - will it be hierarchical, non-hierarchical, peer, 1:1, group?
- who will give supervision when the issues are outside the competence of the supervisor?
- evaluation: how, by whom, what criteria, how will the evaluation be used?
- boundaries of "could do" interventions and "must do" interventions
- work through "Rights and Responsibilities" on the following page
- theoretical orientation, skills and techniques to be used
- prior experiences
- anxieties
- what permissions re emotional expression
- how dependency issues will be handled
- areas of expertise/weakness
- level of supervisor self-disclosure/mutuality
- note-taking/methods of recording
- feedback from practitioner to supervisor re satisfaction with supervision
- expectations: is there a fit?
- goals, aims and objectives (say, 3-5 at a time)

For group supervision consider:

- ground rules
- size of group and skill mix
- use of time
- structure
- group processes
- who facilitates

Consider the following boundaries:

- balance and level of support and challenge
- personal development not counselling or therapy
- skills development
- standard setting
- limits of confidentiality (e.g. misconduct, supervisor's need for supervision)
- live/immediate/delayed

Consider the following practicalities:

- place
- time and duration
- frequency
- cost - not just financial

Rights and Responsibilities

1. For both the Supervisee and the Supervisor:

Rights

- Protected time for Clinical Supervision (CS) sessions: support to be released from your clinical responsibilities in order to attend without unreasonable interruption
- Equal partnership in the choice of supervisor and within the CS relationship
- Set personal and professional boundaries on what issues are discussed within CS
- Refuse requests which make inappropriate demands on you
- Withdraw from the Clinical Supervision relationship if you have difficulties which cannot be resolved
- Confidentiality regarding discussions within CS, except with the consent of both the supervisor and supervisee, **or** if the supervisee reveals an unsafe, unethical or illegal practice

Responsibilities

- Be reliable and punctual, keeping agreed appointments and time boundaries
- Use the time to reflect in depth on issues affecting clinical practice
- Regularly review the effectiveness of the CS relationship
- Maintain minimum documentation of CS and submit these for audit purposes as required by the organisation
- Demonstrate respect within the CS relationship
- Prepare for the CS session
- Ensure, as far as reasonably possible, no interruptions during CS sessions
- Be open to challenge
- Challenge any behaviour which is insulting or hurtful to you
- Discuss any difficulties arising in the relationship and take action necessary to resolve, ensuring that this is recorded
- Prioritise the safety and well-being of patients above confidentiality

2. For the Supervisee:

Rights

- Decline a proposed clinical supervisor
- Receive structured facilitation of your reflection on practice within CS sessions
- Assume the initiative in negotiating the agenda for CS sessions
- Discuss freely any difficulties and vulnerable feelings relating to your practice in CS sessions, without being judged or criticised

Responsibilities

- Accept a clinical supervisor from a reasonable range of choice
- Give feedback to your supervisor about his/her facilitation
- Implement agreed actions from CS sessions
- Identify issues upon which you want to reflect in CS
- Negotiate the agenda with your supervisor
- Ensure that professional practice remains the focus of CS sessions

3. For the Supervisor:

Rights

- Resist outside interference from the supervisee's colleagues or manager
- Challenge any behaviour or values which give you concern about the supervisee's practice, development or use of Clinical Supervision
- Access to your own Clinical Supervision and support networks

Responsibilities

- Encourage and facilitate the supervisee to seek specialist help or advice when necessary
- Keep any management or educational assessment role separate from Clinical Supervision sessions
- Undertake training in Clinical Supervision skills
- Identify and act appropriately regarding any unsafe, unethical or illegal practice
- Highlight instances of good practice
- Receive your own Clinical Supervision

Supervision Contract Examples

Some examples of a contract of supervision using S.M.A.R.T. P = Practitioner S = Supervisor

Supervision Topic	Intended Outcome (for supervision session)	Procedure/ Methods to be used in session to achieve intended outcome	Preparation Required (if any) (1) by supervisor (2) by supervisee	Indicator of Success [Type Measure(s) to be used]	Target Measure
Documentation	<ul style="list-style-type: none"> Strategy for dealing with heavy duty paperwork Reconnection to a good rationale for doing paperwork Action plan 	<ul style="list-style-type: none"> Q/A; brainstorming Identify blocks to doing paperwork; identify negative thoughts analyse; define tasks and timelines 	Bring list of paperwork in descending order of how onerous - draw dividing line between "heavy - " and "light duty"	Strategy: yes/no	1
				Motivation: self-rating out of ten	5+
				Action plan: yes/no	1
Delegation	<ul style="list-style-type: none"> strategy action plan 	<ul style="list-style-type: none"> review opportunity costs re doing work yourself – what's OK explore Support workers' development needs (Q/A) 	Bring list/brief summary of caseload	Strategy: yes/no	1
				Action plan: yes/no	1
Patient X	<ul style="list-style-type: none"> Rationale for either continued input or referral on 	<ul style="list-style-type: none"> Explore through Q/A Rehearse discussion at team review 	Complete assessment Discuss with peers	Rationale: yes/no Confidence in delivering rationale: self-rating out of ten	1 7+
Supervision in new areas of responsibility	Flowchart of structures of supervision	<ul style="list-style-type: none"> Flowcharting Discussion and Reflection 	Obtain staffing numbers and grades	Presence of structure for supervision yes/no	1

Supervision Topic	Intended Outcome (for supervision session)	Procedure/ Methods to be used in session to achieve intended outcome	Preparation Required (if any) (1) by supervisor (2) by supervisee	Indicator of Success [Type Measure(s) to be used]	Target Measure
Personal development planning to match career progression	<ul style="list-style-type: none"> Clarify career options over next 3 – 5 years Decide whether to apply for specific in-house programme / external course 	<ul style="list-style-type: none"> Brainstorm options Visioning exercise (“perfect job”) What is realistic from “vision for each option?” Compare/discuss 	<ul style="list-style-type: none"> Check availability/access to course 	Comfortable/confident that I have a clear career plan, rated 1-10	7+
				Decision taken re programme: yes/no	1
				Decision taken re course	1
Time management	Clarity of the issue	<ul style="list-style-type: none"> Discussion 	Bring diary of events over the last month	List of issues in bullet points yes/no	1
Approaching difficult situations	To feel better and more secure in role To have clarification of ideas/solutions	<ul style="list-style-type: none"> Discuss / Reflect Explore techniques 	Supervisor/supervisee to identify strengths and weaknesses prior to sessions	Self-rating on technique acquired (1-10)	>6
Job insecurity (clinical strategy)	Explore and identify feelings/perceptions taking some control over feelings /process	<ul style="list-style-type: none"> Discussion reflection 	Bring documents	Action Plan y/n	1
				Satisfaction Scale 1-10	>5
Reservations about being a supervisor	Feel confidence	<ul style="list-style-type: none"> Examine/discuss courses and literature Viability of attendance Reflection (knowledge and previous experience) 	Identify literature and share with x Read Identify strengths and weaknesses	scale of intention to do 1-5	4
				Confidence to go forward 1-5	4

General Flow of the Supervision Session

Getting started:

- Consider doing supervision in a triad until you feel more competent
- Start on time
- Re-route or disconnect the telephone
- Ask not to be disturbed
- If this is not your first session, you may wish to start with “What is the result of your action plan from the last session, in which you contracted to?”

Then:

1. Ask “What’s on top ... “what else ...?”, i.e. a general review/brainstorm of current issues
2. List topic(s) arising from brainstorm on a Supervision Plan form
3. Briefly complete columns 2 - 6
4. Ask “What do you want to talk about today?”

If this is not your first session, you may have already pre-planned the topic for this session, but check first that no “burning issue” has come up which needs to take precedence. If so, briefly complete a Supervision Plan for that topic

Then:

1. Basic Exploration
2. New Understanding
3. Skills Development and/or Problem-solving
4. Action Planning
5. Finish on time.

Remember, good re-capping and summarising hold up a mirror to the practitioner so that they can get a different perspective on their practice.

Finally:

An essential part of high quality supervision is the feedback given to the supervisor about their supervision behaviours by;

1. the supervisor themselves
2. the practitioner
3. if triadic, the consultant

This feedback should take the form:

- What I liked about (the supervisor’s) approach was....
- What I disliked about (the supervisor’s) approach was....
- My suggestion for improving (the supervisor’s) approach is....

When the practitioner (and, if triadic, the consultant) gives feedback, it is important that the supervisor receives this and thanks them **without comment**.

Identification Check

Sometimes a particular individual, for example a client, the supervisor, or the practitioner, will stimulate in you intense feelings which can be either positive or negative.

Possible reasons for these intense feelings include:

- They remind you of aspects of yourself you would rather forget
- They unconsciously remind you of other people in your life. It may be that you find yourself therefore relating to client/patient/supervisor/practitioner, in an unhelpful or inappropriate manner.

To build on this last point, let's assume that you are the supervisor and the practitioner is having some difficulty relating to you. The following identification exercise might help.

Briefly explain the exercise, then ask:

"Who do I remind you of?"

This is said over and over in a gently persistent way - even when the subject cannot initially think of anyone - invariably they will eventually have a "eureka" experience and a figure pops into their mind. This may be a very powerful trigger: "Oh wow, I've got it, you're just like my sister - I could never get on with her etc. etc.". If not, it is important that the subject scans for more than one person you remind them of before moving on to:

"In what way am I similar to (your sister)?"

Keep prompting until the subject has voiced a mix of physical characteristics, personality, habits, mannerisms etc. The next stage is:

"What would you like to say to (your sister)?"

This is the classic "unfinished business" question. After this has been explored the final question is:

"How am I different from (your sister)?"

This rounds it off by overtly and pointedly demonstrating that you and (her sister) are NOT one and the same person.

Use of this technique can often help to "clear" the supervisor/practitioner or practitioner/client relationship.

Useful Skills Development Models

When working on Skills Development, it is important to remember that adults learn better:

- In an informal non-threatening environment.
- When they want or need to learn something.
- When their individual learning needs and learning styles are catered for.
- When their knowledge/experience are valued and used.
- Where they have some control over the learning content and activities.
- Through active mental and physical participation in the learning activities.
- When sufficient time is provided for the assimilation of new information, practice of new skills or development of new attitudes.
- When they have opportunities successfully to practice or apply what they have learnt.
- When focus is on relevant /realistic problems
- When there is guidance and some measure of performance, so that learners have a sense of progress towards their goals.

Sheal, P. R. (1989) How to Develop and Present Staff Training Courses. Kogan Page, London.

The following skills might be explained, modelled and/or rehearsed in supervision:

Coping with Criticism

- Listen carefully to the criticism rather than rejecting it out of hand. If it is too broad, ask for more information.
- Ask yourself:
 - did the criticism include a put down?
 - apart from any put down, was the criticism valid or invalid?
- Deal with a put down by:
 - challenging the use of put-downs
 - asserting yourself by refuting it
- Deal with valid criticism by:
 - agreeing (“Yes but...” only escalates)
 - apologising if you mean it
 - sharing any feelings you have
 - thanking them if appropriate
- Deal with invalid criticism by:
 - Disagreeing
 - stating your view positively
- Ensure your body language is assertive rather than apologetic, aggressive or defensive.

Disagreeing & Stating Your Views

- State disagreement clearly
- Express doubts in a constructive way
- Use “I” statements to distinguish your opinion from fact
- Change your opinion in the light of new information

- Give reasons for your disagreement if you think it will lead to more progress
- State what parts you agree and disagree with
- Recognise other people's points of view

Resolving Conflict

- Identify needs by seeking and giving:
 - Information
 - Clarification
 and by checking your Understanding
- Check for and accept the conflict of needs:
- State your acceptance: "I recognise that you need to...."
- Gain his/her acceptance: "So, do you accept that I need to....."
- Work towards solutions by:
 - Seeking suggestions
 - Making suggestions
 - Reacting to suggestions
 - Developing other's suggestions
 - Seeking reactions (to your ideas)
- Summarise progress

Challenging Performance/Behaviour: giving constructive criticism

- Choose the right time and place and be sure of your facts
- Introduce the topic and why you want to raise it
- Proceed with the following steps:
 - 1. Push**
 - State the specific behaviour you are challenging
 - Describe the effect of the behaviour on the situation and/or on your feelings- use "I"
 - PIVOT: Request a specific change and/or seek their proposals for bringing about the desired change
 - 2. Pull**
 - Listen carefully to their reply. Recap, reflect back their feelings
 - 3. Push**
 - Persist with pivot (or shift pivot/negotiate, if appropriate)
 - Summarise suggestions to be actioned
 - Review: agree on the how and when

If your expectations were not clear in the first place, make them clear now!

Problem Solving

There are many approaches to problem solving. The example offered here is merely a suggestion.

Step 1

- Let the practitioner hold the pen and paper
- Ask them to write a “How to ... “ statement

Step 2:

(Brainstorm)

- 10 minute brainstorm - practitioner gets down own ideas first using action verbs (supervisor and consultants withhold their ideas for the time being)
- Allow up to 2 minutes silence without prompting
- All ideas are recorded
- No criticism during brainstorm

Step 3

- Supervisor offers ideas not noticed by the practitioner (should contain action verbs);
- These are recorded on the same sheet ready for processing
- At this point, if the practitioner is familiar with the technique, supervisor then has the option of bowing out until Step 10

Step 4

(Springboard)

- Practitioner speculates aloud about the advantages of the first idea on the sheet. It is an essential and creative challenge to find advantages to seemingly “bad” ideas. These speculations are *not* written down;
- Practitioner speculates aloud about disadvantages of the first idea on the sheet. It is an essential and creative challenge to find disadvantages to seemingly “good” ideas;
- Practitioner addresses the disadvantages in order to improve the idea: “change the idea in such a way that the disadvantage you have just identified is either reduced or eliminated”;
- The new improved idea is written next to the old idea.

Step 5

- Practitioner moves on to next idea on the sheet and repeats the process to the end. Ideally, all ideas will be processed” as described in Step 4. However, if a lot of ideas have been generated and time is constrained, it may be more realistic ask the practitioner to select those ideas to which he is instinctively most drawn. The practitioner may choose to “springboard” the remaining ideas outwith the supervision session.

Step 6

- Practitioner selects the best solution or combination of solutions and writes this down at the top of a new sheet ready for the Force Field Analysis

Action Planning

Step 1

- Practitioner divides the sheet into two columns headed “Forces that will help the solution” and “Forces that will hinder the solution”
- Practitioner generates ideas about what these forces are and enters them in the relevant column

Step 2

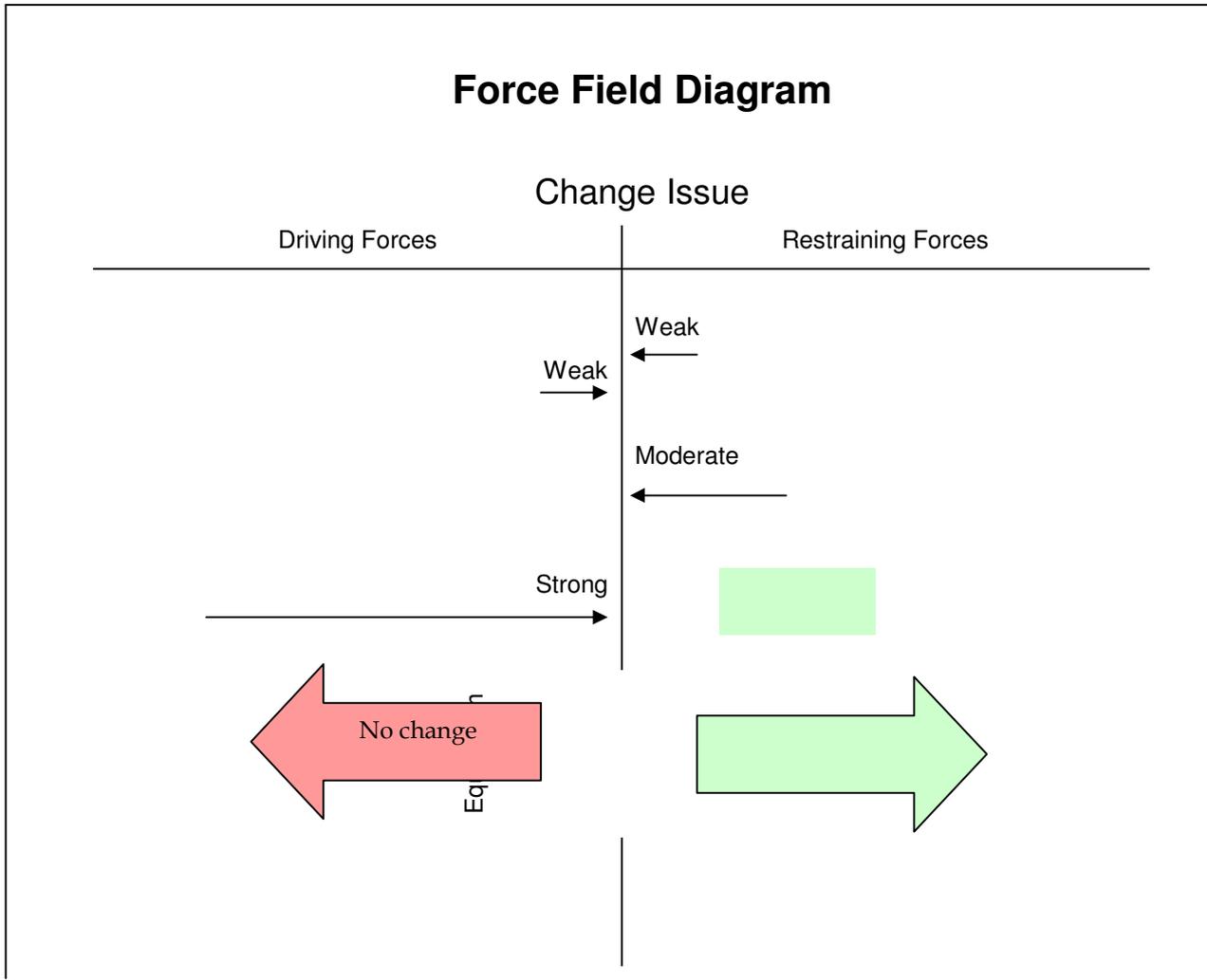
- Practitioner develops strategies for increasing helping forces
- Practitioner develops strategies for decreasing hindering forces

Step 3

- Practitioner, supported by the supervisor, sets Actions: What - By When (SMART)
- Plan review

After the session, the practitioner implements the actions. The supervisor can then review these actions with the practitioner at a subsequent session.

Force Field Analysis (Kurt Lewin, 1890-1947)



Kurt Lewin was an American social psychologist who, having contributed to science group dynamics and action research, is regarded one of the founders of modern psychology. But Lewin is perhaps best-known for developing Force Field Analysis, using Force Field Diagrams.

According to Kurt Lewin, "An issue is held in balance by the interaction of two opposing sets of forces - those seeking to promote change (driving forces) and those attempting to maintain the status quo (restraining forces)". Lewin viewed organizations as systems in which the present situation was not a static pattern, but a dynamic balance ("equilibrium") of forces working in opposite directions. In order for any change to occur, the driving forces must exceed the restraining forces, thus shifting the equilibrium.

The Force Field Diagram is a model built on this idea that forces - persons, habits, customs, attitudes - both drive and restrain change. It can be used at any level (personal, project, organizational, network) to visualize the forces that may work in

favour and against change initiatives. The diagram helps its user picture the "tug-of-war" between forces around a given issue.

Usually, there is a planned change issue described at the top, and two columns below. Driving forces are listed in the left column, and restraining forces in the right column. Arrows are drawn towards the middle. Longer arrows indicate stronger forces. The idea is to understand and make explicit all the forces acting on a given issue.

The Force Field Analysis is a method to:

- investigate the balance of power involved in an issue
- identify the most important players (stakeholders) and target groups for a campaign on the issue
- identify opponents and allies
- identify how to influence each target group

How to conduct a Force Field Analysis? Typically the following steps are taken:

1. Describe the current situation
2. Describe the desired situation
3. Identify where the current situation will go if no action is taken
4. List all the forces driving change toward the desired situation
5. List all the forces resisting change toward the desired situation
6. Discuss and interrogate all of the forces: are they valid? can they be changed? which are the critical ones?
7. Allocate a score to each of the forces using a numerical scale (e.g. 1 = extremely weak and 10 = extremely strong)
8. Chart the forces by listing (to strength scale) the driving forces on the left and restraining forces on the right.
9. Determine whether change is viable and progress can occur
10. Discuss how the change can be affected by decreasing the strength of the restraining forces or by increasing the strength of driving forces.
11. Keep in mind that increasing the driving forces or decreasing the restraining forces may increase or decrease other forces or even create new ones.

CLINICAL SUPERVISION AGREEMENT

Clinical Supervisor: _____ Supervisee: _____

We have both read and agree to our rights and responsibilities as stated in Appendix 2 of the Mental Health Partnership Policy & Framework for Clinical Supervision.

The choice of Clinical Supervisor has been mutually agreed: Yes No

We will meet for Clinical Supervision (*describe frequency and duration of meetings*):

We will keep a record of attendance at these meetings and the required minimum documentation for audit purposes i.e. this document and a Clinical Supervision Sessions Attendance Record **Appendix 5**. We will maintain confidentiality as outlined in the Clinical Supervision Policy & Framework and will comply with audit requirements.

We have also agreed the following additional points / ground rules (*optional*):

This is an agreement for:

1:1 supervision group supervision other _____

This agreement will be reviewed before (*date*): _____

Signed:

Supervisee _____ **Date** _____

Clinical Supervisor _____ **Date** _____

Supervisee's Manager _____ **Date** _____

Clinical Supervision Plan

Supervision Topic	Intended Outcome <i>(for supervision session)</i>	Procedure/Methods to be used in session to achieve intended outcome	Preparation Required <i>(if any)</i> (1) by supervisor (2) by supervisee	Indicator of Success [Type of measure(s) to be used]	Target Measure

GUIDANCE ON NEGOTIATING A CLINICAL SUPERVISION PLAN

1. Identifying topics

To help identify topics, you might find it helpful to consider the following prior to meeting with your supervisor:

- Your current clinical caseload
- Your current role and responsibilities
- Current issues in your workplace – clinical, legal, ethical, organisational
- Anticipated changes in your role/responsibilities
- Likely service developments
- Quality/cost/cycle time initiatives
- Your career development
- Guidance/feedback from your manager, mentor or others
- Your performance objectives and Personal Development Plan
- Recent or upcoming Performance Review
- Interaction with colleagues/internal customers/partner organisations
- Interaction with patients/clients/public
- How you support others in their learning & development
- Current stressors at work and how you cope with them
- Skills/knowledge/competency development needs relating to any of the above

2. Planning sessions

At the first supervision session, discuss your potential topics with your supervisor, working together to identify and prioritise the top five or six, which should be then listed in column 1 of the Plan. Negotiate when these topics will be explored – usually, one or two per session - with a proviso that if some unforeseen, urgent issue comes up in the interim, planned topics will be deferred to a later session.

Through discussion/negotiation with your supervisor, complete the remaining columns as follows:

- Column 2 “Intended Outcome” is what you can realistically achieve in the time available in the supervision session – e.g. “draft an action plan”, or “explore options”
- Column 3 “Procedure/Method(s)” define what activities will be undertaken during the supervision session to help achieve the Intended Outcomes – e.g. brainstorming, observation, discussion, rehearsal, option appraisal.
- Column 4 “Preparation Required” defines what both you and your supervisor need to do before the supervision session so that you are ready to work – e.g. gathering information, bringing documents along to the session, reading, etc.
- Column 5 “Type of Measure” is the means by which you will measure success – this may be “hard”, e.g. numbers of cases reviewed, Action plan drafted Yes/No, or “soft”, e.g. satisfaction rating scale.
- Column 6 “Target Measure” is the minimum achievement which you would rate as a success, e.g. 80% of cases reviewed, or >7 satisfaction rating.

Once the planned topics have been addressed, repeat the process.

Supervision Session Summary

Date of today's session _____

Name of supervisor _____

Name of supervisee _____

Name of consultant _____

(if triadic model being used)

Brief notes on key points it would be useful to record

Were any non-essential interruptions avoided? Yes No

Please log any Decisions and Actions

Signature of supervisee _____ Date _____

Signature of supervisor _____ Date _____

GUIDANCE ON COMPLETING THE SESSION SUMMARY

General guidance

1. Before commencing your session, ensure that you are well prepared and have the Supervision Plan and any other relevant documentation with you.
2. Spend a few minutes reflecting on whether or not the issue(s) you identified in your Supervision Plan are the ones you will work on today, or they should be delayed because another issue has arisen that needs to be dealt with urgently.
3. Keep the Supervision Plan to hand whilst giving/receiving supervision.
4. Use initials rather than a patient/service user or colleague's full name.
5. Care planning, etc. should **not** be detailed in the Session Summary – these belong only in the patient/service user's individual care plan or case notes.
6. Notes in the Session Summary on relevant details from the Supervision Plan will allow this form to 'stand alone', without reference back to the Supervision Plan.

Specific guidance

1. *"Brief notes on key points it would be useful to record"*:-

Limit these notes to brief, factual bullet points, focusing on learning. Avoid overly detailed process notes, or reference to the supervisee's emotional reaction to distressing situations.

2. *"Please log any Decisions and Actions"*:-

In this section, you may find it useful to use the format shown below.

Issue	Action	By Whom	By When

References

- Bernard, J. M. & Goodyear, R. K. (1992) *Fundamentals of Clinical Supervision*. Needham Heights: Allyn and Bacon.
- Blanchard, K., Zigarmi, P. and Zigarmi, D. (1988) *Leadership and the One Minute Manager*. Fontana/Collins, Glasgow.
- Butterworth, T., Carson, J., White, E., et al (1997) *It is good to talk*. Manchester: School of Nursing, Midwifery and Health Visiting, University of Manchester.
- Cherniss, C. (1980) *Burnout in Human Service Organisations*. Praeger, New York.
- Dryden, W. and Thorne, B. (1991) *Training and Supervision for Counselling in Action*. Sage Publications, London.
- Egan, G. (1986) *The Skilled Helper*. Pacific Grove, California, Brooks/Cole Publishing Company.
- Ellis, M. V. (1992) Research in Clinical Supervision: Revitalizing a Scientific Agenda. *Counselor Education and Supervision*, 30, 238-251.
- Hart, G.M. (1982) *The Process of Clinical Supervision*. University Park Press, Baltimore.
- Hawkins, P. and Shohet, R. (1988) *Supervision in the Helping Professions*. Milton Keynes, Open University Press.
- Hill, J. (1989) Supervision in the caring professions: a literature review. *CPN Journal*, October, 9-15.
- Holloway, E. & Neufeldt, S. (1995) Supervision: its contributions to treatment efficacy. *J Consult Clin Psychol*, 63 (2), 207-13.
- Holloway, E. (1995) *Clinical Supervision. A Systems Approach*. London: Sage.
- Houston, G. (1990) *Supervision and Counselling*. London, Published by Gaie Houston through the Rochester Foundation, 8 Rochester Terrace, London, NW1 9JN.
- Kadushin, A. (1968) Games people play in supervision. *Social Work* 13(3).
- Kingston, P. and Smith, D. (1983) Preparation for live consultation and live supervision when working without a one way screen. *Journal of Family Therapy*, 5:219-233
- Marken, M. and Payne, M. (Eds) *Enabling and Ensuring: Supervision in Practice*. ISBN: 086155 1087 PUBL: National Youth Bureau.
- Neufeldt, S., Iversen, N. & Juntunen, C. (1995) *Supervision Strategies in the First Practicum*. Alexandria, VA: American Counseling Association.
- O'Hanlon, B. and Wilk, D. (1987) *Shifting Contexts. The Generation of Effective Psychotherapy*. Guilford Press, London.
- Peters, T. (1987) *Thriving on Chaos. Handbook for a Management Revolution*. Pan Books, London
- Pettes, D.E. (1979) *Staff and Student Supervision*. National Institute Social Services Library. No 34. George Allen and Unwin, London.
- Severinsson, E. & Hallberg, I. (1996a) Clinical supervisors' views of their leadership role in the clinical supervision process within nursing care. *J Adv Nurs*, 24 (1), 151-161.
- Severinsson, E. & Hallberg, I. (1996b) Systematic clinical supervision, working milieu and influence over duties: the psychiatric nurse's viewpoint--a pilot study. *Int J Nurs Stud*, 33 (4), 394-406.
- Sheal, P.R. (1989) *How to Develop and Present Staff Training Courses*. Kogan Page, London.
- Smith, D. and Kingston, P. (1980) Live supervision without a one way screen. *Journal of Family Therapy*, 2:379-387.
- Westheimer, I.J. (1977) *The Practice of Supervision in Social Work. A Guide for Staff Supervisors*. Ward Lock Educational, London.

Audiotapes

Two audiotapes by Francesca Inskipp and Brigid Proctor, available from: Brigid Proctor, 4 Ducks Walk, Twickenham, Middlesex (081-891-4788).

Videotape

A video by Brigid Proctor and David Willow called *Supervision: A Working Alliance*.

Appendices

Games People Play

Below are a few of the games to look out for in the supervisor or practitioner relationship and the dynamics associated with them. This has been adapted from Kadushin's celebrated article on the subject.

Two Against The Organisation or Seducing for Subversion.

How to Play:

The practitioner points out that meeting client's needs is the most important of his/her activities and that time spent in recording, filling out forms, and writing reports tends to rob time from more direct work with the client, and further that it does not make any difference when he comes to work or goes home so long as no client or client suffers as a consequence. Would it not therefore be possible to permit him, a highly intuitive and gifted worker, to allocate his time to maximum client/patient advantage and should not the supervisor then, be less concerned about the necessity of his/her filling out forms, following organisational policies and procedures, getting expense claims in on time, etc.?

Ways in which the supervisor is vulnerable:

1. s/he identifies with the practitioner's concern for meeting client needs.
2. s/he too has frequently resented bureaucratic demands and so is, initially, sympathetic to the practitioner's complaints.
3. s/he is hesitant to assert authority in demanding firmly that these requirements be met.

Be Nice to Me Because I am Nice to You.

How to Play:

The principal ploy is seduction by flattery. The practitioner is full of promise: 'You're the best supervisor I ever had'. 'You're so perceptive, that after I've talked to you, I almost know what the client/patient/my colleague will say next'. 'You're so consistently helpful'. 'I look forward in the future to being as good a manager/employee/ supervisor as you are' and so on. It is a game of emotional blackmail in which, having been paid in this kind of coin, the

supervisor becomes incapable of firmly holding the worker to legitimate demands.

Ways in which Supervisor is vulnerable:

1. it is gratifying to be regarded as all-wise; there is satisfaction in being perceived as helpful and in being selected as a role-model.
2. to have the practitioner say explicitly, openly and directly: 'I have learned a lot from you' is the kind of reassurance needed and often subtly solicited by the supervisor.

Evaluation is Not For Friends

How to Play:

Here, the supervisor - practitioner relationship is redefined as a social relationship. The practitioner makes an effort to take coffee breaks with the supervisor, invite him to lunch, walk to and from the bus or car park with him/her, and discuss some common interest during supervision. The social component tends to vitiate the professional component in the relationship.

Why the supervisor is vulnerable:

It requires increased determination and resolution on the part of any supervisor to hold the 'friend' to any level of performance.

Maximum Feasible Democratic Participation

How to Play:

This involves a shift in roles from supervisor - practitioner to peer-peer. The practitioner suggests that the relationship will be most effective if it is established on the basis of democratic participation. Since s/he knows best what s/he needs and wants to learn, s/he should be granted the responsibility for determining the agendas of their meetings. However joint control of agenda can easily become practitioner control with consequent mitigation of expectations.

Why the supervisor is vulnerable:

To decline the game is to suggest that one is old-fashioned, undemocratic and against the rights of those on lower levels in the administrative hierarchy - not an enviable picture to project of oneself.

If you Knew Kostobyevsky Like I Know Dostoyevsky

How to Play:

During the course of a supervision session, a practitioner makes a casual allusion to the fact that she herself takes the systems/cybernetics view of how organisations function and that other epistemologies are frankly merely examples of reductionist nihilism. Furthermore, the issues are not well covered in Humberto Maturana's classic text on the issue.

An effective ploy used to score additional points, involves addressing the rhetorical question: 'You remember, don't you?' or 'as you well know of course' to the supervisor. It is equally clear to both the practitioner and the supervisor that the latter does not remember - if indeed he ever knew what he cannot remember now. At this point, the practitioner proceeds to instruct the supervisor. The rules of teacher-learner are reversed; power disparity and practitioner anxiety are simultaneously reduced.

Why the supervisor is vulnerable:

1. refusal to play requires an open confession of ignorance on his or her part. The practitioner in playing the game well, co-operates in a conspiracy with the supervisor not to expose his/her ignorance openly. The discussion proceeds under the protection of the mutually accepted fiction that both knew what they were talking about.
2. The effect on the supervisor: a feeling of depression and general malaise at having been found ignorant when his position requires that he knew more than the practitioner.

What Do YOU Know About It?

How to Play:

1. The practitioner with a long record of experience makes reference to "those of us on the front lines who have struggled with the real issues out there." This produces humility in the supervisor who has to try hard to remember when s/he last carried out the kind of work being discussed.
2. The older practitioner will talk about 'life' from the vantage point of incipient senility to the supervisor fresh out of graduate school.

Why the supervisor is vulnerable:

All supervisors must struggle with the fact that they cannot know it all and are always learning themselves. In the way is "but I ought to have done everything my charges do if I am to be fit to be a supervisor". For the practitioner, when the roles are reversed in this way, the payoff lies in the fact that the supervisor is a less threatening figure to the practitioner.

I have a Little List

How to Play:

The practitioner comes in with a series of questions about his work that he would very much like to discuss. The better practitioner formulates the questions so that they have relevance to those problems in which the supervisor has the greatest professional interest and about which he has done considerable reading. The practitioner is under no obligation to listen to the answer to his question.

Question 1, having been asked, the supervisor is off on a short lecture, during which time the practitioner is free mentally to plan the next weekend or review the last weekend, taking care merely to listen for signs that the supervisor is running down. When this happens, the practitioner introduces Question 2 with an appropriate transitional comment and the cycle is repeated.

As the practitioner increases the supervisor's level of participation he is by the same token, decreasing his own level of participation since only one person can be talking at once. Thus, the practitioner controls both content and direction of conference interaction.

Why the Supervisor is vulnerable:

1. there is narcissistic gratification in displaying one's knowledge;
2. ditto in meeting dependency needs of those who appeal to one for answers to their questions;
3. because the practitioner's questions should be accepted, respected, and, if possible, answered.

Heading Them Off At The Pass

How to Play:

Here, the practitioner knows that his poor work is likely to be analysed critically. He therefore opens the session by freely admitting mistakes - he knows it was an inadequate interview or a poorly conceived report, that he should, by now, have learned to do better. There is no failing on the supervisor's agenda for discussion to which he does not freely confess in advance, flagellating himself to excess. The supervisor, faced with overwhelming self-derogation, has little option but to reassure the practitioner sympathetically. The tactic not only makes difficult an extended discussion of mistakes in the work at the supervisor's initiative, it elicits praise by the supervisor for whatever strengths the practitioner has manifested, however limited.

Why the Supervisor is vulnerable:

The supervisor, once again, acts out of concern for the troubled practitioner, out of his predisposition to comfort the discomfited, out of pleasure in acting the good, forgiving parent.

Little Old Me or Project a Trois

How to Play:

The practitioner, in his ignorance and incompetence, looks to the knowledgeable, competent supervisor for a detailed prescription for how to proceed: 'What would you do next?' 'Then what would you say?'. The practitioner unloads responsibility for the project onto the supervisor and the supervisor shares the project with the worker.

Why the supervisor is vulnerable:

1. The supervisor plays the game because, in reality he, does share responsibility for the project's management with the practitioner and has responsibility.
2. The supervisor often is interested in the gratification of carrying a project, however vicariously, so that he is somewhat predisposed to take the project out of the hands of the practitioner. This is aided by the thought that with 25 years more experience than the practitioner, s/he is likely to make a far better job of it.

There is, further, the pleasure derived from acting the capable parent to the dependent child, and from the domination of others.

I Did Like You Told Me

How to Play:

Here, the practitioner manoeuvres the supervisor into offering specific prescriptions on a project's management and then applies the prescriptions in spiteful obedience and undisguised mimicry. The practitioner acts as though the supervisor were responsible for all aspects of the project, he himself merely being the executor of supervisor directives. Invariably and inevitably, whatever has been suggested by the supervisor fails to accomplish what it was supposed to accomplish. 'I Did Like You Told Me' is designed to make even a strong supervisor defensive.

All So Confusing

How to Play:

This game attempts to reduce the authority of the supervisor by appeals to other authorities - a former supervisor, or another supervisor in the same organisation, with whom the practitioner just happened to discuss the case. The practitioner casually indicates that in similar situations his former supervisor tended to take such and such an approach, one that is at variance with the approach the current supervisor regards as desirable. And 'Its All So Confusing' when different authorities suggest such different approaches to the same situation.

Why the Supervisor is vulnerable:

The supervisor is faced with 'defending' his approach against some unnamed, unknown competitor. This is difficult, especially when few situations permit an unequivocal answer in which the supervisor can have categorical confidence. Since the supervisor was somewhat shaky in his approach in the first place, he feels vulnerable against alternative suggestions from other authorities.

What You Don't Know Won't Hurt Me

How to Play:

The supervisor knows much of the work of the practitioner only indirectly. The practitioner can elect to share in a manner that is thin, inconsequential, without depth of affect. He can share selectively and can distort, consciously or unconsciously, in order to present a more favourable picture of his work. The practitioner can be passive and reticent or overwhelm the supervisor with endless trivia.

In whatever manner it is done, the practitioner increases the distance between the work he actually does and the supervisor who is responsible for critically analysing with him the work done.

Why the supervisor is vulnerable:

It is hard work getting a good account from someone who is reluctant especially if the supervisor has started to dislike them.

Two for the Supervisor!

One Good Question Deserves Another

How to Play:

When a practitioner asks a question, the best thing to do is immediately ask for what she thinks. While the practitioner is figuring out the answer to her own question (this is known as Growth and Development), the supervisor quickly tries to figure it out also. S/he may arrive at the answer at the same time as the practitioner, but the practitioner somehow assumes that she knows it all along. This is very comfortable for the supervisor. In the event that neither the practitioner nor the supervisor succeeds in coming up with a useful thought on the question the practitioner has raised, the supervisor can look wise and suggest that they think about it and discuss it next time. This gives the supervisor plenty of time to look up the subject and leaves the practitioner with the feeling that the supervisor is giving great weight to her question. In the event that the supervisor does not want to go to all the trouble, she can just tell the practitioner that she does not know the answer (this is known as helping the practitioner accept the limitations of the supervision) and tell her to look it up herself.....

I Wonder Why You Really Said That?

How to Play:

This is the game of redefining honest disagreement so that it appears to be psychological resistance. Honest disagreement requires that the supervisor defend his point of view, present the research evidence in support of his contention, be sufficiently acquainted with the literature so he can cite the knowledge that argues for the correctness of what he is saying. If honest disagreement is re-defined as resistance, the burden is shifted to the practitioner. He has to examine his needs and motives that prompt him to question what the supervisor has said. The supervisor is thus relieved of the burden of validating what he has said and the onus for defence now rests with the practitioner.

Kadushin (1968)

Group / Team Supervision Agenda

1. Future scenario rehearsal
2. Planning a presentation: support & challenge
3. Development of individuals through the team
4. Skills training in the team
5. Housekeeping (group maintenance)
6. Conflict management
7. Problem solving analysis to solution
8. Inter-team issues
9. Creating a team that can plan, do, check & act

Summary

Supervision

- Support
- Standards Setting
- Skills Development
- Self Awareness

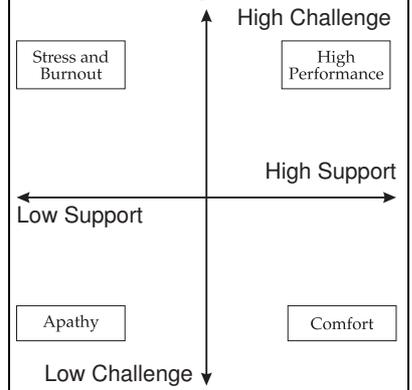
Challenge

- Inconsistencies
- Games
- Unhelpful beliefs
- Develop skills
- Widen perceptions
- Ethical practice
- Client care
- Service delivery
- Admin procedures
- Critical feedback
- Autonomous practice

Support

- Praise good practice
- Listen to the story
- Give time for reflection
- Safe environment
- Space to express feelings
- Empathy
- Guidance
- Humour
- Resource the work

Essentials of High Performance



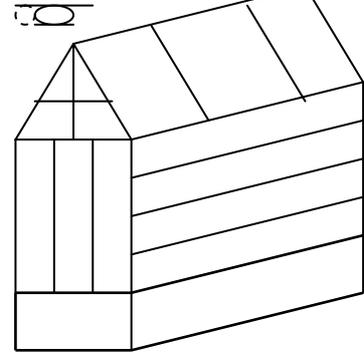
Stage 1: Exploration

- Recap: Content & Feelings & Summarise;
- Explore using open questions;
- Get a good account:
 - What, specifically?
 - Where, specifically?
 - How, specifically?
 - When, specifically?
 - Why, specifically?
- What have been the attempted solutions?

Stage 2: New Understanding

- Gently challenge
- Share hunches re: meanings and feelings
- Help make connections, spot themes
- Confront inconsistencies, games and unhelpful beliefs
- Look for parallel processes between the "here-and-now" and "there and then"
- Self-disclose feelings/experiences which might help practitioner
- Give information sparingly (least highly-valued supervision activity)

SuperVision



Stage 3: Skills Development

- Explaining
- Modelling
- Rehearsal
- Feedback - what I liked / disliked / suggest for improvement
- Monitor progress in putting the skill into practice

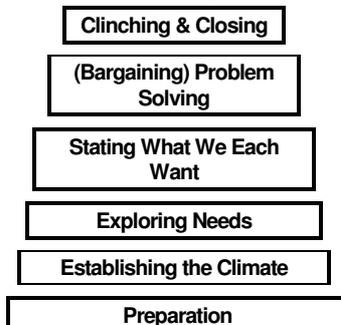
Stage 3: Problem-solving

- Define the problem
- Explore possible solutions (brainstorm)
- Explore Pros and Cons of each solution
 - Advantages
 - Disadvantages
 - Springboard
- Select the best solution or best combination

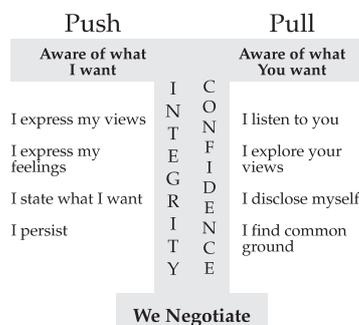
Stage 4: Action

- Identify possible blocks and ways of overcoming them (Force Field Analysis)
- Set goals
- Implement
- Evaluate

Stages in Negotiating a Supervision Agreement



A Model of Influence



Challenging Performance

- Choose right time & place. Be sure of your facts. Introduce topic and why you want to raise it.
- Make your specific criticism.
 - Describe the effect of the behaviour on the situation and/or on your feelings- use I.
 - PIVOT: Request specific change and/or seek proposals for bringing about desired change.
 - Listen carefully to their reply. Recap, reflect back their feelings.
 - Persist with pivot, shift pivot or negotiate.
 - Summarise suggestions to be actioned.
 - Review: agree on the how and when.
- If your expectations were not clear in the first place, abort and make them clear now!**

For Your Notes

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