Supervision guide

FOR MENTAL HEALTH AND ADDICTION
KAIWHAKAHAERE / MANAGERS

Te Pou
o Te Whakaaro Nui

Acknowledgements

[1] Te Pou o Te Whakaaro Nui here on in referred to as Te Pou

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Overview

Supervision is an important component of professional practice that helps to ensure ethical, quality service provision to service users[2] who access health services. Supervision is key to enabling the mental health and addiction[3] workforce to effectively translate new knowledge into practice. Moreover as the mix of mental health and addiction health care team members are re-shaped to deliver a model of care that better supports the service users' care pathway (Te Pou, 2015), effective and supportive supervision is vital to the success of any resulting changes in the roles and responsibilities of health care team members (World Health Organization, 2006).

There are many different types of supervision. However, this guidance focuses on the importance of clinical and professional supervision. It provides information for kaiwhakahaere/managers[4] to support them to establish, review and enhance supervision processes within an organisation or team. It can be used in large organisations like district health boards or small non-government organisations as well as Kaupapa Māori services. This document will enable managers to:

- describe the importance and benefits of clinical and professional supervision to their organisation
- understand and describe the types of supervision and forms of delivery most relevant to their organisation
- understand and implement the functions and components of supervision
- understand the impacts of different professional supervision requirements
- know how to set up and/or review a structured supervision approach by:
  » planning
  » designing and implementing
  » evaluating.

The supervision guide is a companion document to the suite of Te Pou supervision publications, which can be found at www.tepou.co.nz.

- The professional supervision guide for nursing leaders and managers
- The professional supervision guide for nursing supervisors
- The professional supervision guide for nursing supervisees
- Position paper: the role of supervision in the mental health and addiction support workforce
- National guideline for professional supervision of mental health and addiction nurses
- Professional supervision training: A pilot evaluation in Northland District Health Board

Recommended reading: *Aronui. Supervision guide for addiction practitioners, supervisors and managers* (*dapaanz*, 2014), an outcome of a collaborative project between *dapaanz*, Te Pou o Te Whakaaro Nui and Matua Raki (available from www.dapaanz.org.nz, www.tepou.co.nz and www.matuaraki.org.nz).

> *Supervision is one of the most effective instruments available to improve the competence of individual health workers …and is a key workforce strategy to enhance worker performance (World Health Organization,2006, p.xxii; Te Pou, 2015).*

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[2] The terms service user, tangata whai ora and whānau are used interchangeably to describe those people, and their whānau who use mental health and addiction services.

[3] Addiction is a generic term used to denote alcohol and other drug and problem gambling.

[4] The terms kaiwhakahaere and manager are used interchangeably to describe people who manage mental health and addiction services.

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Purpose of this guide

In the mental health and addiction sector it is an expectation that those working in this setting receive some form of supervision. The knowledge and skills of the mental health and addiction workforce are underpinned by *Let's get real* (Ministry of Health, 2008, p. 30) which reiterates the need "to understand and engage in supervision".

When services are made up of multi-disciplinary teams with a variety of professionals who provide a range of support to service users/tāngata whai ora, the supervisory requirements of the team may be confusing. Teams that comprise counsellors, social workers, nurses, psychiatrists, psychologists, occupational therapists, support and peer support workers (among others) may all have different supervision requirements. These professionals may also work in a variety of roles within the organisation, for example: addiction practitioner, kaiwhiriwhiri, mental health case manager, kaiāwhina, kaimahi or support or peer support worker. There may also be students who are temporarily part of a team who may have specific supervision requirements.

Professional supervision may also differ from clinical supervision where practitioners from various professions may have particular requirements for their clinical practice or role, such as for psychological or talking therapies for example. Supervision would be undertaken for a specific model and type of therapy practice, such as motivational interviewing, cognitive behavioural therapy or dialectical behaviour therapy. The level and type of supervision required would be determined by the level and type of therapy practice. Refer to the Te Pou Talking therapies webpage for further information on talking therapies (http://www.tepou.co.nz/letsgetalking).

This guide aims to make sense of this and provides some general guidelines to ensure organisations and the community they serve have the benefit of effective supervision. It provides information about how to set up, review and evaluate a structured supervision process, and overviews the different requirements of the different professions that may be part of a team. The guide brings recommendations, guidelines and templates together in one place to make sense of the diverse types of supervision and professional requirements.

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Understanding supervision

The term supervision is often used to refer to a number of activities, and there are a range of definitions, types, forms and models of supervision. The different professions in a service or team are also likely to have different supervision requirements and expectations. There may also be a number of competency and or knowledge and skills frameworks that a team or organisation work within that also specify the need for supervision. Kaiwhakahaere/managers might also want to ensure team members have access to supervision that support specific professional development needs including working cross culturally. The reality will be that:

> *There is no "one size fits all" which will suit all workers, disciplines, roles, managers and leaders and services … supervision types will have to be tailored to fit the organisation* **(Te Pou, 2013, p.6.).**

To understand more about some of the different activities that may be called *supervision* please see Figure 1 (adapted from Te Pou, 2013). Activities like coaching, preceptorship, mentoring, performance appraisal and clinical case/load review, while useful and important professional development and/or clinical activities are not supervision. Awareness of the differences between all of the activities represented in Figure 1 will be helpful when setting up or reviewing how supervision is provided in an organisation.

Management and or line management supervision may be organisational and have legal requirements (The Employment Relations Act, 2000; Health and Safety in Employment Act, 1992) but are not *supervision* as defined for the purposes of this guide. These activities will be further explored later.

All clinical practice in Aotearoa New Zealand[5] sits within the context of the Treaty of Waitangi (particularly articles II and III). Therefore, all supervision models should reflect the principles of the Te Tiriti o Waitangi. Supervision that specifically encompasses reflection on practice related to working with ethnicity, gender, sexual identity, disability and age (among other diverse cultures) can, and should be, a part of all types of professional and clinical supervision. But special consideration should be given to supervision and Māori. Kaiwhakahaere/managers will need to ensure any supervision programme reflects the requirements of effective practice in relation to Māori and recognise that successful implementation of bicultural practice and competency development will need organisational support and commitment (*dapaanz*, 2014, p.13).

The term 'cultural supervision' is understood in different ways, but is most often associated with working with Māori and Pasifika. It is a formal supervision relationship that has as its purpose the enhancement of awareness, knowledge and skills for working with and within the cultural context of the tangata whai ora. Cultural supervision is a type of supervision in its own right. However, it can also be part of professional and clinical supervision (*dapaanz*, 2014, p.24). Cultural supervision may be provided in addition to clinical or professional supervision if this is required to support practitioners to improve their knowledge of cultural values, manage complex cultural issues and to ensure safe practice and culturally appropriate behaviour. Managers need to consider cultural supervision of team members in relation to the service users/tāngata whai ora they work with and in the context of clinical or professional supervision as outlined in this guide.

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[5] The use of 'Aotearoa New Zealand' in preference to 'New Zealand' is in recognition of the bicultural relationship inherent in the Treaty of Waitangi.

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Management or line management supervision

This type of supervision may be a requirement of management roles and organisations. This type of supervision refers to a:

Hierarchical reporting process which is concerned with the evaluation and appraisal of all aspects of the supervisee's performance. Managers determine the relationship, set the agenda and monitor the staff member's performance to meet goals (Roche, Todd & O'Connor et al., 2007; Te Pou, 2011 in Te Pou, 2013, p.7).

This type of supervision is not an adequate replacement for clinical or professional supervision. Where possible, clinical or professional supervision should be given by someone who is not the supervisee's manager to avoid conflicts of interest and allow for a completely open reflective process for the supervisee – without concern about judgement or reprimand from management.

For some organisations limited resources will mean that management or line management may be used as clinical or professional supervision. While this is not ideal, if this does occur there are a number of things that can be put in place to make sure this type of supervision is useful and enables the supervisee to reflect on their practice honestly and without fear of reprisal. These things include:

- a clear contract that states the reasons for the supervision which includes space and time to cover clinical and/or professional issues
- clear mechanisms for accountability of the manager/supervisor to the supervisee
- clear mechanisms for feedback about the need for external supervision if required
- a clear understanding of the need for an independent evaluation of practice if concerns are raised by the manager about the supervisee/staff member's practice.

While the other types of professional development activities identified in Figure 1 are important, they are not the focus of this guide. For more information about these different types of activities and support please refer to (Te Pou, 2011a, 2011b, 2011c, 2013).

Professional and clinical supervision

The terms professional and clinical supervision are often used interchangeably and definitions of both fail to clearly articulate a difference. This guide provides an explanation of the different uses of the terms and clarifies what may be different about these types of supervision. Both types of supervision must focus on:

- high quality and safe care and treatment of the service user
- accountable decision making in clinical practice
- facilitation of learning and professional development
- promotion of staff wellbeing.

(CETI, 2011 p.4)

This should be done with a focus on quality of care and assessment of the supervisee's knowledge, roles, attitudes, beliefs and skills (Roche et al., 2007).

One difference is that **professional supervision** is with a supervisor from the same profession as the supervisee, and therefore has a focus on development of the supervisee within their chosen profession; hence the use of the term professional.

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The term **clinical supervision** may refer to the type of supervision that can be offered across professions or disciplines (trans-professional) because it has a focus on clinical practice in a particular role or in a particular area (for example mental health and addiction) rather than within a profession.

Although professional and clinical supervision are used interchangeably, managers will need to recognise why one term might be more relevant or suited to some professional groups over others. Professional supervision is more focussed on development of the supervisee within their profession, while clinical supervision maybe more focused on the attitudes, skills and knowledge required to be a competent practitioner in a certain role.

Figure one shows that supervision is part of professional support and development activities.

Figure 1. Professional support and development activities

Supervision

Professional supervision

Focused on developing supervisee's skills, understanding, abilities and ethical requirements of practice in their **profession**.

Clinical supervision

Focused on developing the supervisee's **clinical role** and practice with a focus on quality control, assessment of the supervisee's knowledge, roles, attitudes, beliefs and skills.

Cultural supervision

Is 'a formal or informal relationship between members of the same culture with the purpose being to ensure that the supervisee is practising according to the values, protocols and practices of that particular culture'. *(Eruera, 2005)*

Management or line-management supervision

The process focused on monitoring and evaluating practitioner performance on issues such as attendance, time keeping, documentation, work allocation, productivity, workplace goals and issues. It occurs within the workplace, typically within a clear hierarchical relationship.

Supervision and HPCA Act

Supervision means the monitoring of, and reporting on, the performance of a health practitioner by a professional peer *(Health Practitioners Competence Assurance Act 2003:13)*

Other activities

Preceptorship

Educative – facilitates transition from student to newly qualified practitioners.

Coaching

Short-term, goal-directed relationship; teaches a specific skill or skills relevant to worker's role.

Mentoring

Voluntary and informal relationship between mentor and mentee provides guidance and support.

Clinical/caseload review

Involves each person in a multidisciplinary team. Focuses on challenges and goals of tangata whaiora.

Performance appraisal and professional development planning

Manager evaluates worker's job and sets goals for the following year.

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Professional supervision governance and requirements

Because health professionals in New Zealand come from a range of different backgrounds and professions, supervision requirements (if they have them) will differ. They will also differ depending on the amount of experience the practitioner has in their chosen profession. Many professional groups are regulated under the Health Practitioners Competency Assurance Act (2003) and others are regulated by professional bodies, registration boards or competencies. Table 1 shows the professional requirements of the different professions that may be in a team or organisation. Please check the website links for further information especially in relation to the requirements about who can supervise these professions. (Please note these are subject to change and we suggest checking these requirements at the time of planning a supervision process.)

Table 1: Supervision requirements by profession

Profession	Supervision requirements	Further information
Addiction practitioners (alcohol and other drug and gambling practitioners) registered with *dapaanz*	Registered addiction practitioners are required to engage in supervision as a practice competence and a practice skill (*dapaanz*, 2014). A minimum of 1-1 ½ hours of structured, uninterrupted supervision monthly. More frequent supervision should be considered for those early in their career, in a new role, managing complex practice issues or managing high caseloads (*dapaanz*, 2012).	www.dapaanz.org.nz
Counsellors affiliated to New Zealand Association of Counsellors Te Roopu Kaiwhiriwhiri o Aotearoa (NZAC)	The profession of counselling requires that all practising counsellors seek supervision. A counsellor seeing clients face-to-face for 20 or more hours a week is expected to average at least 1hrs supervision a fortnight. For counsellors working fewer hours, at least one hour's supervision every month is expected (NZAC, 2008).	www.nzac.org.nz
Counsellors affiliated to New Zealand Christian Counsellors Association (NZCCA)	The NZCCA recognises that supervision is a fundamental requirement for any counsellor in counselling practice; therefore ongoing supervision is a requirement for membership. A minimum of monthly supervision is required.	www.nzcca.org.nz
Medical practitioners registered with the Medical Council of New Zealand	Supervision is a requirement for registration for all new doctors registered in a provisional general, provisional vocational and special purpose scope of practice. This ensures that a doctor is competent and fit to practice medicine.	https://www.mcnz.org.nz/ https://www.mcnz.org.nz/maintain-registration/supervision/
Profession	Supervision requirements	Further information

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Profession	Supervision requirements	Further information
Nurses registered with the Nursing Council of New Zealand (NCNZ)	Enrolled nurses working under the direction of another registered health practitioner must have supervision provided by a registered nurse (NCNZ, 2012, p.17). This may include monthly face-to-face meetings, discussion of practice issues, discussion of professional development and learning needs, review of work content/ nursing activities, discussion of professional responsibilities and scope. Registered nurses are not required to have formal supervision. However, they are expected to reflect upon, and evaluate with peers and experienced nurses, the effectiveness of nursing care (NCNZ, 2007, p.21). The nurse practitioner scope includes an indicator stating "they participate in regular formal professional supervision" (NCNZ, 2008, p.8).	http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses http://www.nursingcouncil.org.nz/
Nurses who practice in accordance with The Standards of Practice for Mental Health Nursing in New Zealand as set by Te Ao Māramatanga New Zealand College of Mental Health Nurses	Engages in professional supervision and reflective practice (Te Ao Māramatanga New Zealand College of Mental Health Nurses (2012, p 10)	http://www.nzcmhn.org.nz/Publications/Standards-of-Practice-for-Mental-Health-Nursing
Registered nurses participating in the Mental Health and Addiction Credential in Primary Care programme	Registered nurses participating in the Mental Health and Addiction Credential in Primary Care programme are required to have practice development support "at least monthly and more frequently as needed by the nurse" (Te Ao Māramatanga, New Zealand College of Mental Health Nurses Inc.).	www.nzcmhn.org.nz/Credentialing/Supervision
Occupational therapists registered with the Occupational Therapy Board of New Zealand	The Occupational Therapy Board requires that all occupational therapists receive effective professional supervision relevant to their work setting. Frequency and mode of supervision vary according to individual circumstances and scope of practice.	www.otboard.org.nz
Service user, consumer and peer workforce	The competencies for the mental health and addiction service user, consumer and peer workforce (Te Pou, 2014a) cover the need for this workforce to have supervision, in particular "the peer workforce should seek support and/or supervision when challenges have the potential to impact on work and wellbeing" (Te Pou, 2014a, p.9).	www.tepou.co.nz
Profession	Supervision requirements	Further information

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Psychologists registered with the New Zealand Psychologists Board	The New Zealand Psychologists Board recommends that the frequency of supervision will be a minimum of two hours per month for psychologists who work full-time and one hour per month for part-time psychologists (6/10ths or less). The frequency of supervision may need to be increased in some situations, including (but not limited to): where the supervisee is: • a trainee or student psychologist • an inexperienced psychologist • undertaking a new area of work or learning a new skill • under-going a monitoring/remedial programme for a competence or conduct concern (New Zealand Psychologists Board, 2010, p.5).	www.psychologistsboard.org.nz/ www.psychology.org.nz
Psychotherapists registered with the Psychotherapists Board of Aotearoa New Zealand	Psychotherapists registered in the Psychotherapist Scope of Practice or Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism are expected to undertake clinical supervision of a frequency and duration commensurate with the psychotherapist's experience, caseload and intensity of clinical work. It is generally accepted that clinical supervision should occur at a minimum fortnightly (Psychotherapists Board of Aotearoa New Zealand, n.d., p.1-2).	www.pbanz.org.nz/
Social workers who are members of Aotearoa New Zealand Association of Social Work (ANZASW) and/or registered with the Social Work Registration Board (SWRB)	Supervision is a universally accepted practice standard in the social work profession, and considered by the SWRB to be an essential element ensuring competent social work practice (Social Work Registration Board, 2009, p.1). To meet the supervision standards of competency, all ANZASW members in practice are required to be engaged in core social work supervision for at least one hour per month. It is anticipated that most members will have additional requirements for supervision. In the first year of practise ANZASW members are required to have a minimum of one hour core social work supervision per week (ANZASW, 2012, p.3).	www.swrb.govt.nz http://anzasw.org.nz http://twswa.org.nz
Support workers	Support workers are not currently required to have formal supervision. However, they can and do benefit from supervision when it is offered (Te Pou, 2013a).	www.tepou.co.nz

Many teams may also have staff who are studying or students on placement. Supervision is important in assisting

students to embed and translate their theoretical learning into practice.

> *Good clinical supervision helped students to make good use of their learning and in particular to determine ways in which their study could be transferred into the workplace* **(Te Pou, 2013b, p.24).**

For information about the supervision requirements for postgraduate students completing undertaking mental health and addiction courses funded by the Skills Matter programme please refer to the Te Pou website, www.tepou.co.nz.

Benefits of supervision

Supervision, in particular professional or clinical supervision has many benefits such as:

- reduces sickness rates and enhances wellbeing and job satisfaction
- improves recruitment and retention of staff
- increases accountability and motivation
- improves practice (clinical skills and quality practice)
- enhances cultural responsiveness and accountability
- builds confidence
- provides a forum to discuss clinical issues
- helps improvement or attainment of complex clinical skills
- improves communication between workers
- reduces professional development and administration costs
- is significantly linked to perceptions of organisational support.

(Helen and Douglas House, 2010; Todd & O'Connor, 2005, p.2; Carpenter, Webb, Bostock & Coomber, 2012.)

These benefits usually outweigh concerns about cost and limited resources and, for most professions supervision is now mandatory or at least recognised as best practice.

Supervision supports organisational objectives

- competence
- objectives
- procedures
- workforce
- professional development
- policies
- safety
- standards
- quality
- health

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Functions of supervision

There have been a number of different approaches for understanding the function of supervision (Kadushin, 1976; Proctor, 1987; Driscoll, 2007) regardless of whatever form of supervision is being used. However, it is useful to understand that supervision has three main overlapping and flexible functions. Table 2 describes these functions.

Table 2: Functions of supervision

Function	Components
Educational (Formative) Educational and professional development of each worker in a manner that enhances their full potential	• Providing knowledge and skills • Developing self-awareness • Reflecting on practice • Integrating theory into practice • Facilitating professional reasoning • Moving a practitioner from a novice to enhanced
Supportive (Restorative) The maintenance of harmonious working relationships with a focus on morale and job satisfaction	• Dealing with job related stress • Sustaining worker morale • Developing a sense of professional self-worth • Developing and maintaining collegial relationships
Administrative (Normative) The promotion and maintenance of good standards of work, including ethical practice, accountability measures and adhering to policies of administration	• Clarification of roles and responsibilities • Workload management • Review and assessment of work • Addressing organisation and practice issues

(Adapted from CETI 2011, p.8; Te Pou, 2011c, p.7.)

All three of these functions should be a focus for supervision. Some may be covered in professional or clinical supervision (for example, educational and supportive) and some may be covered in line management (administrative), or they may all be covered in clinical or professional supervision. Where the administrative aspects of supervision are covered may depend on whether the supervision is internal or external to the organisation. It may be difficult for external supervisors to cover all of the administration requirements recommended here.

> *Good supervision and staff management are essential to support clinicians. Whilst they can be seen as separate processes they are in fact complementary and must coexist* (CETI, 2011, p.9).

Each organisation and indeed each team may cover these supervision tasks in different ways. However, for supervision to be effective they should all be covered in some way.

While there can be a fine line that may need to be walked within the supervisory relationship, the functions of supervision do not cover the supervisee's personal therapeutic needs. These needs may be identified in supervision but should be addressed elsewhere in personal counselling or via an employee assistance programme (EAP).

Fundamental expectations of supervision

A formal relationship	Agreed between the supervisee or a group of supervisees, supervisor and organisation (unless the practitioner is self-employed). The roles and responsibilities of all parties should be explicit and mutually agreed in a supervision contract.
Focused on ensuring and enhancing the quality of the interventions provided to those using services	This is a fundamental purpose of supervision.
Responsive to Māori	Both the supervisor and practitioner practice within the context of the Treaty of Waitangi.
Responsive to culture	This includes the cultures of the practitioner, the supervisee and the people they are providing services to.
Focused on the practice and the learning needs of the supervisee(s)	
Inclusive of the key elements in the supervision framework	Formative/educative, normative/administrative; restorative/supportive.
Based on agreed values	For example, respect, manaaki, honesty, openness, ngākau māhaki, compassion, support, willingness to challenge and be challenged – and other core cultural values as appropriate and agreed by the supervisee and supervisor.
Confidential	Confidentiality is defined and agreed between the supervisee and supervisor within a safe, ethical framework. The limits of confidentiality must be clearly defined to protect the interests of people using services, supervisees, supervisors and organisations.
Relevant to the supervisee's developmental level	This refers to the supervisee's experience and learning needs in their role and in the context of their overall career.
Regular, structured and protected	Supervision should occur regularly in work time.
Regularly reviewed	Regular review of the supervision relationship is best included in the supervision contract. A minimum formal review period is 12 months, however more frequent review is encouraged to ensure the supervision relationship remains effective.
Part of the organisational quality assurance and risk management framework	To be most effective supervision must be supported by the organisation. Links to other components of quality assurance and risk management, such as administrative/management supervision and performance appraisal, should be clearly outlined in organisational policy and procedure.

(dapaanz, 2014; Te Pou, 2011c)

Establishing and sustaining supervision

Kaiwhakahaere/managers are responsible for ensuring effective supervision is in place to support safe, effective and accountable practice in organisations. Where organisations have a process for providing supervision in place, there is no need to start from scratch. This section will include strategies and suggestions that may be useful to review, evaluate or reflect on already established processes and approaches. It is helpful to think about the stages for setting up a structured supervision process in three main steps:

- planning the process
- design and implementation
- evaluation and review (although the planning of the evaluation and review process should be a part of your initial planning and design).

(Todd & O'Connor, 2005)

If you are reviewing supervision processes, the supervision process checklist (Appendix 1) could provide you with an overview of the current situation and areas for development. The checklist questions are listed below.

Supervision process checklist

Planning the structured supervision process

- Have you identified, engaged with and understood stakeholder needs in regards to your supervision process?
- Have you conducted a review or audit of your current supervision process?
- Have you established a clear rationale, purpose, goals and objectives of your supervision process?

- Have you begun to develop a supervision culture within your team or organisation?
- Have you identified the supervision requirements of all of the professions within your team or organisation?

Process design and implementation

- Have you identified acceptable forms of supervision for your process (individual, group and/or peer)?
- Have you identified acceptable models of supervision for your process?
- Have you considered boundary, ethics and regulatory guidelines within your supervision process?
- Have you identified the expectations of your organisation, as well as the supervisors and supervisees, within your supervision process?
- Have you specified protected time, frequency and duration of supervision (as a minimum) in your supervision process?

- Have you provided guidelines for recording and documenting supervision?
- Have you developed a supervision policy that has been signed off by your management team?
- Have you identified potential challenges and solutions to implementation and management of your supervision process?
- Have you evaluated the Māori responsiveness of your organisation/staff?
- Have you evaluated the cultural responsiveness of your organisation/staff?

Evaluation

- Have you designed an evaluation or review process?

For a more detailed 11 step implementation plan also see Te Pou (2011c, p.15-19).

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Project management and change management methodology can also be used to guide this work and organisations may already have a preferred or standardised evidence-based project or change management process that can be followed. Information about using an evidenced-based workforce planning approach can be located on the Te Pou website to assist in the development or enhancement of supervision processes www.tepou.co.nz (Te Pou, 2014b).

Organisations that do not have such a process and are unsure about this methodology can find information on effective planning and implementation on such websites as Mind Tools (www.mindtools.com) and the Managers Electronic Resource Centre (http://erc.msh.org). The steps outlined below follow a similar process to many evidence-based project and change management methodologies.

Planning the process

Establishing a clear rationale and the objectives for a structured supervision process will help to achieve organisational buy-in, support the implementation phase and identify any concerns, risks or potential pitfalls in advance. Te Pou (2011c) and Todd & O'Connor (2005) have identified a number of key tasks (relevant to this guide) to consider when planning organisational supervision processes. These are:

1. identify, engage with and understand key stakeholder needs
2. conduct a review or audit of your current supervision practises
3. establish a clear rationale, purpose, goals and objectives for a structured supervision process
4. develop a supervision culture.

While these tasks are the same whether you are in a small organisation or a large district health board, the mechanisms for implementing them may vary in complexity and scope.

Identify, engage with and understand key stakeholder needs

This initial stage requires identifying key stakeholders and involving them as much as possible in the development of a workplace supervision process so they feel they can own it. In some cases it may be quite obvious to managers who stakeholders are. For others tasked with setting up a structured process for supervision in a wider system this may be less clear. The profile of your service user group should also inform your thinking.

Kaiwhakahaere/managers assigned to setting up a structured supervision process will firstly need to identify who the supervisees are likely to be, what professional affiliations they have and what their different supervision requirements may be (see Table 1). Managers will also need to consider whether all members of a team need to receive supervision, regardless of their professional affiliation – or whether some professions who do not specifically require supervision may be exempt.

The definitions of clinical and professional supervision identified in this guide may be used to engage all of the professions in a team to help them buy into the need for supervision. In line with *Let's get real* (Ministry of Health, 2008) it is recommended that all professions understand and engage in supervision, regardless of professional requirements.

At this initial stage managers may want to identify any current or potential supervisors in their organisation or team. These will be people with lengthy experience in their chosen field and preferably those who have been trained in supervision. Depending on the profession there will be different requirements for supervision as well as for the standard of supervisors. Cultural supervision should be provided by a person who has extensive lived experience within the culture and is knowledgeable about elements such as cultural values, beliefs, roles, practices and language. Ideally the supervisor will also have knowledge and experience relevant to mental health and or addiction.

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If there are no identified supervisors in a team, this may be the time to look externally – either in the wider organisation or in the community. For small rural areas, this may also mean looking further afield for supervisors who may do supervision via Skype or telephone. Finding supervisors in the early stages of planning will allow them to have input into development of supervision processes right from the start. Options to set up reciprocal arrangements to share supervisors with other services internal and external to the organisation are options to explore.

The benefits of involving both supervisors and supervisees in developing the process means the supervision will meet the needs of both groups, there will be a mutual understanding of the aims, objectives and structure of the process, and problems can be identified early (Todd & O'Connor, 2005). Managers may also like to consider other stakeholders being a part of development, for example service users and/or family advisors. Involving relevant team leaders and kaiwhakahaere/managers, as well as organisational leaders, who are not directly involved as supervisees or supervisors, may also be useful in the planning stage.

Conduct a review of current supervision processes

The purpose of reviewing current supervision processes is to get an understanding of what is working and why, as well as to clarify areas for development. There are a number of ways to conduct a review and a number of ways to gather the information to inform it. Some of the key areas of the review should include:

- a review of the organisational documentation
  (for example the supervision policy and supervision contracts, position descriptions)
- a review of the relevant professional supervision requirements for the variety of professions
  in a team (see Table 1)
- a review of cultural supervision
- a brief survey of staff (about their experiences of supervision in the organisation)
- targeted interviews with key personnel such as supervisors.

(Te Pou, 2011c, p.15)

The review should seek to identify who is receiving supervision and how they are currently receiving it. If a database of the supervisory arrangements exists then this could be reviewed. This will include information about; frequency, timing, duration, attendance, supervisor details (qualifications and experience) and how supervision is monitored, funded and evaluated. It should also cover how many people in the team are trained in supervision, and how supervision training and qualifications are accessed within the organisation. A staff survey is likely to identify people's experiences of supervision, or of being a supervisor, and their support and energy for it.

The review of the current supervision processes in a team or organisation can be as detailed or as brief as necessary in order to get the information required to make informed decisions in the next steps of implementing a new structured supervision process.

Establish clear rationale, purpose, goals and objectives for the structured supervision process

With members of the team and other stakeholders on board, the second stage of planning for a structured supervision process is to establish a clear rationale, purpose, goals and objectives for the process. A rationale is important to get both team members and organisational leaders and managers on board with the importance of supervision for best practice and improved outcomes for service users/tāngata whai ora and whānau. Any rationale should also include why resources and money spent on supervision are well spent in terms of improved outcomes in the long-term. In many instances supervision is a requirement of a professional affiliation, which in turn is required for the funding of clinical full-time equivalent positions (FTEs) in services. This rationale should be clearly identified. Please also refer to the *benefits of supervision* and *functions of supervision* sections of this document for further evidence to inform the rationale for the development of a structured supervision process.

While each supervision relationship will differ according to the needs and requirements of different professions, it is both possible and highly worthwhile defining a set of goals for supervision as part of the planning stage. This will also make it easier to evaluate the effectiveness of the process. Managers may want to have a set of overarching principles that shape the supervision process or a mission statement that outlines what the supervision process will achieve.

For example: *This structured supervision process will provide accountability to and improved outcomes for service users and their whānau through defined learning and professional development processes that uphold the principles of the Treaty of Waitangi, and that will seek to increase practitioners' competency in specialist knowledge, skills and evidence-based practice.*

Kaiwhakahaere/managers may also want to specify goals in relation to improved practitioner competency. For example, increased practitioner competency in relation to:

- evidence-based models of practice
- professional skills and knowledge
- legal, ethical and boundary issues
- cultural fluency
- managing challenging behaviour
- culturally diverse populations
- managing stress and burnout
- balancing home and work life
- conflict resolution.

(Peake, Nussbaum & Tindell, 2002)

Managers need to articulate how the supervision process will reflect the spirit and principles of the Treaty of Waitangi and be specific about what this means in practice. They may also want to stipulate a set of goals relating to outcomes for service users/tāngata whai ora, for example, reduced did not attend (DNA) rates and increased engagement.

Develop a supervision culture

With clearly defined and agreed rationale, purpose, goals and objectives for the structured process, based on a review of established processes, it is time to get buy-in from the organisation as well as the team, and to start cultivating a supervision culture. This includes cultivating supervisees as well as supervisors to appreciate the importance of supervision in the organisation, the team and their own professional development (Ask & Roche, 2005).

Organisational responsibilities

There must be a real commitment from the organisation to the established mission statement or goals of the supervision process through resourcing supervision appropriately, providing time for supervisees to attend, and by developing recruitment strategies to grow and cultivate supervisors within an organisation. It is a good idea to bring organisational leadership into the initial stakeholder group and or get organisational sign off on the supervision process. This will set the foundations for developing a supervision culture.

Cultivating supervisees

For many professions in the health sector, supervision is already seen, not only as a requirement, but a necessary and highly valued professional development opportunity. For other workforce groups, however, there may be need for further convincing. Some initial in-service training or information about the value of supervision may need to be offered to potential supervisees. Awareness of the supervision policy may need to be embedded in orientation of new staff and it may be helpful to have supervision as a regular team meeting agenda item.

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Cultivating supervisors

Finding suitable supervisors is becoming more difficult as professional organisations raise their expectations of registered practitioners and their supervision requirements. Finding appropriately qualified and experienced supervisors is likely to be one of the biggest challenges faced when setting up and implementing a new supervision process. A focus on finding, recruiting and cultivating supervisors in the planning stage of development will help to alleviate some of the potential difficulties once the process is implemented (Ask & Roche, 2005).

It is recommended that supervisors be selected on the basis of the following criteria (remember different professions will have different requirements and this is some baseline criteria only):

- experience in the relevant sector (at least 2-5 years)
- up-to-date knowledge, skills and a willingness to keep up-to-date
  (proven though engagement with relevant professional development opportunities)
- some supervision training and or qualifications
  (this will depend on professional requirements of the supervisee)
- willingness to supervise and perform according to the requirements of your organisation
  (for example the supervision policy)
- culturally competent with regard to Māori
- not performing in a line management role
  (if a supervisor is also the supervisee's manager, independent support should also be available)
- being willing to undergo evaluation of their supervision.

(Todd & O'Connor, 2005, p.8-9)

Strategies you might consider for recruiting and cultivating supervisors might include:

- offering professional development opportunities (training in supervision) to existing experienced practitioners
- employing experienced supervisors from existing networks and services
- employing experienced supervisors from other fields of practice who may also have important skills and knowledge to offer you staff (if professional requirements allow this)
- providing supervision exchange with experienced practitioners from different organisations or teams within organisations (this may reduce problems associated with costs)
- identifying available scholarships for practitioners undertaking supervision qualifications
- providing tools and resources to support supervisory practices
  (for example, Te Pou, 2011a, 2011b, 2011c and *dapaanz*, 2014)
- making sure all supervisors have their own supervision
- developing supervisor groups, or peer support networks to support and develop new supervisors.

(Te Pou, 2011c, p.19; Todd & O'Connor, 2005, p.8)

Supervisee-supervisor matching

Supervisee-supervisor matching will depend on the availability of both resources and supervisors. If possible supervisors and supervisees should be consulted in the selection process and where appropriate supervisees can be invited to choose their own supervisor from those available. Managers may also consider allowing supervisees to approach suitable supervisors that fit with the supervisor selection criteria (above), from their own networks, thus increasing the potential pool of appropriate supervisors available. The important thing is that all parties agree that they can work together effectively.

In matching supervisees and supervisors things such as gender, cultural background (the same or different depending on need) and professional background (the same or different depending on professional requirements and need) can be considered. Other considerations include individual professional development needs and matching these.

Process design and implementation

Once a structured supervision process is planned, and procedures that meet the requirements of the purpose developed, goals and objectives as identified need to be designed. While effective supervision is characterised by flexibility and adaptability to the circumstances (Todd & O'Connor, 2005) there are some specific areas that should be addressed as part of design. Process design should consider:

- forms of delivery
- models of supervision that may be used
- limits, boundaries, ethics and regulatory guidelines
- expectations of the supervisors and the supervisee
- protected time, frequency, duration and venue
- recording and documentation
- supervision policy
- barriers to implementation.

Forms of clinical and professional supervision

There are three main forms for delivering clinical and professional supervision. These are one-to-one, group and peer supervision. Potentially any or all of these may be part of process design. Most professionals that are required to have supervision regularly are likely to be required to have one-to -one supervision. This could be trans-disciplinary (from a different profession) or intra-disciplinary (within the same profession) professional supervision, from within the organisation (internal) or outside of the organisation (external). Managers may design their process to have some flexibility in relation to these options, or may decide exactly who can supervise who. Of course this will also depend on the professional requirements of the different practitioners in a team.

One to one supervision

One-to-one supervision is the most widely used supervision in the health sector. It involves the supervisee being supervised on an individual basis and can take place face-to-face, via video conference (Skype or Facetime for example) or via the telephone.

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Group supervision

Group supervision is becoming more popular in the mental health and addiction sector. Group supervision helps to provide a facilitated (by a supervisor) forum for discussion and learning from each other's experiences. Group supervision is likely to cover the same topics as individual supervision, for example case discussions, but can also be a good place to discuss collaboration and team work (CETI, 2011). There are a variety of ways group supervision can occur, ranging from authoritative models where the supervisor works with individual practitioners and other group members observe, through to more participative models where the supervisor facilitates the process but group participants also contribute (McKenna, Thom, Howard, & Williams, 2008). Groups will go through particular processes that are unique to the group dynamics that can impact both positively and negatively on supervision outcomes for participants.

Group supervision may be seen as a viable alternative to one-to-one supervision, and has some benefits over individual forms. However, there are also concerns about group supervision that would need to be fully addressed as the supervision process is designed if group supervision is to become a valuable method of delivery. For example, it can be difficult for all participants to engage in group supervision, especially where it may be conducted by a line manager, or if a line manager is in the group supervision process. As a minimum these groups should be facilitated by an experienced and qualified group supervisor who is able to create a culture of assurance within the group. Clear boundaries and confidentiality limits and requirements should also be established to create a safe environment in which group members can share professional journeys.

Some services use group supervision instead of one-to-one supervision to be more efficient, especially for more experienced practitioners, but group supervision may not meet the needs of all professions.

When supervising groups with Māori, it is imperative that the proposed supervisor understands and uses Māori processes of engagement and wānanga.

Peer supervision

Peer supervision can be conducted by two or more practitioners as a method of problem solving, discussing ethical dilemmas, reflective practice and clinical decision making. It is best used by participants with similar levels of experience and skills. It allows the participants to share skills and experiences and learn from one another, and is a self-directed activity (CETI, 2011). It is not facilitated by a supervisor (although members may be supervisors), and how the time is structured is negotiated among the participants, either formally or informally. While peer supervision is used to complement other methods of supervision, it is not considered a suitable replacement for either one-to-one or group supervision, by most professions.

Models of supervision

Models of supervision are many and varied and supervisors have usually been trained in one or more models of supervision. A model of supervision describes the framework or way in which the supervision is structured that usually focuses on the functions of supervision outlined in Table 2. Generally models of supervision can be categorised into the following:

- developmental models –moving the practitioner from novice to expert
- functional models – have supportive, educative and/or managerial components
- training models – focus on the experience of learning
- therapy models – use therapeutic techniques such as cognitive behavioural therapy
- kaupapa or other cultural models – use cultural concepts to support practitioners.

(Helen and Douglas House, 2010; Kina Families and Addiction Trust, 2010)

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The types of supervision or models that are acceptable need to be identified in the design of the supervision process. Supervisors in a particular area may be trained in a particular model of supervision and this may become the preferred model. It is ideal however, if supervisors are aware of a range of supervision models and are able to apply them appropriately in their supervision sessions, depending on need.

It will be important when designing a structured process that supervisors are asked about the model of supervision they use and are able to articulate what type of model it is. For example, they should be able to identify whether it is developmental, functional, training, therapeutic, cultural or a combination of these.

Limits, boundaries, ethics and regulatory guidelines

Supervisors often become 'the gatekeeper' for organisations' ethical and legal issues, and supervision is where these issues are discussed in depth to find solutions for complex ethical and legal practice issues. Some professional organisations (for example, Aotearoa New Zealand Association of Social Workers) also have competencies for their supervisors to adhere to. Such competencies alongside professional codes of ethics should provide guidance on any potential regulatory, boundary or ethical issues that may need to be considered when setting up or reviewing a supervision process. The Center for Substance Abuse (2009) recognises some ethical and legal issues that are critical to consider when designing a structured supervision process.

Direct versus vicarious liability

A supervisor is likely to have direct liability when they have neglected their supervisory obligations and/or "have not made a reasonable effort to supervise" (Center for Substance Abuse, 2009, p.13). Structured supervision process design needs to consider this liability, and the responsibilities of the supervisor in this regard need to be very clear in the supervision contracts (see Appendix 2). It is likely the supervisor would be accountable through vicarious liability as a result of negligence in the supervisory process. For example, in a situation where a supervisor may discourage a supervisee from conducting a suicide risk assessment.

Dual relationships and boundary issues

Not only do supervisors have a mandate to help identify and support supervisees through their own dual relationship and boundary issues with service users/tāngata whai ora, they also need to manage these issues as they occur in the supervisor supervisee relationship. Dual relationships that might occur need to be identified and considered. This needs to be identified in the supervision contract. Examples of a dual relationship might be that the supervisor is also the supervisee's manager (as previously discussed) or that the supervisor begins a personal relationship with a past or present supervisee. There will be varying degrees of harm that may be associated with dual relationships, and they are especially common in small towns or isolated rural areas, where often people know each other in more than one context. It is important that supervisors are aware of the potential impact of dual relationships and boundary issues on their supervisee and that they manage this appropriately.

Informed consent

Informed consent is twofold in the supervisory relationship. Supervisors must ensure supervisees have given their informed consent to be involved in the supervision process. Supervisors must also make sure that supervisees have informed service users/tāngata whai ora about their engagement in regular supervision in relation to the use of their information (albeit anonymised) in the supervision process. This is usually covered by an initial informed consent form signed by service users when they first engage with services. In the design of a structured supervision process this assumption should be tested and a clear process for informed consent by service users/tāngata whai ora developed.

Confidentiality

Confidentiality in the supervisory relationship should be covered in the supervision contract. Similar to confidentiality agreements between service users/tāngata whai ora and practitioners, supervision sessions are confidential within the boundaries of organisational policies, the law and relevant codes of professional ethics. This will include limits to confidentiality if there are serious concerns about risk of harm to the supervisee or to any of the people they are working with, as well as serious concerns about unethical or unprofessional behaviour that breaches codes of ethics. Any such criteria for wavering of supervisor-supervisee confidentiality, along with an agreed process for how this would occur, should be clearly outlined in the supervision contract. Exceptions outside of these confidentiality agreements may occur in the supervisory relationship if there is an agreement whereby some information is given to organisations or kaiwhakahaere with the explicit consent of all parties.

Where organisations recruit supervisors that are external to the organisation, the organisation is responsible for making sure they understand the relevant policies and procedures regarding supervision and must assess their willingness to engage in any particular organisational requirements (for example, supervision reports). It is also the organisation's responsibility to ensure any external supervisors have signed a confidentiality agreement and/ or have a supervision contract in place that covers confidentiality in the context of the supervisory relationship.

Each organisation needs to decide what level of information sharing they would prefer in the supervision process, bearing in mind that the more information shared, the less likely a practitioner may use supervision to its full advantage. A brief report that covers attendance and the practitioner's ability to use supervision effectively may be an effective reporting measure that is less likely to interfere with the supervision process. An example of this can be found in Appendix 6. A report including some more detailed information however can usefully be used in performance appraisals or to develop professional development plans.

Expectations of supervisors and supervisees

While supervisory relationships are built up and negotiated over time, both the supervisor and the supervisee should be seen as active participants, and general guidelines agreed to in the supervision contract. There are some clear expectations of both supervisors and supervisees that can be identified as part of an organisation's supervision policy and put in the supervision contract.

Supervisee's role

It is reasonable to expect the supervisee will contribute to the aims and objectives of the supervisory relationship. This may include contract negotiations, helping to set the agenda at each session, problem solving in regards to their own practice, and their own professional development. Supervision sessions should be planned for by the supervisee and areas for the agenda clearly identified prior to the commencement of the supervision session. The supervisee can be expected to be asked to:

- maintain adequate records on cases
- attend the supervision as scheduled
- maintain ethical and professional behaviour
- observe the organisation's supervision policy
- participate in all functions of supervision
- take an active role in the evaluation process.

(Todd & O'Connor, 2005, p.11)

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Supervisor's role

It is the supervisor's role (alongside the supervisee) to perform the key components relevant to the functions of supervision (Table 2). These three functions are:

- educative (formative)
- supportive (restorative)
- administrative (normative).

The supervisor's role is not just to instruct or advise the supervisee but to teach by example and role model clinical and administrative competence. Supervisors should also be aware of their own limitations in the supervisory context and not focus on therapy for their supervisee or force the supervisee to adopt a particular theoretical orientation.

The supervisor may use a variety of supervision models as appropriate to the supervision session and this choice of model must take into account the supervisee's competence level. For example, a supervisor needs to take the majority of the initiative with new and inexperienced practitioners, but may expect very experienced practitioners to take the majority of the initiative for supervision sessions (NHS, 2008).

Supervisors should be able to articulate this understanding using a model which may be similar to that outlined by Peyton (1998). This model or learning cycle describes how supervisees move through four stages in the acquisition of particular competencies from unconsciously incompetent (supervisees don't know what they don't know), through to consciously competent (supervisees perform with thought and competence).

In the development of the supervision process there is a need to also consider the value of or need for live supervision. Are supervisors expected to see or listen to a tape of the supervisee in action, or should they attend a live supervision session to see their supervisee working and, if so, how often should this occur? Many professional bodies will have requirements in regards to this.

Protected time, frequency, duration and venue

As part of developing the supervision process there is a need to specify (taking into account professional requirements) the frequency and duration of the supervision sessions. Professional requirements may differ but as a general rule supervision sessions should be held at least monthly and last for an hour. Newer practitioners may benefit from having supervision more frequently than those with more experience.

Consideration should be given to how much access practitioners should expect to have to supervisors outside of their specific protected supervision time. For example, there may be cases where urgent advice or supervision is required. As an alternative to this option teams often have 'informal supervision' mechanisms where practitioners requiring urgent advice or consultation can request this from more experienced colleagues or managers. Access to informal supervision as well as access to the practitioner's supervisor outside of protected supervision times would be ideal, but either way access to urgent supervision should be addressed during the design of the structured supervision process.

Supervision that is not planned for or diarised, and is only given in an ad-hoc, as required and informal way, is not a substitute for regular planned supervision given in protected time. In supervision policies, and when designing the process, it should be clear that supervision needs to be given protected time.

Managers may also want to stipulate where supervision should be held. While this is often best left up to the supervisor and supervisee to agree on, managers may want to consider recommending some guidance in this area. For example, supervision undertaken in a public place such as a café is certainly not ideal due to issues related to confidentiality for the supervisee and service users/tāngata whai ora.

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Recording and documentation

Documenting supervision is crucial for a number of reasons that primarily relate to the potential ethical and legal responsibilities of the organisation, the supervisor and the supervisee. Documentation and record keeping systems are a necessary part of organisational accountability. As a supervision process is designed it is helpful to decide how supervisors and supervisees need to document the supervision relationship and where this information should be kept. Some paper work may reside within an organisation (for example copies of supervision contracts and supervision reports) while the majority of it may reside with the supervisor. If the supervisor is internal to the organisation all documentation will remain on site as this is the property of the organisation.

Documentation of supervision is likely to need to cover a number of areas. These may include information and notes about:

- the supervision contract
- the supervisee's caseload
- supervisory recommendations and impressions
- notes on missed, cancelled or re-scheduled appointments
- significant issues
- supervisee learning and development needs.

(Center for Substance Abuse Treatment, 2009)

This documentation may take a number of forms.

- A supervision contract (Appendix 2) clarifies the agreement and expectations between the supervisor and the supervisee(s). In some instances (for example, where the supervisee is a student) there may be other parties to this contract including the organisation and tertiary education providers.
- Session notes (Appendix 3) including goals, reflections and particular issues addressed in supervision.
- Register of attendance (Appendix 4).
- Consent forms (Appendix 5) – service users and tāngata whai ora need to give informed consent to be recorded or if supervisors want to attend live supervision sessions.
- Supervision reports (Appendix 6) that provide organisations with some brief information about attendance at, and utilisation of supervision.
- Evaluation/review forms (Appendix 7) that allow for the evaluation and review of the supervisory relationship.
- Kaiwhakahaere/managers may decide not to use all of these suggestions but supervisors should be expected to document their supervision relationship in a formal way.

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Supervision policy

The supervision policy for an organisation will be informed by the steps outlined in the planning and design phase of the process. This may be an organisational policy, or a support document in line with an already established organisational policy, that is written specifically for a team.

The policy or policy support document is key in enhancing effectiveness, getting organisational buy-in and cultivating the supervision culture within a team or organisation. A supervision policy should provide structure, direction, support and validation of the structured supervision process and should reflect what has already been learned in the planning process. A supervision policy should be written in consultation with the team and identified stakeholders and should:

- be consistent with the organisation's mission, goals and philosophy
- have a specific purpose or direction
- clearly support the newly developed structured supervision process

(Todd & O'Connor, 2005).

Guidelines for developing a clinical supervision policy can be found in Appendix 8. An example of a supervision policy can be found in Appendix 9.

Overcoming challenges to successful implementation and ongoing management

There may be a number of challenges to overcome in the planning, design and implementation process. Supervision does occur in worktime and requires a supply of trained supervisors which in turn have implications on organisational resources.

However, many of these challenges can be overcome by following this guide and by getting and receiving valuable support from line managers regarding the supervision policy of the organisation. Many professional bodies require supervision in order for a professional to maintain their registration or membership, and many health contracts require the registration or membership of these professionals in order to receive funding for positions in services. This provides an important motivation for the establishment and continuation of a structured supervision process. Some of the barriers (and solutions) to the implementation and on-going management of a supervision process are listed in Table 3.

Table 3: Potential challenges and suggested solutions

Challenges	Solutions
Funding and resource constraints	- Share resources (for example supervisors) and have reciprocal agreements within and across organisations. - Use Skype and telephone if travelling to supervision requires resourcing. - Group supervision.
Lack of supervisors/supervisors with sufficient knowledge of mental health and addiction	- Long-term cultivation of mental health and addiction supervisors. - Offer professional development (training and education) to mental health and addiction staff.

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Challenges	Solutions
Lack of cultural supervisors or supervisors with sufficient knowledge of mental health and addiction	• Long-term cultivation of cultural supervisors within and relevant to mental health and addiction. • Offer professional development (training and education) for potential cultural supervisors.
Conflicts of interest	• Managers do not supervise their own staff.
Some professionals finding it difficult to engage in supervision	• Address concerns in planning stage. • Highlight benefits of supervision. • Match supervisors and supervisees appropriately.
Workplace demands take priority over scheduled supervision sessions	• Make requirements clear in supervision policy and monitor attendance.
Low priority placed on supervision	• Make requirements clear in supervision policy.
Concerns that the supervisor is not supporting organisational culture and imperatives	• Discuss with the supervisor, referring to the supervision contract, review this as necessary to clarify requirements. • Monitor progress. • If progress is unsatisfactory consider initiating disciplinary procedures for internal supervisor or terminating the contract for external supervisor.
Concerns that the practitioner is not taking ethical or competence issues to supervision	• Request a review of supervision with the supervisee and supervisor. Discuss specific concerns; with a constructive approach • Negotiate how concerns can be addressed and how this will be monitored by all parties. • Review supervision policy to ensure that organisational expectations about what is to be covered in supervision are specified.
A practitioner is not attending supervision as per their contract	• Prioritise discussion of the issues with the practitioner to ensure understanding of the situation. • Address barriers, for example manage any workload issues; provide support to improve time management. • If necessary coordinate a review of the supervision contract.

Challenges	Solutions
A supervisor is not fulfilling the terms of a supervision contract	• Prioritise discussion with the supervisor, referring to the supervision contract, reviewing as necessary. Affirm requirements. • Monitor progress. • If progress is unsatisfactory consider initiating disciplinary procedures for internal supervisor. • Consider terminating the contract for external supervisor.
Practitioner signals they find internal supervision relationship ineffective	• Prioritise discussion to explore the practitioner's concerns; they have signalled that a key component of their practice is not working. • Review the supervision arrangement • Seek a practical solution that will address the supervisee's concerns, for example supervision from another supervisor/team; contra arrangement etc.
Internal supervisor signals that they have been unable to engage a supervisee in an effective supervision relationship	• As above – explore the concerns and seek a solution that will ensure supervision is effective for the supervisee.
Supervisor is unwilling to endorse competence for professional registration purposes	• Discuss with supervisee and supervisor. Clarify areas for development and strategies for the supervisee to achieve the required standards.
Organisation does not value supervision	• Discuss with manager and ask for support, referring to this document. • Seek support from likeminded colleagues. • Offer to lead a discussion on supervision or invite a supervisor in to make a presentation to the organisation.
Supervisor is suspected of behaving in an unethical manner	• Undertake immediate investigation. • Consider the option of suspending all supervision contracts held by the supervisor; arrange interim alternative supervision for supervisees. • Follow organisational procedure to complete the investigation and base subsequent actions on the outcome of the investigation.

Evaluation and review

Ongoing organisational evaluation and review of the structured supervision process forms the foundation of effective and sustainable supervision (Todd & O'Connor, 2005). There are a number of ways in which this may be done. These include: informal monitoring (regular discussions with staff about how their supervision is going for them); formal monitoring (the use of staff surveys and supervision reports); and more formal extensive evaluations which might include gaining information about the structured supervision process in a variety of ways (organisational, supervisor and supervisee surveys and interviews, review of the supervision policy).

 Here are some things to think about for the organisational review or evaluation.

- What framework or project methodologies will guide the evaluation?
- Who will provide the 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?

(Todd & O'Connor, 2005, p.13.)

Whatever shape the evaluation or review may take it should focus on these questions.

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

(Todd & O'Connor, 2005, p.13)

Depending on the outcome of the evaluation there may need to be changes to the supervision process and the organisation's supervision policy. Regular review and evaluation of the supervision process is essential in making sure everyone is getting the best out of the supervision process.

Summary

Designing and implementing a structured supervision process that works for the variety of needs across multi-disciplinary teams in the mental health and addiction sector can be challenging. Different professions and roles may have differing requirements and no 'one size fits all'. This guide will help shape up, plan, design and implement a structured supervision process to meet organisational commitment to quality service provision.

Appendices

Please note, all appendices are available in Microsoft Word format to enable you to use as they are, or customise for your organisation's needs. They can be downloaded from www.tepou.co.nz.

Appendix 1: Supervision process checklist

Planning the structured supervision process

1   Have you identified, engaged with and understood stakeholder needs in regards to your supervision process?   ◯

2   Have you conducted a review or audit of your current supervision process?   ◯

3   Have you established a clear rationale, purpose, goals and objectives of your supervision processes?   ◯

4   Have you begun to develop a supervision culture within your team or organisation?   ◯

5   Have you identified the supervision requirements of all of the professions within your team or organisation?   ◯

Process design and implementation

1   Have you identified acceptable forms of supervision for your process (individual, group and or peer)?   ◯

2   Have you identified acceptable models of supervision for your process?   ◯

3   Have you considered boundary, ethics and regulatory guidelines within your supervision process?   ◯

4   Have you identified the expectations of your organisation, as well as the supervisors and supervisees, within your supervision process?   ◯

5   Have you specified protected time, frequency and duration of supervision (as a minimum) in your supervision process?   ◯

6   Have you provided guidelines for recording and documenting supervision?   ◯

7   Have you developed a Supervision Policy that has been signed off by your management team?   ◯

8   Have you identified potential challenges and solutions to implementation and management of your supervision process?   ◯

9   Have you evaluated the Māori responsiveness of your organisation/staff?   ◯

10 Have you evaluated the cultural responsiveness of your organisation/staff?   ◯

Evaluation

1   Have you designed an evaluation or review process?   ◯

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Appendix 2: Supervision contract templates

Supervision contract example[6]

Details of parties to the contract	*Contract between:* Supervisor (name)
	Supervisor (name)
	Line manager (name)
Duration of contract	Commencement date
	Review date
Purpose of supervision	• To monitor and promote the welfare of those using the services of the supervisee • To promote reflective practice and on-going professional development • To monitor and promote professional competence and ethical practice • To provide support for the supervisee in their role • To support professional registration requirements.
Supervisee goals	
Organisation goals	

[6] Adapted from Nash R. http://www.couragetogrow.co.nz/Supervision/ContractingforSupervision.aspx

Frequency, duration, location	Frequency
	Duration
	Time/day (renegotiated if necessary)
	Location
	Any changes must be formally notified to all parties by the person initiating the change. Requests for additional sessions must be authorised through the organisation and negotiated with the supervisor.
Postponement and non-attendance	All parties agree that supervision is a priority and every effort should be made to attend scheduled appointments. If the appointment cannot be kept by either the supervisee or supervisor each agrees to notify the other in a timely manner and to reschedule another appointment at the time of postponement. Non-attendance without notice by the supervisee will be reported to the organisation.
Routine reporting	Reports will be provided (state frequency, for example 3-monthly) Written reports will include: • dates supervision attended • duration of each session • statement that the supervisee is/is not fulfilling the terms of the supervision contact. Reports will be provided to the supervisee and the organisation. Face-to-face reporting can be requested by any party as needed.
Supervisee responsibilities	• Identifying and monitoring learning goals. • Demonstrating commitment to an honest and open supervision relationship. • Preparing for the supervision sessions by reflecting on practice issues to be explored and discussed. • Reflecting on areas of strength and limitations in relation to competency. • Bringing ethical issues to supervision, including potential ethical breaches. • Applying learning to practice. • Requesting review of supervision if the relationship is not working.

Supervisor responsibilities	- Facilitating a structured learning experience suited to the supervisee. - Demonstrating commitment to an honest and open supervision relationship. - Maintaining confidentiality of supervisee, service user and employing organisation information except where there is identified risk. - Providing constructive feedback and challenge to support on-going competence, confidence and learning. - Monitoring practice in regard to ethics, standards and competencies. - Supporting the supervisee to maintain their own wellbeing at work. - Being familiar with philosophy, relevant policy of the employing organisation and requirements of the supervisee's role. - Recording the supervision session as negotiated with the supervisee. - Providing supervision reports as specified in this contract. - Requesting review of supervision if the relationship is not effective.
Organisations responsibilities	- Supporting the supervisee to prioritise participation in supervision. - Respecting the confidentiality of supervision. - Considering training and other professional development requirements that are identified in supervision. - Notifying any changes to reporting requirements in a timely manner. - Acknowledging receipt of supervision reports. - Providing payment of the fee in a timely manner. - Supporting review of the supervision arrangement as necessary.
Confidentiality	The content of supervision will be confidential to the supervisee and supervisor except in the following circumstances: *Specify any circumstances that apply.*
Unsafe and unethical practice	If the supervisor has concerns about any of the safety and risk to clients, the supervisee and/or the organisation and the concerns cannot be resolved within supervision in an appropriate timeframe, the supervisor will notify the employing organisation and notify the supervisee that they are taking this action.

Dual relationships	*Specify if these apply and, if yes, how they will be managed.*
Personal issues	• The supervisees' personal issues may be explored in supervision in so far as these are impacting on professional practice. • The supervisee is responsible for raising issues that may be impacting on practice. • The supervisor is responsible for supporting the supervisee to reflect on the impact of personal issues on practice and for guiding the supervisee to seek assistance to manage personal issues appropriately.
Termination	Any party may terminate this contract with one month's notice.
Payment details	Contact person for billing
	Billing address
	Agreed fee per supervision session

	Signature	Date signed
Supervisee		
Supervisor		
Manager		

Contact details	Telephone	Email
Supervisee		
Supervisor		
Line manager		

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Clinical supervision agreement example[7]

Date of agreement	Clinician
Clinical supervisor	Team leader

Review date

Clinical supervision will address the following areas

Clinical supervision will take the following form and frequency *(For example 1:1 meeting, team meeting)*

Record of clinical supervision • Who will record it? • Where will the records be kept? • Who has access to this information? • What will happen to the clinical supervision notes when the clinician leaves their position? • Notes will be maintained/archived in line with record management policies.
Additional information

[7] Source: Port Augusta Hospital and Regional Health Service (2009), cited in Health Education and Training Institute, 2012.

Clinical supervision meetings (if applicable)

The clinician will prepare for each meeting by:

The clinical supervisor will prepare for each meeting by:

Should a meeting need to be rescheduled we agree to:

Other considerations

The details of this document can be modified at any time when agreed by both parties.

A copy of this agreement will be given to the team leader/line manager for their records.

Name	Signed	Date
Name	Signed	Date
Name	Signed	Date

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Group supervision contract[8]

Between	and
Supervisor	
Supervisees	

- We agree that supervision will be for the period from

  _____

  to _____

  a basis, with a review date of _____

- We will record the dates and summary points of supervision sessions.
- We will work to agreed purposes in supervision sessions.
- We understand that where supervision identifies personal issues affecting work performance personal counselling will be agreed to.
- We agree that issues presented in supervision remain confidential to all except that:

  (a) I (the Supervisor) may discuss issues with my own individual supervisor

  (b) if I (the Supervisor) have concern about the safety of your work with clients I will (in this order):

    (1) let you know at the time that I notice the concern and together with you, record actions and time frame required to rectify the situation

    (2) re-check that the situation has resolved

    (3) communicate unresolved concerns or safety issues to your line manager.

- **I (the Supervisor) am responsible for providing you with:**

  (a) a safe non-threatening environment in which to openly reflect upon and develop your professional practice

  (b) feedback in order for us to discuss your strengths and any areas that may need further development

  (c) references to appropriate resources – books, articles, etc.

---

[8] Provided by Abacus Counselling, Supervision and Training.

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- **We (the Supervisees) are responsible for:**

    (a) being on time and committed to the times set for supervision

    (b) informing our supervisor of:

    　　(1) any other supervision I may be having

    　　(2) any serious concerns about client safety straight away

    　　(3) any personal issue big enough to impact on my work

    　　(4) anything that may impact upon our supervision relationship

    　　(5) any training needs I am aware of.

- Evaluation of our process will occur as part of each session, and formally in the completion of a supervision review annually.

Signed (Supervisor)
Signed (Supervisees)
Date

Group supervision contract example

This contract is between:

Supervisor

Supervisees

Organisation

Start date	Review date

Purpose of supervision

Supervision arrangements Time, date, location, duration, postponement and non-attendance:

Confidentiality agreement

Record keeping Who keeps records, where kept, who has access, how to access:

Reporting
Who prepares, who receives, how often, content of reports, access for group members:

Agreed expectations of group members
Attendance and punctuality, sharing time, honesty and openness, safety, session structure, facilitation role, model of feedback, conflict resolution, what to bring, personal issues etc.

Signed by all

Date

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Appendix 3: Supervision record keeping template

Notes on supervision session

Present	Apologies
Date	

Topic	Discussion *(NB: Note any specific guidance given by supervisor)*	Agreed action

Agenda items for next session *(If appropriate, e.g. follow up of actions)*	Preparation required

Signed	Date
Signed	**Date**

Appendix 4: Supervision attendance record template

Supervision attendance record

Supervisee
Organisation

Date	Tick applicable box				Comment
	Attended	Postponed	Cancelled	No show	

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Appendix 5: Confidentiality and recording policy and consent (example)[9]

Audio and/or film recording of clinical processes will be conducted with the client's written, informed consent for each taping. Clients understand that no recording will occur without their consent. A process already in place will ensure the security and destruction of recordings. The purpose of recording is to improve the counsellors' clinical skills through supervision and teaching. Counsellor benefits of recording sessions include:

- improving therapeutic skills
- improving treatment team cohesion
- improving assessment, treatment planning, and delivery of services
- improving clinical supervision.

Procedure

The client's counsellor will explain and fully disclose the reason, policy, and procedure for recording the client. Both will sign a specific recording release form. The counsellor should also explain that refusal to be recorded will not affect the client's treatment at the agency.

1 The client must be 18 years old to sign the consent. Those under 18 must have a parent's signature in addition to their own.

2 Respecting the client's concerns is always the priority. Should any client or family member show or verbalise concerns about recording sessions, those concerns need to be addressed.

3 All recording devices will be fully visible to clients and staff while in use.

4 A recording device will be set up, consistent with safety standards and in full view of each client. Clients will be notified when the device is on or off.

5 The recording will be labelled when the session is completed, and no copies will be made.

6 Clinical review for supervision or training: the treatment team will review the recording and assess clinical skills for the purpose of improving clinical techniques.

7 The recording will be turned over to the Medical Records Department (if available) for sign out.

8 Recordings will be stored in a locked drawer in the Medical Records Department. The recording will be deleted within two weeks, in the presence of two clinical staff members who attest to this deletion on a form to be kept for three years.

9 Recordings may not be taken off premises.

I, _____

consent to be recorded for supervision purposes. I also agree to allow the clinical staff to review the recording as a resource to facilitate staff development for the enhancement of clinical procedures. I understand that any recording in which I am a participant will be erased within two weeks of the date of filming. I understand that no copies will be made of such film.

Signed	Date

[9] Adapted from Center for Substance Abuse Treatment (2009) Clinical Supervision and Professional Development of the Substance Abuse Counselor. Treatment Improvement Protocol (TIP) Series 52. DHHS Publication No. (SMA) 09-4435. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Appendix 6: Supervision report template

Routine supervision report example[10]

Report on supervision of (Supervisee name)
Reporting period
Prepared by (Supervisor name)
Prepared for (Recipient/'s name/s)
Date prepared
Attendance (List dates and times of sessions attended; any sessions cancelled; any non-attendance that has not been notified.)
Adherence to the supervision contract (Confirm the supervisee has adhered to the supervision contract; note any areas of breach of contract.)

[10] Adapted from The Supervision Directory Steering Group (2005).

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Professional development

(Briefly comment on areas of strength, for example in relation to *Addiction Intervention Competency Framework*; note areas/recommendations for on-going development)

Practice issues

(If necessary outline concerns and recommended actions.)

Supervisor	Signed	Date

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Appendix 7: Evaluating supervision

Supervision feedback form example[11]

This form is designed to help you, your team and the service as a whole to get the most from your supervision.

Frequency of supervision sessions		
Do you have an agreed documented supervision contract with your supervisor?	YES	NO
Are your supervision goals and objectives being met?	YES	NO
In what way are/aren't these goals and objectives being met?		
What are the most useful aspects of your supervision?		
What expectations are not met from your supervision?		
Do you have any additional comments about your supervision?		

[11] Adapted from: Area Nursing and Midwifery Services Policies and Procedures, Clinical Supervision Policy 2007/01 cited in HETI, 2012.

Appendix 8: Guidelines for developing a clinical supervision policy[12]

A clear clinical supervision policy is a key strategy to ensure the successful implementation of a supervision programme. 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:

- consistency with the organisation's mission/goals/philosophy
- a specific purpose or direction
- a clear structure for the development of the supervision programme.

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.

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[12] Todd, C., & O'Connor, J. (2005, pp.1-2).

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 alcohol and drug 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 programme.

> *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 programme 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 the programme evaluation will take place is specified.

6. Identify all key stakeholders 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 (for example 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 once per month.

Appendix 9: Clinical supervision policy and procedure[13]

Underlying principles

Clinical supervision is a powerful tool for managing and ensuring continuous improvement in service delivery. Clinical supervision is comprised of balancing four distinct functions: administrative, evaluative, supportive, and clinical. Fundamental structures include a positive working relationship, client-centred approach, commitment to professional development, and accountability. The following principles ensure high-quality clinical supervision:

- a safe, trusting working relationship that promotes a learning alliance
- a counsellor-centred program with a culturally and contextually responsive focus
- active promotion of professional growth and development
- shared clinical responsibility ensuring that the client's treatment goals are addressed
- a rigorous process that ensures ethical and legal responsibility
- an individualised approach based on the learning needs and style of the supervisee
- congruence with the values and philosophy of the agency.

Terms

A healthy **working relationship** is built on shared vision and goals, clear expectations, and the belief in the good intentions of staff members. It demonstrates reciprocal communication where all parties provide comprehensive, timely information that is respectful. Each person is responsible for providing relevant information critical to his or her job function and the mission of the agency. The working relationship recognises the importance of the chain of command throughout all agency levels. The agency expects that this chain of command supports structure, appropriate boundaries, and decision making at all levels. The chain of command is followed to ensure effective and efficient communication.

Trust is central to the working relationship. This is manifested in several ways:

1. people are accountable to their work and job responsibilities
2. confidentiality is maintained
3. decisions are respected
4. misunderstandings are pursued to clarify miscommunication, seek to understand the other person, air emotions, and reach resolution.

The **learning alliance** is based on the belief that the supervisee has specific learning needs and styles that must be attended to in supervision. The relationship between supervisor and supervisee is best formulated and maintained when this frame of reference is predominant. Supervisees participate in a mutual assessment based on a combination of direct and indirect observations.

Guidelines for clinical supervision

The principles of clinical supervision are made explicit by a clear contract of expectations, ongoing review and feedback, and a commitment to professional development.

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[13] Source: Center for Substance Abuse Treatment (2009) *Clinical Supervision and Professional Development of the Substance Abuse Counselor. Treatment Improvement Protocol (TIP) Series 52*. USA: Substance Abuse and Mental Health Services Administration, pp 110-111.

<section>

Clear contract of expectations

It is critical that supervisor and supervisee share their expectations about the process, method, and content of clinical supervision. This can advance the development and maintenance of a trusting, safe relationship. The following information should be discussed early in the working relationship:

- models of supervision and treatment
- supervision methods and content
- frequency and length of supervisory meetings
- ethical, legal, and regulatory guidelines
- access to supervision in emergencies
- alternative sources of supervision when the primary supervisor is unavailable.

The supervisee will be provided with a job description that outlines essential duties and performance indicators. Additionally, each supervisee will receive an assessment of core counselling skills based on the TAP 21 competencies and other appropriate standards.

Documentation

Supervisory sessions are recorded as notes that indicate the focus of the session, issues discussed, solutions suggested and agreed upon actions. Supervisors will maintain a folder for each of their supervisees. The folder will contain the IDP, clinical supervision summaries, and personnel actions (for example memos, commendations, other issues). Supervisees are allowed full access to the folders.

Clinical supervision frequency

Each supervisee will receive four hours of supervision monthly. A combination of individual and group supervision may be used. Supervisors are to ensure that a minimum of 50 per cent of this time is devoted to clinical, as opposed to administrative, supervision.

Ongoing review and feedback

The supervisee will be given an annual performance evaluation that reviews both job expectations and the clinical skills learning plan. Written records of the supervisee will be reviewed on a regular basis. Supervisees will be given specific written feedback regarding their strengths and areas for improvement. The supervision system operates through direct observation of clinical work. This ensures that direct, focused feedback will be provided, increases the degree of trust and safety, and provides an accurate evaluation of skills development progress. Observations will be pre-arranged and take the form of sitting in on a session, co-facilitating, or recording. The supervisee will present a case at a minimum of once per month.

Commitment to ongoing professional development

The supervisee's learning plan should document goals, objectives, and methods to promote professional development. The plan should be completed within the first six months of employment and updated annually. Ongoing supervision should focus on achieving the identified goals. The agency supports supervisees' participation in training to achieve their professional development goals.

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References

Aotearoa New Zealand Association of Social Work. (2012). *ANZASW Supervision Policy*. Retrieved 16 April 2014 from http://anzasw.org.nz/documents/0000/0000/0548/ANZASW__Supervision_Policy.pdf

Ask, A., & Roche, A. (2005). *Clinical Supervision: A Practical Guide for the Alcohol and Other Drugs Field*. National Centre for Education and Training on Addiction (NCETA). Adelaide: Flinders University.

Carpenter, J., Webb, C., Bostock, L., & Coomber, C. (2012). *Research Briefing 43: Effective supervision in social work and social care*. London: Social Care Institute for Excellence.

Center for Substance Abuse Treatment. (2009). *Clinical Supervision and Professional Development of the Substance Abuse Counselor*. Treatment Improvement Protocol (TIP) Series 52. USA: Substance Abuse and Mental Health Services Administration.

Clinical Education and Training Institute (CETI). (2011). *The Superguide: a handbook for supervising allied health professionals*. Sydney: CETI.

dapaanz. (2012). *Practitioner Registration and Supervision Criteria*. Retrieved 14 April 2014 from http://www.dapaanz.org.nz/site/wp-content/uploads/RegistrationandSupervisionCriteriaDecember2012.pdf

dapaanz. (2014). *Aronui. Supervision guide for addiction practitioners, supervisors and managers*. Auckland: Te Pou.

Driscoll, J. (2007). *Practicing clinical supervision: a reflective approach for healthcare professionals*. Philadelphia: Elsevier.

Eruera, M. (2005). He Kōrero Kōrari. In L. Beddoe, J. Worrall and F. Howard (Eds.) *Weaving the Strands of Supervision: Proceedings of the supervision conference*. Auckland: University of Auckland.

Eruera, M. (2007). Chapter 11: He Kōrero Kōrari. In D. Wepa (Ed.) *Clinical Supervision in Aotearoa/New Zealand: A Health perspective*. Auckland: Pearson Education.

Health, Education and Training Institute (HETI). (2012). *The Superguide: A handbook for supervising allied health professional*. Sydney: HETI. Retrieved 16 June 2014 from http://www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/Superguide-May-2012.pdf

Helen and Douglas House. (2010). *Clinical Supervision Guide: For professionals working with children who have palliative care needs*. Oxford: Helen and Douglas House. Retrieved 10 June 2014 from http://www.helenanddouglas.org.uk/articles.php?article_id=178

Kadushin, A. (1976). *Supervision in Social Work*. New York: Columbia University Press.

Kina Families and Addiction Trust. (2010). *The Supervisor's Guide: Integrating Family Inclusive Practice into Clinical Supervision for the Addictions Workforce*. Wellington: Matua Raki.

McKenna, B., Thom, K., Howard, F., & Williams, V. (2008). *Professional supervision for mental health and addiction nurses: A review of current approaches to professional supervision internationally and in the New Zealand mental health and addiction sector*. Auckland: Te Pou.

National Health Service (NHS) Lancashire. (2008). *Clinical Supervision Toolkit To Support the Clinical Supervision Framework for Mental Health Nursing*. Retrieved 4 April 2014 from http://www.clinical-supervision.org.uk/pdf/cs_toolkit.pdf

New Zealand Medical Association. (2008). *Code of Ethics for the New Zealand Medical Profession.* Retrieved 14 April 2014 from http://www.nzma.org.nz/sites/all/files/Code_of_Ethics.pdf

New Zealand Association of Counsellors Te Roopu Kaiwhiriwhiri o Aotearoa (NZAC). (2008). *Professional Supervision of Counsellors for the Purposes of Membership of NZAC.* Retrieved 14 April from http://www.nzac.org.nz/viewobj.cfm/supervision_policy.pdf?file_name=supervision_policy.pdf&objID=2

New Zealand Psychologists Board. (2010). *Guidelines on Supervision.* Retrieved 16 April 2014 from http://www.psychologistsboard.org.nz/cms_show_download.php?id=220

Nursing Council of New Zealand. (2007). *Competencies for registered nurses.* Retrieved 16 April 2014 from http://nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses

Nursing Council of New Zealand. (2008). *Competencies for the nurse practitioner scope of practice.* Retrieved 16 April 2014 from http://nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses

Nursing Council of New Zealand. (2010). *Guideline: Expanded practice for Registered Nurses.* Retrieved 14 April 2014 from http://nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses

Nursing Council of New Zealand. (2012). *Guideline: responsibilities for direction and delegation of care to enrolled nurses* [online] http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses

Nursing Council of New Zealand. (2012). *Competencies for Enrolled Nurses: Te whakarite i ngā mahi tapuhi kia tiakina ai te haumaru ā-iwi.* Regulating nursing practice to protect public safety. Retrieved 14 April 2014 from http://nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses

Psychotherapists Board of Aotearoa New Zealand (n.d.) *Policy Statement on Psychotherapist Clinical Supervision.* Retrieved 16 April 2014 from http://www.pbanz.org.nz/docs/APC_Renewals/Policy%20Statement%20on%20Psychotherapist%20Clinical%20Supervision.pdf

Peake, T., Nussbaum, B., & Tindell, S. (2002). Clinical and counselling supervision references: Trends and needs. *Psychotherapy: Theory/Research/Practice/Training*, 39, 114-125.

Peyton, J. (1998). The Learning Cycle. In J. Peyton (Ed.) *Teaching and Learning in Medical Practice.* UK: Manticore Europe Ltd.

Proctor, B. (1987). Supervision: A co-operative exercise in accountability. In M. Marken & M.Payne (Eds.) *Enabling and Ensuring Supervision in Practice.* Leicester: National Youth Bureau.

Roche, A., Todd, C. L., & O'Connor, J. (2007). Clinical supervision in the alcohol and other drugs field: An imperative or an option?. *Drug and Alcohol Review*, 26, 241-249.

Social Work Registration Board. (2009). *Supervision Expectations for Registered Social Workers.* Retrieved 16 April 2014 from http://www.swrb.govt.nz/policy

Te Ao Māramatanga NZCMHN Inc. (n.d.). *Supervision Guidelines Mental Health and Addiction Credential in Primary Care.* Retrieved 16 April 2014 from http://www.nzcmhn.org.nz/Credentialing/Supervision

Te Pou. (2011a). *Professional supervision guide for nursing supervisors.* Auckland: Te Pou.

Te Pou. (2011b). *Professional supervision guide for nursing supervisees.* Auckland: Te Pou.

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o Te Whakaaro Nui

Te Pou. (2011c). *Professional supervision guide for nursing leaders and managers.* Auckland: Te Pou.

Te Pou. (2012). *Professional Supervision Forum.* Unpublished notes. Auckland: Te Pou.

Te Pou. (2013a). *Position Paper: The role of supervision in the mental health and addiction support workforce.* Auckland: Te Pou.

Te Pou (2013b) *Evaluation of the Clinical Leadership in Nursing Programme.* Unpublished. Auckland: Te Pou.

Te Pou (2014a) *Competencies for the mental health and addiction service user, consumer and peer workforce.* Auckland: Te Pou.

Te Pou (2014b). *Getting it right – workforce planning guide.* Auckland: Te Pou.

Te Pou. (2015). *Scope it right- Working to top of scope literature review- Mental health and addiction workforce.* Auckland: Te Pou.

Todd, C., & O'Connor, J. (2005). Clinical Supervision. In N. Skinner, A. Roche, J. O'Connor, Y. Pollard & C. Todd. (Eds). *Workforce Development TIPS (Theory Into Practice Strategies): A resource Kit for the Alcohol and Other Drug Field.* National Centre for Education and Training on Addiction (NCETA). Adelaide: Flinders University.

World Health Organization. (2006). *Working together for health: The World Health Report 2006 Policy briefs.* Geneva: World Health Organization.

Glossary

This glossary applies to the terms within this document. Some of them are quite general but in this context are used as sector specific.

Aotearoa – Commonly used indigenous name of New Zealand. Some iwi Māori may use it to refer to the North Island only.

Kaiwhakahaere – Manager.

Kaiwhiriwhiri – Counsellor, negotiator.

Kaiāwhina – Support worker.

Kaimahi – Support worker.

Kaupapa – topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.

Kaupapa Māori – Definitions can vary but in essence 'kaupapa Māori' refers to anything based within Māori philosophy and principles and presupposes that:

- the validity and legitimacy of Māori language and culture is taken for granted
- the survival and revival of Māori language and culture is imperative.

Māori – The indigenous people of Aotearoa/New Zealand.

Manaaki – To tend, foster, the principle of extending hospitality.

Ngākau māhaki – The concept of humility.

Tangata/tāngata whai ora – literally 'person/people pursuing health', for example a service user.

Te Tiriti o Waitangi – The Treaty of Waitangi.

The Treaty of Waitangi – Treaty agreement signed in 1840 between Māori and Pākehā (settlers of European descent - predominately English) touted as the founding document of Aotearoa/New Zealand. It has since been debated over vehemently as to whether or not the assurances contained within have been fulfilled.

Whānau – All-encompassing relational Māori word for family including the nuclear family and extended family which may include friends and people that are unified in purpose as opposed to familial biological ties.

Wānanga – Learning, teaching, analysis and contemplative space, mode or method.

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