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SUPERVISION CONFERENCE 2010

# CommonThreads DifferentPatterns

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Conference Proceedings

## Editors:

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OF AUCKLAND

FACULTY OF EDUCATION

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## Editorial

In April 2010 a third supervision conference was held in Auckland Aotearoa NZ. A wide variety of papers were presented by practitioners who represented a range of professions and the conference was supported by a selection of keynote addresses and workshops from international speakers and experts.

The first Aotearoa NZ supervision conference in 2000 demonstrated, through the high quality of the contributions and the response of the conference participants, that supervision was in good heart and that there was commitment and energy from all to deliver excellence in supervision practice and scholarship (Beddoe & Worrall, 2001). The second conference in 2004 saw many new professions represented (Beddoe, Worrall & Howard, 2005). Ten years further on we review the state of supervision.

The landscape of supervision has changed over the last ten years. Research on and associated publication in supervision has grown exponentially and we see a greater range of professions who have adopted supervision as a form of professional practice. In an increasingly regulated and risk averse practice environment, supervision has had to define and defend its professional focus and, as we were reminded in the final keynote address there is also a risk that supervision becomes too easily promoted as the panacea for hugely stressed health and social care systems. A number of papers presented here in these proceedings discuss these tensions and responses to the current context of supervision.

The quality of research and scholarship which informs and shapes supervision is reflected in the excellent papers presented here. Carole Adamson invites supervisors to look beyond the individual supervisee and to consider the supervisee's responses to complexity as being embedded in wider political contexts of the work place. Vivianne Flintoff and Paul Flanagan suggest important questions supervisors, practitioners and agency managers can ask themselves to ensure the external supervision service is 'a three way relationship; situated within ethics of care, collaboration, and relationship'. Kieran O'Donoghue addresses relevant issues to professional supervision in the NZ context by analysing the discourses of biculturalism, indigenous development and multiculturalism set within an analysis of the organizational, professional and statutory environments. Vicki Paulin notes that prior to the late 1990s, most NZ dietitians had not heard of the concept of professional supervision but reports that today supervision practice is becoming increasingly accepted.

In a selection of short papers, 'Supervision in Action', Vivienne Cree discusses supervision of PhD students; Anna Elders considers supervision and its role in preventing vicarious trauma. Sue Foster addresses the vexed issue of accountability and external supervision. In the same section Lisa King and Vicki Hirst discuss on-line supervision services and Carolyn Simmons Carlsson & Janice Mueller outline the development of a strong culture of supervision.

Supervision has matured and developed in the past ten years and the debate around its territory and obligations has served to strengthen and sharpen its goals and focus. Janet May and Deb Stanfield report being asked their opinion as to the state of supervision. We echo their unhesitating response that, indeed, supervision remains in good heart.

Our thanks to the team of reviewers listed below who assessed the papers and provided useful feedback and suggestions to the authors.

**Liz Beddoe and Allyson Davys**  
**August 2011**

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## Peer-reviewed papers

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Carole Adamson: Resilience-informed supervision.

Vivianne Flintoff and Paul Flanagan: The 'Ménage à Trois' Complexity of External Supervision.

Janet May and Deb Stanfield: Experienced supervisors reflect on the impact for supervision on an increasingly 'legislatively managed' health and social service field.

Kieran O'Donoghue: Social work supervision in Aotearoa New Zealand: The state of the art and future directions.

Vicki Paulin: Introducing professional supervision to NZ Dietitians: A journey from discovery to inception.

# **Resilience informed supervision: Carole Adamson**

## **Abstract**

Professional supervision is increasingly recognised as being a core contributor to the sustainability of resilience and sound coping strategies for professionals within the human services. Resilient practitioners contribute to the overall health and wellbeing of both the organisations and the people with whom they work.

This paper uses an applied lens that defines resiliency as both an individual and an environmental issue and extracts key principles of relevance to the professional supervision process and environment.

In so doing, key questions concerning supervision's role, process and setting are raised for discussion.

## **Introduction**

Supervision is never politically innocent. As a professional activity, which is considered to have an integral function within social work and other human services, it is informed by current theories of human interaction and experience. It is also shaped by its location within fields and organisations engaged with policies and debates about health and social care. Neither is supervision, as a role and function within these agencies, an activity that is neutral or passive. Constructed as a space for reflective and reflexive practice (e.g. Beddoe, 2010; Jones, 2004; Mor Barak, Travis, Pyun & Xie, 2009), it is nevertheless also a practice that assists professional development and accountability within professional and managerial settings.

This paper explores tensions within the roles and functions of supervision and uses key principles extracted from current theories of resilience to generate discussion that may inform the experience of supervisors and supervisees. It suggests that current theories of resilience can inform supervision practice in a reflexive and environmentally-sensitive manner.

## **Using resiliency theories**

Within this paper, mention is made of resilience 'theories' as opposed to a unique theory. The historical developments, briefly summarised below, attest to the constant evolution of perspectives on wellbeing and human challenges and it is perhaps more intellectually sound to see knowledge about resilience as an understanding that is under constant development and review, and as such reflective always of broader changes within philosophies, research and policy-making.

Within the evolution of psychological and social theory, current Western resilience theories can be viewed as the descendents of the stress and coping research that began to inform practice in human services from the 1970s onwards. The definition, origins and sustainability of resilience have their intellectual origins within systems theories that, in acknowledging the interconnectedness and complexity of human interaction and experience, fundamentally shifted Western thinking from the hegemonic stance of 'medical' or scientific interpretations of human experience. Much of the twentieth century prior to the rise of systems theories had tended to present a pathologising interpretation of human experience, where both the causes and solutions to stress or distress were to be found within the individual, with what is now considered to be less than sufficient attention paid to environmental factors in human wellbeing. Since the 1970s, the traction that systems and ecological perspectives have gained has provided opportunity for the philosophies of human services provision – and within this, the practice of supervision – to move from pathogenic to salutogenic stances. Strengths and

Recovery perspectives, along with resilience theories themselves, are prime examples of this shift in thinking.

Early research (for instance, Garmezy, Masten & Tellegen, 1984) identified that health, wellbeing and optimal development needed to occur in environments where risk was managed and positive relationships promoted. As systems and ecological perspectives have evolved, perceptions of what makes people resilient has shifted from micro-perspectives (the family, the classroom, etc) to broader, community-based factors that include culturally diverse patterns of coping and resilience (e.g. Bottrell, 2009; Ungar, 2008). It can be argued that the adoption of systemic thinking – the ability to construct complex models of cause and effect – laid the intellectual foundations for constructivist and narrative approaches that so fundamentally acknowledge the possibilities of diverse responses and interpretations of stress, coping and resilience:

... theoretical emphasis has shifted from resilience as solely individual traits to notions of adaptation despite multiple and cumulative risks and to understanding protective factors for buffering or mediating effects of adversity. Bottrell (2009, p.323)

It is an artefact in the development of resiliency theories that attention to resilience in workers within organisational environments has occurred subsequent to a focus upon resilience in clients (children and families, mental health consumers and so on). This is arguably due to the same intellectual process of moving from attention to the pathology of the 'other' to a more complex understanding of wellness within interactive communities and work environments. As a result, there is less resiliency literature specifically focused upon professional supervision, and considerable work still to be done on linking theoretical and research material from (for example) children and families to organisational settings. Some of the arguments developed within this paper unashamedly use concepts developed within one field of practice and apply them within another. Clearly, there is scope for the development of further supervision and organisationally-focused research.

In acknowledging this theoretical caution there is, however, strong and developing evidence that the process of supervision does itself contribute to worker resilience in the experience of organisationally-based stress. Mor Barak et al's meta-analysis of supervision research suggests that not only can effective supervision provide protective support against workplace pressures, but that it can generate positive outcomes in terms of enhanced practice and functioning (Mor Barak et al, 2009, p.25). It is suggested that it is the reflective and relational aspects within the supervision relationship that contribute to professional development, the management of complexities and uncertainties and the kindling of hope (Beddoe, 2010).

## **Resiliency and supervision in relationship**

This paper argues that the strong research link between the reflective/reflexive and relational aspects of supervision and its contribution to worker resilience creates an imperative for an informed consideration of tensions inherent within the definition of supervision itself. Whilst supervision is often constructed as a best practice and practitioner-focused professional development tool, it can equally be interpreted through lenses of occupational health, cost-effective accounting or actuarial risk assessment. An examination of the supervision literature often highlights these competing tensions (Beddoe, 2010; Hawkins & Shohet, 1989). There is a risk of political naivety and of diluting the strength of resiliency theories and their contribution to supervision if professions and organisations do not consider these tensions.

There are some key principles that can be extracted from resiliency theories that can serve as focal points for this discussion.

Firstly, current definitions of resiliency suggest that a person's resilience can only be assessed through consideration of their own perceptions, interactions and context. Conceptualisation of resilience has moved from a dichotomous position of 'resilience v. pathology' towards an acknowledgement of personal, local and cultural definitions (e.g. Bottrell, 2009; Ungar, 2004 & 2008) and notions of 'hidden' definitions of resilience (e.g. Ungar, 2004). This research base, developed within client populations (for instance, within youth and family contexts), suggests that since individuals interact within families and communities, the processes of resilience can only be read within a comprehension of these complexities. Without the subtleties inherent in recognising people's

own narratives, interpretation and context, there is a risk of normalisation, of reading a person's resilience through external expectations of performance or expression: for example, where someone should be in their development, what they should know, how they should be responding. Through this, supervision may misinterpret culturally-specific coping processes, or may not recognise strategies that are not seen as socially appropriate.

Applying these concepts to the supervision process, we can see that externally-imposed expectations of appropriate or normal behaviour can, if we have performance management expectations or obligations, lead us to wrongly construct behaviour that is avoidant or in conflict with a person's job description. A Maori health worker often absent from their office may be seen as avoidant and 'awol', whereas they may in fact be honouring processes of whanau or hapu engagement. A social worker within a child protection agency may be seen as shirking responsibility by their reluctance to take on a 'fair' share of new cases, whereas they are attempting to work in a therapeutic or relationship-based manner within an outcomes-focused environment.

A second key principle gained from resiliency literature is that a person's developmental level not only influences their behaviour and attainment of outcomes, but that optimal development may not be achieved as there are socially constructed but unrecognised barriers to their attainment (Bottrell, 2009, p.331). This argument aligns strongly with a longstanding recognition within supervision that professional and personal development is a process. For instance, Hawkins & Shohet (1989) describe a developmental process moving from a new practitioner stance of being self-centred (perhaps self-referential or self-focused is a less pejorative description), through stages of being service user-centred, process-centred and then manifesting process-in-context centred practice as an experienced practitioner. Butler (1996) describes a similar process with stages of novice, advanced beginner, competent, proficient and expert. Brown and Bourne's model, which incorporates an appreciation of environmental influences on professional development, conceptualises the development as one moving from induction, through connection, to integration (Brown & Bourne, 1996).

Both Brown and Bourne (1996) and Bottrell (2009) suggest that the environment has a considerable role in facilitating the development of a person in context. Resiliency research such as Bottrell's suggests also that environmental barriers (processes or structures) may inhibit optimal development. In her research area (young people within a low income urban environment), rigid social structures and processes that could not respond appropriately to need, reduced opportunity and denied access to positive outcome.

Can this principle regarding structural determination of development be applied to the supervision process within organisations? One narrative is that of a student on practicum seen as 'not coping' and work-shy because their induction did not introduce them to organisational systems and team membership. Resilience in the workplace could be eroded by a lack of attention to cultural processes of welcome and inclusion, clear enunciation of role and expectation, in-service training about complex computer and reporting systems or clarity in regard to expected performance and outcome. Supervision, it can be argued, may be an active process that either perpetuates these socially constructed barriers or that can work to remove them.

A third principle harnesses facets from resilience, supervision and professional practice research. Human service workers are called upon to be robust and conceptually astute in order to respond to situations of complexity and uncertainty. From the writer's own profession of social work, Burgess (2004) and Askeland and Fook (2009) stress the need to develop critically reflexive practitioners for what Butler, Ford and Tregaskis (2007, p.285) term 'the messy complexities of practice' that require as much emphasis on process as on outcome. Parton (1998) and Lymbery (2003) describe the professional development of a social worker as moving from a competence to a creative stance and from dealing with straightforward and certain situations to uncertainty and complexity.

It can be argued that supervision – in individual or group formats – is one of the best available processes to address these complexities of practice (Jones, 2004). Learning to see the wood from the trees, to distinguish between the personal, the professional and the political, is a process often engaged in within the supervision relationship. In offering reflective space, uncertainty can be explored, narratives consolidated and new perspectives developed. Aligning this argument with the previous principles of environmentally-aware and developmentally-informed supervision, we are, however, effectively making reflective practice into reflexive practice. In other words, a focus on



supporting the development of resilience, coping strategies and the ability to manage complexity and uncertainty transforms supervision into a critically reflexive process that includes environmental scoping and critique.

The final principle for discussion within this paper highlights the social and political dimensions of the application of resiliency theories to supervision. Exploring the nature and impact of work within supervision involves the identification and attribution of stressors as well as enabling processes. It is well recognised that human services work can be inherently stressful (Occupational Safety and Health Service, 2003). Bottrell (2009, p.323) highlights that when we consider resilience within a context, we have then to focus upon wider expectations, competing interests and policy demands. Any process such as supervision, occurring as it does in human service agencies infused with political and social tensions, is therefore porous to how its environment constructs its purpose (Beddoe, 2010; Jones, 2004). Within risk-averse or risk-sensitive environments such as child protection, mental health or justice settings, supervision may be constructed as a process of performance management and damage limitation. The use of resiliency theories, previously adopted within this paper as knowledge that will enhance reflexive practice and maintain professional development and organisational functioning, may also be promoted not primarily as a learning and professional development tool but as a means of reducing organisational exposure to risk.

How much adversity should resilient individuals endure before social arrangements rather than individuals are targeted for intervention? Within a supervision process, a worker may be seen as coping, perhaps willingly taking on high levels of work or working long hours. From a politically-aware stance, however, this construction of resilience may be counter-productive. Bottrell's argument that "resilience building in a neoliberal framework may shift the emphasis from positive adaptation despite adversity to positive adaptation to adversity" (2009, p.334) aptly cautions us that sometimes the forces that promote or erode resilience are located outside of the individual person or practitioner.

## Conclusion

In conclusion, this paper has argued that principles from resiliency theories emerging out of research conducted within human services fields can be consciously applied to organisational settings and the process of supervision. Whilst further research specifically looking at organisational and practice resilience is called for, there is sufficient synergy between our understanding of the positive outcomes of effective supervision and our understanding of the sophisticated requirements of human service practice to suggest that resilience theories can contribute significantly to a politically aware understanding of supervision's role. In so doing, it is argued, supervision is not, and should never be, a politically innocent process.

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### **Author bio**

Carole is a lecturer in the School of Counselling, Human Services and Social Work, the University of Auckland. Carole's prime area of research interest focuses upon the experience of stress and trauma within the workplace and the development of resilience and support strategies in social work education and practice. Her doctoral studies considered the impact of critical incidents and traumatic events and the establishment of effective models of staff support within the mental health environment. Broader research interests lie in the fields of resilience, reflective learning, practitioner development and mental health.

# The 'ménage à trois' complexity of external supervision: Vivianne Flintoff and Paul Flanagan

## Abstract

The three way relationship within external supervision is complex and offers exciting possibilities. Three way relationships can be messy and misunderstandings about expectations and responsibilities ill defined. External supervision offers opportunities for exploring practice, professional development, and associated relationships. A supervision relationship external to the workplace allegedly supports best practice within the work setting. There are a range of understandings within service sectors about the dyadic relationship between supervisor and practitioner. We purport that there are fewer understandings about the ménage à trois of practitioner, supervisor, and agency (manager). This paper will explore some responsibilities in the relationship between the agency (manager), practitioner, and supervisor, and suggest some practices of accountability. Reflecting on our own practice as supervisors both within agencies and as external supervisors, this paper invites supervisors, practitioners, and agency (managers) to engage in thinking and reflecting upon supervision experiences and practices. Our intention is to critique, challenge, and support ways of developing useful and accountable external supervision practice.

## Locating ourselves

We (Vivianne and Paul) begin with two assumptions: That we (authors and readers) are all passionate about supervision, and that we have no doubts about the benefits and importance of external supervision arrangements. The benefits of external supervision are widely recognized (Morrell, 2001a). We come from practice backgrounds as: Narrative therapists; recipients of external supervision; counsellor educators with external supervision practices and Vivianne as agency manager. In these various practice sites we ask questions about further possibilities for external supervision relationship/s. These questions form an integral part to this article.

As narrative practitioners we locate ourselves within a social constructionist paradigm. This calls us to attend to knowledge and power within relationships wherever they might occur. Of particular interest to us is the Foucauldian idea that power is not an essentially oppressive force, and can be understood as both constructive and creative of knowledge (Burr, 2003). We further understand power as needing to be "enacted in respectful and responsive ways for it to avoid turning into dominance or abuse of power" (Sutherland, 2007, p. 203). Therefore, power needs to be understood as effecting and shaping relationships, and when accounted for in careful, respectful ways, collaboration becomes possible. White (1997) wrote of an ethic of collaboration becoming possible where consideration is given to the relations and effects of power. We realize, like Behan (2003) that collaboration does not mean simply doing whatever it is the other may want. Rather it is a negotiated process where knowledge, expertise, and understanding can be shared and appreciated. There is an element of risk in participating in collaborative relationships, and therefore such participation can be considered to be courageous, responsible ethical action (Behan, 2003). In taking into account the effects of power, we acknowledge that supervision is not only an ethical practice, but also one that is political and personal (Tsui, 2005).

Much of what we currently think has come to be during dialogue with others. In presenting our ideas, we come with tentativeness and uncertainty, wanting to not only deconstruct and "trouble" (Davies, 2000, p.14) the idea of a 'two way' relationship of supervision, but to also reconstruct ideas and processes, so that those of us who engage in the relationships of supervision, are able to hold some similar and different ideas or threads of meaning, about supervision relationships – including the possibility of an explicit three-way relationship which we, with tongue-in-cheek, call *ménage à trois*. It is our intention to provoke, or rather trouble, readers into reflecting beyond the traditional 'tight dyad' (Davys, 2001, p. 89) of external supervisor and practitioner, to foregrounding that of the triad of practitioner, external supervisor, and agency (or line manager). Our purpose is to offer useful, and hopefully, exciting possibilities for collaborative relationships in the supervision triad.

## Introduction

We include in this article some of the theory and ways of thinking we were not able to incorporate in our 30 minute presentation at the Conference. We limit ourselves to the consideration of the three-way relationship of external supervisor, practitioner, and agency manager – but acknowledge that a central purpose of supervision is to enhance practice for the benefit of service users (Crocket, 2002, 2004; Davys, 2005). Furthermore, we recognise that external supervision may be the “best means of safeguarding service to clients” (Page & Wosket, 1994, cited in Morrell, 2001b, p.36). In critiquing the taken-for-granted-assumption of a supervision dyad, it is not our intent to undermine the well recognised strengths of the external supervision relationship, but to put the relationship under scrutiny, so that other exciting possibilities for relationship may become possible.

We contend that the relationship of three already exists: The partners being the practitioner, external supervisor, and the agency (manager) where the agency budget pays for the supervision. The purpose of this article is to attend to this reality, to make explicit the implicit, in ways that better serve the purposes of external supervision, by threading questions located in the sites of Practitioner, Supervisor, and Agency (manager), through the three-way relationship – using common threads to create different patterns. Our challenge is to consider ethical responsibilities and accountabilities, in responding to the calls of the professions for robust dialogue, in the current managerial and economic political climate in which we currently find ourselves.

In deconstructing and troubling the idea of a two-way relationship we critique some taken-for-granted assumptions about external supervision. Parton (2003) suggests that we should ‘be ever-suspicious of our assumptions’ as our ways of knowing are not necessarily any closer to ‘the truth’ than other ways (p. 7). It is our hope that individual professionals, be they practitioner, supervisor, or agency (manager), will consider, and indeed question and critique, their relationship/s with the professional other/s. The questions we include in this article are but some of the questions we suggest might usefully be asked of supervision relationships, and they speak to the concerns and hopes of each partner in the *ménage à trois*. We acknowledge that the use of the metaphor *ménage à trois* is somewhat controversial and this has been deliberate. The literal meaning of the metaphor is “A Household of Three” (The Phrase Finder, 2010). We are not proposing that the partners of the triad are ‘sleeping partners’ or ‘in your pocket’ partners, but rather are independent and interdependent professionals, as well as collaborative and collegial practitioner/partners. We address the metaphor of ‘two’s company and three’s a crowd’ by acknowledging that carefully negotiated and crafted supervision agreements will attend to each partner’s responsibilities and accountabilities. Like Morrell (2001b), we recognise that the balance between confidentiality and sharing of information, as it relates to the external supervision service, is challenging. The confidential aspect of external supervision is widely appreciated and valued. In arguing for an explicit three-way relationship, we are not intending to undermine the strengths of external supervision, or to interfere with that which is “dearly and fiercely protected” (Shaw, 2004, p. 64).

## An overview

While supervision of counsellors and therapists has a reputable history dating back to Freud’s informal small group meetings where psychoanalytic theory and practice were discussed (Wheeler & King, 2000), we have drawn many of our ideas from social work literature. Apart from Smith (2004) we have found little call for discussion in counselling literature for a more explicit three-way relationship between external supervisor, practitioner, and agency (manager). Smith (2004) proposes that within counselling in Aotearoa New Zealand a more distant relationship between external supervisor and agency is preferred. Likewise Morrell (2001a) states, that the notion of an external supervisor having closer relationships with the agency (manager), is not something that is widely appreciated.

The NZAC Code of Ethics (2002) implies that supervision occurs within the dyad relationship of supervisor and practitioner, and it is *they* (our italics) who negotiate the relationship via the supervision agreement. In response to Crocket’s (2004) question as to whether supervision “can do it all” (p.7) we suggest, as does Hirst and Lynch (2005), that in the context of a dyad of external supervisor and practitioner, the answer is ‘no’. The Code of Ethics, and by inference the counselling profession, looks to supervision for assurance of effective and ethical quality counselling practice (Crocket, 2004). Agencies and organizations (and the public) also look to supervision for assurance

of effective and ethical practice. The agency manager may well look to the external supervisor to guarantee and ensure the practitioner is performing safely, ethically, and effectively. It is for this reason that agencies devote the resources of time, money, cover for practitioner absence, and sometimes physical space, so that external supervision can take place. In an environment of rationalized service, and with the acknowledgement of significant resources being made available for supervision, we suggest that it is a moral and ethical responsibility to interrogate the use of scarce resources – a question central to our current thesis is: Is the supervision service providing that which it is contracted to do? Morrison (2001, cited in Salomen, 2008, p.42) stated that just because supervision takes place, there is no guarantee that ‘service users’ will benefit – he goes on to write that it is the quality and focus of supervision that is more likely to benefit service users. Feltham (2000) suggested that one of the reasons supervision takes place is to “impress” the public that certain practices are in place to “monitor and preserve” the “quality of counselling” (p. 198).

In considering the quality and focus of supervision, some practitioners have reported that they have more difficulty understanding supervisors’ expectations of them, than understanding the issues that clients bring to counselling (Tyler & Tyler, 1988, cited in Whiting, 2007, p. 139). Supervision is a complex relationship and process (Lawless, Gale & Bacigalupe, 2001). In calling for a troubling of the dyad, and recognition of an explicit three-way supervision relationship, we acknowledge there may be additional challenges and complexity when working with more partners in the relationship. Complexity may give rise to misunderstandings and misreading of the partners of the supervision relationship (Whiting, 2007). It is our belief that crafting supervision agreements and establishing the context in which partners collaborate, does much to mitigate the potential for misunderstandings. Webber-Dreadon (1999) states that supervision agreements need to take into account all partners, so that the boundaries of relationships are clearly defined. She challenges agencies in particular, with the recognition that although organising complex relationships is difficult, it “should not be an excuse for the organization (*or another partner*) to opt out” (p. 9, our addition in italics). Davys (2005) contends that the partners in the supervision relationship “must wrestle” with tensions and “at times conflicting, interest” (p.15).

While not wanting to detract from Davys’ (2005) choice of metaphor, we prefer to situate the complexities of a three-way relationship within metaphors that suggest there is space for, and invitation to, dialogue. Bakhtin (1981, cited in Sutherland, 2007, p. 202) suggested that when voices are formulated in dialogue, even when some voices are formulated authoritatively, others are not excluded from the dialogue. They may, however, end up being on the margins of the conversation. We assert that currently, in many relationships where there is external supervision, it is the agency’s voice which is on the margins. In creating distance between the three “functions” of supervision: “the administrative (manager); the educative; and the supportive (Kadushin, 1992, cited in Field, 2008 p.12), where supervision is entirely separated from the agency, the professions may have done the practice of external supervision a dis-service.

The NZAC Code of Ethics (2002) states that: “counsellors should seek supervision from a person who is not in a position of authority over them” (p. 33); in effect separating the administrative functions from that of education and support. As we alluded to at the very beginning of this article, we appreciate external supervision arrangements for all the reasons external supervision has been established. One of the challenges, then, is for each of the three-way partners to situate themselves within the external supervision relationship, in accountable and responsible ways, and at the same time, collaborate ethically and respectfully in ways that the work of supervision retains the benefits of external supervision. A central challenge in foregrounding a three-way relationship is ‘*the how*’ each partner will engage in mutually acceptable ways. The question of *how* power, responsibility, accountability, and risk are to be negotiated calls the partners to locate themselves within a relational ethic (Carlson & Erikson, 2001) where issues of trust, respect, and power are made explicit (Philp, Guy & Lowe, 2007), and ideas that are similar and different can be spoken and heard (Roth, 1999). However, while we briefly acknowledge the importance of the ‘*how*’, a full discussion of the process in which the partners within the triad relationship might undertake their talk and negotiation, is beyond the scope of this article. Suffice to say here we are (also) concerned about the context in which such three-way negotiations take place and the context of any subsequent three-way conversations: *How* the invitation to a three-way partnership is made, is crucial to the continuation of respectful, collaborative conversations (Davies & Harré, 1990).

## Social and political context

We are pragmatically mindful of the political and social environment of “rationalized service delivery” (Davys, 2005, p. 15) in which our professions find themselves today. Given the current economic climate and the pressure upon many managers to produce quality service in a cost effective manner (Todd & Storm, 1997), the value of external supervision is perhaps coming under scrutiny in ways we, in the various professions who utilize external supervision, may not have envisaged. Morrison (2001, cited in Bradley & Höjer, 2009, p. 74) purported that at the very time, when supervision has never been more important in terms of increased pressure for accountability of service, it may also be one of the first casualties of tighter resources. As a service manager, Vivianne was very aware that one of the first code lines of the budget to come under scrutiny in the social service agency where she worked was that of external supervision. Bradley and Höjer (2009) in their study found that some managers were looking for “cheaper alternatives to external supervision” (p. 80). Practitioners are subsequently positioned as having to argue for the value of external supervision. In part this article is a response to some of the effects of a rationalized service delivery environment. Words such as, “responsibilities”, “accountabilities” and “risk management” (Davys, 2005, p.15) are being brought forward in agency discussions about supervision, and in particular external supervision. Possible tensions from such discussions require negotiation (Davys, 2005).

Three-way relationships succeed when both similarities and differences can be spoken about and where tensions can be respectfully held. Some of the similarities and differences which invite partners to be open and to listen to the other, are the similar and different ethical and value positions in relation to resources, including the idea of ‘value for money’ – and ideas about managerial responsibility for providing effective, safe, ethical services for service recipients, with limited and finite resources (Bradley & Höjer, 2009). McKenzie (2005) claims that “supervision is being increasingly compromised by the demands of managerialism, efficiency, outcome targeting, and evaluation” (p. 125). Be that as it may, in bringing forward ideas of responsibility and accountability, we write from a position of ethical care and responsibility, rather than from a position shaped by “modernist frames of managerialism, outcomes produced and evidenced” (McKenzie, 2005, p. 127).

An ethic of care (Crocket, Kotzé & Flintoff, 2007; Parton, 2003), requires us to be open to the ‘other’ making space for dialogue (Parton, 2003). Sevenhuijsen (1998, cited in Parton, 2003) suggests that such an ethic assumes relationships which are mutually interdependent; where we listen to the other and try to understand each other, coming, therefore, to a place of shared understanding and meaning. Care can then be understood to be a social, political and an ethical practice (Parton, 2003). We suggest that external supervisors have an ethical responsibility to be aware of how supervision actually contributes to the agency, and therefore be better positioned to know how external supervision is contributing (or not) to the work of providing service for clients. While situating ourselves within an ethic of care, we ask how external supervision can explicitly “contribute to an organisation’s effectiveness?” (Hirst & Lynch, 2005, p.91). Hirst and Lynch (2005) claim that “external supervision is central to the organisation’s effectiveness” (p. 93) and, furthermore, Davys (2005) suggests that supervision cannot be effective without an agency perspective. If external supervision is central to agency effectiveness, then the supervision agreement is central to the effectiveness of supervision itself.

## The supervision agreement

Hewson (2002) in writing about the negotiation of supervision agreements suggests that one of the purposes of such agreements is to “protect supervisor, counsellor, organization and clients” (p. 13). In this she acknowledges that supervision agreements need to consider all partners of the overarching supervision relationship. She further suggests that agency policies should be attached to the supervision agreement, and that there be not only an agreement between practitioner and supervisor, but also between supervisor and agency (manager). We, on the other hand, propose that a single three-way agreement be negotiated between the three partners rather than two separate agreements. To this end the negotiation of the supervision agreement is crucial in attending to the landscapes of power, responsibility, accountability, and risk (Flintoff & Flanagan, 2009). One of the ways a carefully crafted supervision agreement can attend to power, responsibility, accountability, and risk, is through shared negotiation and understanding of lines of responsibility (Copeland, 2000). According to Davys (2007) supervision is a negotiated professional relationship, and, therefore, in any supervision

arrangement, the negotiation of the supervision agreement is fundamental to the possibility of the supervision relationship and work taking place. Agreement and shared understanding as to the purposes of supervision, in relation to the practitioner, the supervisor, and the agency, may help prevent boundary slippage and power abuses (Whiting, 2007). In negotiating the agreement, relational responsibility is agreed upon and understood. The agreement clearly positions the external supervisor as external to the agency, and not as a surrogate internal supervisor. Boundary slippage is avoided (Cornforth & Bird Claiborne, 2008).

In negotiating the supervision agreement as an explicit three-way arrangement, we suggest partners are called into a relational ethic (Carlson & Erickson, 2001). They position themselves within an ethic of care where respectful collaboration is honoured. In these ways the negotiated agreement is entered into in an ethically mindful way (Bond, 2009). In the three-way agreement, the relations of accountability and responsibility are made explicit. Reporting requirements are made overt, and in particular, boundaries pertaining to confidentiality are agreed upon and understood. Should difficulties arise, either within the agency environment or the supervision relationship, where there is a negotiated and collaborative relationship between the agency and the external supervisor (in contrast to a slender or marginalized relationship) there is a greater certainty about the processes of responding to any difficulties (Morrell, 2001b).

## Questions

In troubling the traditional dyad and considering the three-way relationship, there are three sites in which we situate our questions: These are the sites of Practitioner, External Supervisor, and Agency (manager). These three particular sites come from our initial wonderings about how we might explore ethical questions and dilemmas in relation to supervision practice, and, remain accountable to limited and finite resources. Our questions asked from the site of the practitioner and external supervisor are mostly threaded through with ethics and values, whereas questions from the site of the agency (manager) are strongly threaded through with pragmatic considerations which also speak to an ethical concern. We turn first to the site of Practitioner; we then consider the site of the external Supervisor and, finally, the site of the Agency (manager). As we turn to the three sites, we hold ethics of care, collaboration, and relationship, as threads to be woven through the three-way partnership –common threads weaving a new pattern.

### ***Site of practitioner***

In participating in an external supervision arrangement, the practitioner has some freedom and safety, within the agency, from the surveillance of the manager and colleagues (Morrell, 2001a). However, Bradley and Höjer (2009) suggest that “the role of supervision and the worker/supervisor relationship may be constructed and viewed as an integral and interdependent part of a broader dialogue within the organization and beyond” (p. 82). With such thoughts in mind we ask the following questions from the site of the practitioner:

- What forms of external supervision are going to provide the best service for me?
- What relationship would I prefer between the external supervisor and the agency? And why?
- Who decides who my external supervisor is?
- As the ‘payers for supervision’ what could/should my agency expect to know?
- Who is responsible for negotiating the supervision agreement?
- What needs to be considered and included in the supervision agreement and why?

Some of the benefits of having an explicit three-way external supervision agreement have been anecdotally reported to us by a number of practitioners. Practitioners have benefitted from having feedback about their work from both the supervisor and manager. The following statements speak of the benefits of the *ménage à trois*:

“Reassurance and knowledge that agency (manager) and supervisor are better positioned to support practitioner”

“ ‘Evidence’ of increased understanding, support, monitoring of practice, and professional development opportunities “

In talking with practitioners about external supervision, we have had the experience of a few people describing their supervision sessions as 'bitch sessions' (personal communication, 2010). In making visible such sentiments, we acknowledge that in agencies where power via organisational systems (among other things) is not addressed, "staff can become clients" within the external supervision relationship (Shaw, 2004, p. 66). On the other hand, where power relations are addressed both within the work context and in the supervision relationship, where both agency (manager) and external supervisor understand the purposes of external supervision, the external supervisor becomes the "lynch pin" (Shaw, 2004, p. 68) in the three-way relationship and the practitioner is positioned well in her work with the people who partake in the service.

### **Site of supervisor**

As social constructionists, we acknowledge that practitioners shape the agency's culture and practice (Copeland, 2000). Therefore, the conversations that take place during external supervision are also contributing to, shaping, and changing the agency. For this reason (among others) we contend that supervisors need to have knowledge of, and relationships with, the agency, some understanding of the agency's business, and an awareness of any changes the agency may be undergoing (Copeland, 2000). This, then, positions the supervisor as requiring an "intense alertness to work practice and culture" (Feasey, 2002, p. 25). Supervisors carry responsibility for monitoring responsible and ethical practice (Unger, 2006) and this responsibility can only be better supported through knowledge of the practitioner's practice (work) context. Furthermore, where the supervisor is paid by the agency, Copeland (1998, cited in Morrell, 2001b, p. 37) suggests that the supervisor has a responsibility to account for their service to the practitioner and to the agency.

Some external supervisors have begun to talk about their preference for closer relationships with the agencies that contract them. Foster (2010), an external supervisor in private practice, uses the metaphor of working from a desert island. She speaks of her need to get into a waka (canoe) and paddle closer to the agency that contracts her as an external supervisor. We appreciate such a position and further suggest that the practitioner and the agency manager also share in responsibility for ensuring that the external supervisor has the necessary and appropriate knowledge of the work context of the agency - that the work of supervision may effectively support the practitioner in her place of work. Foster's (2010) metaphor of paddling towards the agency suggests we might usefully consider that the sea she is paddling across might be understood as the relational space between the agency and supervisor. What might happen in terms of the thesis of this article if we consider the sea to be the 'thing' that connects the partners in the *ménage à trois*, rather than separates or keeps them apart? It is our hope that the following questions from the site of the external supervisor might be the waves of the sea connecting the three-way partnership:

- What is my responsibility to the:
  - Practitioner?
  - Clients and their whanau?
    - Agency? E.g. Agency report? Meeting with agency? When? Where? Why? How often?
    - What information needs to be shared and why? Who benefits? Profession?
- How do I understand my relationship with the agency?
- In what ways am I able to give constructive criticism to the agency manager and when and why would I do this?
- How does the agency understand their relationship with me?
- How are power relations/agency politics addressed?
- Who do I talk with if I have concerns about the practitioner/a client/someone in the agency?

Crocket (2002) has drawn our attention to the commitment that supervisors need to make to an ongoing "ethical review and preview of their work" (p.23). We suggest that three-way partnership and participation in *ménage à trois*, is one way that will support supervisors to uphold their commitment. Some further possible benefits of closer collaborative relationships for the external supervisor are:

- An increase in understanding of the practitioner and their work
- Established pathways for interactions with the agency (manager)
- Professional satisfaction with the increased level of support for the practitioner
- Shared responsibility for the practice work
- A clearer understanding of the supervision provision.



We contend that where there is a relational ethic which includes respectful, careful, collaborative three-way supervision relationships, the quality and focus of external supervision may better support the purpose of external supervision.

### ***Site of agency (manager)***

Whiting (2007) has acknowledged that there are multiple levels of engagement in a supervision relationship. Therefore supervision itself is a complex relationship and interaction. In acknowledging the complexity of supervision we suggest that ascertaining the effectiveness of supervision is also very complex (Crocket, 2005). Furthermore, it is reasonable and responsible for management to want some assurance about the effectiveness of the supervision service and practitioner performance (Shaw, 2004). Crocket (2005) acknowledges that there is an increasing requirement for supervision to produce an assurance of quality practice.

We surmise that such complexity and need for assurance about the effectiveness (or not) of the supervision service gives rise to the pragmatic questions located in the site of the agency (manager). We are very conscious that there are more questions in this site than in the previous two sites. However, the questions below speak to a commitment to provide an ethical, effective, and safe service, and declare a commitment to position practitioners well in their working relationships with clients (Hirst & Lynch, 2005). After all, management today is about achieving shared purposes through collaborative and empowered relationships (Crane, 2002, cited in Hirst & Lynch, 2005, p. 92).

Some of the possible questions, in no particular order, we suggest a manager might usefully ask of the supervision service:

- How do I know that the supervision is effective and useful?
- Is this supervision value for money?
- Is this supervisor doing what I expect the supervisor to be doing?
- How will I know if there are some things I should know? And what could these things be?
- What are the contractual requirements for external supervision from the agency's perspective?
- How does the supervisor understand the relationship with the agency (with me)?
- How are power relations (e.g. agency politics) addressed within supervision?
- Who decides who the external supervisors are and why?
- What does the agency want in the external supervisor? Skills, practice knowledge, training, compatibility with agency values, theoretical approaches, professional codes?
- What relationship do I as manager have with the external supervisor? And what relationship should/could there be?
- How might the external supervisor understand that we share responsibility in supporting the practitioner and her/his practice?
- How would I go about advocating for the practitioner when power relations are fraught in the external supervision relationship and where the practitioner does not feel equal to the task?
- Can I know whether or not the practitioner's practice is safe, ethical, and effective?

Wheeler and King (2000) acknowledge that having a professional support system that shares that burden of responsibility is valuable. They further suggest that the ultimate responsibility for the work with clients lies with the practitioner and the manager, not the external supervisor. Such responsibility speaks to the need for a clear understanding of the relationship between agency (manager) and the external supervisor.

A number of benefits come to mind from the site of the manager for a three-way explicit partnership. Some could be:

- knowledge that the supervision service provides what is contracted for
- safety of practice
- safety for the practitioner
- knowledge of effective client work
- assurance

We are mindful of Bradley and Höjer's (2009) research where some managers expressed discontent with the supervision service, because some external supervisors were not sufficiently aware of

agency requirements and policies. For external supervision and external supervision relationships to have a higher credibility with some agency managers, the interdependency between the supervisor and the agency (Bradley & Höjer, 2009), needs to be attended to in a three-way supervision agreement and relationship.

## Conclusion

In calling for further dialogue among the professions about the partnerships that exist in external supervision practice, we acknowledge that supervision is not always an ethical practice (Cornforth & Bird Claiborne, 2008) and/or an effective service. In troubling the traditional tight-dyad we want to be careful to avoid any slippage in the importance of external supervision, particularly as we are writing at a time where the “dominant economic paradigm” is one of rationalisation and efficiencies (Cornforth & Bird Claiborne, 2008, p. 157). We have argued that by situating the three-way relationship within ethics of care, collaboration, and relationship, the questions we have suggested are an attempt to acknowledge ethical supervision practice without it becoming a “tool for accountability” (Cornforth & Bird Claiborne, 2008, p. 160). In proposing explicit, three-way supervision agreements we are calling for “productive relational responsibility” where clients are ultimately benefitted (Crocket, 2004, p. 180). It is our hope that in adding our voices to the dialogue of explicit three-way supervision partnerships, there will be an explicitly acknowledged, shared relational responsibility, for providing “best” service to service users.

Throughout our Conference presentation, and again in this article, we have paid attention to the politics of power, for we acknowledge that when power-in-action is not recognised or accounted for, it cannot be challenged (Hewson, 1999) or negotiated. Where there is an acknowledged three-way supervision relationship, the supervision agreement, and therefore supervision work, can be explored and negotiated within the context of the agency, as well as the requirements of the profession. The boundaries, limitations, and possibilities of the supervision relationship and work (Davys, 2007) become transparent. Responsibilities and accountabilities within the *ménage à trois* are better understood and appreciated. When the partners, together, discover and explore the shared values and hopes for the supervision work, in ways that shape collaborative and respectful working partnerships (Hirst & Lynch, 2005, p.92) then the closer partnership can serve the best interests of the three partners, and most importantly, the interests of the people who utilise the service provided by practitioners (Hirst & Lynch, 2005, p. 91). In negotiating complex supervision relationships, we (practitioners, supervisors, and agency managers) are called upon to respond in ways that require us to be relational – to position ourselves with ethical courage, in this which is not only a professional practice, but a human endeavour (Tsui, 2005).

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# **Experienced supervisors reflect on the impact for supervision on an increasingly 'legislatively managed' health and social service field: Janet May & Deborah Stanfield**

## **Abstract**

The past decade has seen the introduction of significant legislation into the fields of health and social services in New Zealand, namely the Health Practitioners' Competency Assurance Act (2003) and Social Work Registration Act (2003). This study explores the impact of this more legislated managed practice climate on supervision, researching and capturing the experiences of seven experienced supervisors who have been working over this period of time. Key themes emerged from the study confirming that legislation has had a significant effect on supervisor's respective professions, and in turn an effect on the nature of supervision as it occurs in their practice. Supervisors are noticing greater expectations of supervision by organisations; a greater level of bureaucracy and preoccupation with risk impacting on practitioners and thus on the needs of supervisees within supervision. Supervisors identified how they are responding to these shifts and offer strategies and understandings they are drawing upon to inform them in these times.

## **Background to the study**

Over the past two decades we have been involved in supervision training and in providing supervision within a range of contexts and to a wide variety of health and social service professionals in the community. During this period we have observed a shift in the supervision field with respect to a more legislated health and social service practice environment which we believe is having an impact on the practitioners working within these fields, and which potentially has implications for the supervisors of these professionals. It is our perception therefore, that a key influence on current supervision provision is the introduction of the Health Practitioners Competency Assurance Act (2003) (HPCA Act). The introduction of the HPCA Act has seen a growing preoccupation in health and social service practice environments on safety, public accountability and competence, and the professions looking to supervision as a means of ensuring 'competent and accountable professional practice' amongst its' registered practitioners. In some instances, for example the New Zealand Association of Occupational Therapists (NZAOT) considers supervision a mandatory requirement for maintaining ongoing competency. Other key pieces of professional legislation have had similar influence on professions (for example the Social Work Registration Act 2003).

We considered it was timely therefore that a picture is developed of how these legislative requirements are impacting on, and being interpreted and realised in the "supervision room."

### ***On the heels of contemporary New Zealand research***

In commencing our study, we found support for our own experience and sense that there has been a shift towards a more 'legally managed' or 'regulated' practice environment in health and the social services' and that there is a need for further understanding around this.

Three significant New Zealand studies were sourced. O'Donoghue (1999) investigated the place of professional supervision in the context of the 'new public management' of New Zealand's Community Probation Service, with the introduction of the State Sector Act 1988 and the Public Finance Act 1989. This legislation led to a major change in management practice profoundly affecting public organisations, which resulted in, among other things, an increased emphasis on quantifiable outputs

and performance targets as opposed to 'professional process accountability'. O'Donoghue (1999) highlights the tension between 'professional and managerial' aspects of supervision, whereby a supervisor is embedded within both a management system and the professional practice system, concluding that the concept of "best practice" becomes lost in the management structure; and the managerial or administrative aspect of supervision dominates the supportive aspect of professional practice.

At the time of his study, O'Donoghue's position, based on practice experience and on supervision literature, was that professional supervision needed to be focused on the individual in their environment, rather than on the agency's needs in order to be effective. With respect to whether supervision would develop in this regard O'Donoghue referred to the predictions of Payne (1994) who at that time outlined three potential scenarios for future supervision practice in social work: i) there would be a separation of the professional and managerial aspects of supervision brought about by a professional revival; ii) there would be reconciliation of these two aspects through the quality movement or iii) there would be a complete rejection of the professional aspects of social service supervision.

O'Donoghue (1999) noted that there existed a gap in the research nationally and internationally, that looked specifically at what is actually occurring, or transpires, in supervision in Community Probation Service and other agencies.

A decade on, Beddoe (2010) explores a similar theme in her research, asserting that the growth of supervision as a professional practice in health and social care is linked to the increasing regulation of the fields and the linking of supervision to accountability and quality. She describes a link between 'the revitalisation of supervision as a professional practice focused on practitioner development, and the impact of 'the risk society', which promotes greater surveillance of professional practice' (2010, p.1279).

Beddoe (2010) describes at some length the impact of a 'risk society', organised in response to risk (Beck, 1992 cited in Beddoe). She gives an understanding of the way risk has been applied to social service environments largely resulting in organisations characterised by 'risk averse and defensive practices', and the impact on supervision and how it has resisted and responded to this.

Interestingly, Beddoe also picks up Payne's (1994) prediction's on the future direction of supervision, and wonders whether in fact his second prediction has occurred - that there has been a reconciliation of managerial and professional aspects in supervision. At the commencement of her research Beddoe goes on to raise a concern regarding this reconciliation of aspects as to whether the integrity of 'supervision as a learning focused activity' has been compromised (2010, p.1280).

From her study with a small group of 'expert' practitioners of professional supervision, Beddoe went on to determine that they all had 'rejected a surveillance role for supervision and supported the maintenance of a reflective space as crucial to effective practice' (2010, p.1279). Beddoe makes a call for further research to better understand how supervision can occur within contemporary social work organisations 'Such greater understanding may assist supervisors and their supervisees to retain a commitment to a supervision practice grounded in social work values and commitment to critical, reflective learning' (2010, p.1293).

Herkt (2005) relate that occupational therapists in New Zealand are struggling with similar issues with respect to supervision. Herkt captures the tension between supervision as a 'creative process supporting professional development, and supervision as an accountability mechanism' discussing the inherent and commonly discussed difficulty in performing the two roles simultaneously.

Subsequently occupational therapists are looking to their authorising professional bodies for clarity around what the goals of supervision are, and what skills are required to meet those goals.

Our research also seemed timely with respect to similar challenges facing Maori with regards to supervision. Contemporary Maori writers have explored how the professional needs of Maori can be met through supervision. Frameworks have been developed that seek to define Tangata whenua supervision and/or Kaupapa Maori supervision. Eruera (2007)) describes how raranga (weaving) can be used as a metaphor in supervision in managing its complexities and a greater understanding of this philosophy leads to a more holistic and useful supervision process for Maori. Webber-Dreadon (1999) has developed a model using the Tangata Whenua principle of awhiowhio (the spiral), in a similar way to how Eruera applies the raranga metaphor. There is some acceptance however that Maori may require additional supervisory support, such as a three dimensional approach which includes the organizational supervisor, a Tangata Whenua supervisor and a kuia or kaumatua for spiritual guidance.

Therefore whilst there is acknowledgement that supervision is seen historically as a process for Maori and that professionally it now sits within a context of professional registration and organisational accountability – there again sits a tension between needs of an organisation for accountability and the unique needs of the professional. These models have been introduced and go some way to managing this however; there is little evidence of what actually happens in the supervision session to manage the similar tensions of the climate of practice, in which Maori practitioners/supervisees are located. In our study we hoped to gain a greater understanding in this regard.

O'Donoghue (1999) ,Beddoe (2010) and Herkt (2005) confirmed our own suspicions that the current legislative environments are having an influence on the shape of supervision. This influence is most notably found in the growing tension between the managerial and professional aspects of supervision. We perceived there was a timely opportunity for a more in depth exploration of how this shift in practice climate may have been experienced by supervisors, how they manage the impact, and what they can offer us in terms of strategies and frameworks for practice in these current climates.

## **The Research Project**

With the introduction of significant legislation into the fields of health and social services having taken place largely over the past decade, of most interest in this project was to capture the experiences of supervisors who have been offering supervision for a minimum of this period if not significantly longer.

Our research is situated in a qualitative research paradigm, 'Qualitative methods attempt to capture and understand individual definitions, descriptions and meanings of events' (Burns, 2000, p. 388) recognising that of most value and interest in our study would be the anecdotal accounts of practice and identifying themes common in participants' experiences. In addition to this as researchers we had a desire to discover what is actually happening in practice or 'supervisors' rooms' and make an attempt to theorise this. Elias (1994) identifies a role for the researcher of a 'participant conceptualiser and praxis explicator' that mostly closely describes our intentions in this regard.

Semi structured interviews were chosen as the method of inquiry. Burns (2000) teases out the advantage of varying types of research interviews: open ended, semi structured and structured or surveys identifying the value of semi-structured interviews 'a direction is given to the interview so that the content focuses on the crucial issues of the study' (2000,p.424).

Ethical approval was attained from the Waikato Institute of Technology's Research Ethics Committee and a group of six experienced supervisors were selected to interview from a range of professions

(social work, psychology, psychotherapy and counselling). Participants were selected due to their esteem amongst peers; being regarded as 'sages' in the field; and holding 'practice wisdom' spanning many years. We consider one of the hallmarks of a 'good' supervisor is one who can assist their supervisees to both reflect in depth on, and theorize their practice - our participants therefore were being invited into a process we assumed would be second nature to their role as supervisors. The small number of participants from each profession has meant that our interest is not in being able to generalise the findings to the various professions, rather to have anecdotal snapshots into supervisors' experiences. Two of the participants were of Maori ethnicity. These two participants likewise wished to express that their experiences and opinions may well be in common with other Maori supervisors, however again they expressed a need to be tentative around generalizing findings. The supervisors selected were offering a range of type of supervision; internal, external, cultural, individual, group, professional and clinical. Variation also existed in the usage of these terms.

Informed consent was attained from the seven participants and each was given a number. Participants were sent a detailed participant information sheet outlining the focus of the study and then engaged in an in depth semi-structured interview with the researchers. The interview was underpinned by a reflective learning cycle (Kolb, 1984) process of inquiry paralleling reflective learning models of supervision (Davys 2001, van Ooijen 2003). The reflective process sits on a premise regarding learning: that in reflecting on experience we access and generate a deeper 'knowing', understanding and/or learning from this experience. Our four broad interview questions were therefore framed around the four stages of the reflective learning i) awareness of experience, ii) exploration of experience, iii) conceptualization, iv) active experimentation (Kolb, 1984). Our questions follow a corresponding cycle.

- I. Have you noticed a shift in any way to the practice climate due to increasing legislative influences (HPCA Act 2003, SW Registration Act 2003)?
- II. What have you noticed in the 'room with your supervisee that might characterise either this shift or current trends in the climate?
- III. How might we make sense of these noticing and experiences?
- IV. Are there any specific strategies or frameworks that would be characteristic of the way you work in this climate?

Key themes emerged through the interviews and are outlined and discussed in the following section.

## **Findings and discussion**

We will discuss our findings in two ways; the first being a summary of what has been noticed by our participants in the supervision room with respect to the shift in a more legislatively managed practice environment. Secondly we focus on the responses supervisors have had to these shifts – and particularly the strategies and approaches supervisors are currently employing in response to the shifts.

### ***Themes noticed and their impact in the supervision room***

There was general acknowledgement amongst all participants that legislation has had a significant effect on their respective professions, and in turn an effect on the nature of supervision as it occurs in their practice. There was a shared experience that organisational and legislative requirements are taking up more space on the supervision agenda in two distinct ways: either as demands brought forward by the organisation itself, or by the needs of supervisee's in response to their experience in the work environment. There was also recognition that the role of supervision has become more legitimized as a result, and that increased accountability is a necessary and positive development.



### **1.1 Increased organisational demands on supervisors in the tripartite supervision alliance**

Supervisors related a shift in dynamics in the 'tripartite alliance' of supervision, (the three parties involved in supervision; supervisors, supervisee and the employing agency of the supervisee), with organisations looking more to supervisors to meet their specific requirements to maintain a competent workforce, and demanding a greater level of accountability from supervisors within the alliance.

*Agencies are seeking the help of external supervisors to meet supervision requirements for their supervisees registered under the acts....this has brought a shift in my own level of accountability as a supervisor and shift in the expectations of me as an external supervisor from organizations of my supervisees.....I am feeling the push for accountability and professionalism...(6)*

Supervisors described what Hughes and Pengelly term as a 'potentially uncomfortable piggy in the middle position' (1997, p.24). They describe this interface between supervisee and their organisation with its potential and inevitable competing demands. The same supervisor commented

*With this has been the challenge to keep supervision more holistic and also to keep a balance of formative, restorative functions. ...also I work harder to keep a focus on them as a supervisee whilst I have organisations expectations on me... I am having to be far more conscious in the room – to keep a focus on the supervisee and what I am doing for them as well as for the organization...(6).*

For this supervisor, and the other supervisors with similar experiences, O' Donoghue's (1999) observations that supervision is embedded in both management <sup>1</sup> and professional practice systems rings true.

### **1.2 Increased bureaucratic pressures being felt by practitioners, and the gap between managers and clients widening**

Not only did supervisors speak of their own experience of a greater demand of agencies on supervision, but also of what they perceived to be a greater pull on practitioners from organisational and bureaucratic pressures that competed with client needs, and where procedural matters dominate (Beddoe, 2010).

*There's far more bureaucracy for practitioners to manage ... (7)*

*Its practice vs. managerial stuff; workers pulled away from time with clients to do organisational stuff... (2)*

### **1.3 A systemic and organizational focus dominating supervision**

Not surprising, a related theme and a striking commonality amongst all participants interviewed was their experience of the focus of their supervision times being dominated by attention to the supervisee concerns with their organisations or systemic issues. What was also apparent was the conscious awareness amongst all supervisors of this dynamic and their intentionality in practice with regards to this.

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<sup>1</sup> For external and internal supervisors who may not have a direct line management responsibility in relation to their supervisee, with their role in the maintenance of competency standards required under the HPCCA Act and SW Reg. Act, we wonder effectively whether this means that they are still embedded within a broader management system with a managerial aspect to supervision.

*I have watched myself having to address systemic issues , have to fill in a form at the end and identify whether the issues have been systemic, clinical , personal etc and I am always ticking systemic....– how to empower supervisees in systems that are pressurizing them and to say no I am not taking on any more clients...(4)*

*I've noticed on our supervision training courses far more time given to organisational and systemic context of supervision than ever before. Almost have to remind ourselves to keep a client focus e.g.: in skills practice sessions. (7)*

Supervisors talked about a sense of responsibility they felt towards ensuring the supervision they provided was balanced between organisational concerns and professional aspects of practice rather than allowing a dominance of organisational concerns - they framed this in a similar way to O'Donoghue (1999), as being a concern for holding the professional aspects of supervision. One supervisor remarked

*I am standing in that interface between Maori organisations practitioners and holding that professional responsibility... (3)*

Supervisors spoke also of assisting supervisees to survive within 'systems' that were pressurising them. For the two Maori participants this was particularly pertinent.

*For a lot of Maori when I first meet them it is about trying to help them keep their jobs because a lot of Maori are under stress in their organisations ...so it's about helping them to express cultural issues that are important to them... for a long time Maori would be the only Maori person in an agency without a reference group... organisations are becoming more realistic about things if they want to develop a Maori side....there is more awareness of how Maori can work in systems and much more recognition of Te Reo...but still helping practitioners to manage in their organisations as Maori are still rarely the majority in organisations...(3)*

*The culture of the organisation can be so strong you are either going to lose yourself in it, and lose who you are or your values and beliefs or you need to say how do I fit within a culture that doesn't fit who I am...(2)*

'Lost in translation' of these research interviews may be the considerable distress expressed by the supervisors in our study as they described the attritional affect of current practice environments on their supervisees.

Howard (2008) writes about factors contributing to staff burnout – highlighting increasing bureaucratic demands, organisational climates and management practices. Howard (2008) argues that when organizations are preoccupied with financial control and accountability this can lead to burnout in staff – emotional exhaustion, depersonalisation, and decreased feelings of personal accomplishment. One supervisor described the multilayered stressors on supervisees presenting in supervision

*With the recent ACC {Accident Compensation Corporation} changes, supervisees are coming in with a whole layer they're carrying their clients' distress, of interacting with ACC and the supervisees own feelings about how ACC's changed...(5)*

Supervisors again spoke to the intentional role they were playing in addressing the impact of systemic and organisational context on supervisees, coupled with the sense that there is an ever widening gap between managers and clients. and between managers and their knowledge of supervisees' practice environments.

*How in touch with practice are the leaders of organisations? How in touch with the real issues facing workers when they go into family's homes – parenting programs have got to do a lot more than a four day ½ day session ra ra ra...(2)*

One participant spoke of the advantages of working within the same organisation as their supervisees given what they felt was an increasingly complex work place that their supervisees were working within.

*Some advantages now more than ever of having insider knowledge of how the supervisees system functions and where they fit... (1)*

#### **1.4 Practitioner disconnectedness from clients**

Perhaps the most striking theme quick to emerge in conversations with many of the participants was their observation of the influence of regulation and legislation on the practice of their supervisees as what they described as their experience of supervisees struggling to maintain a 'connectedness' to practice - what one participant best described as being 'humanly' connected to their clients. Beddoe (2010) describes risk dominated practice environments as being characterised by technician approaches and a proliferation of audit practices. Supervisors in our study noted a similar greater emphasis on competency and accountability in practice environments - a greater focus on outcomes, and on assessment diagnosis and treatment processes. There was similarly less attention to what might previously have been described as an emphasis on the relationship of the practitioner with their client /patient. Examples were given regarding the shift in requirements for practitioners working on contracts with the Primary Health Organisations (PHO's) and with sensitive claims with the Accident Compensation Corporation (ACC) - supervisors described witnessing a profound effect on the very essence of their supervisees' identity and practice.

*The increasing emphasis on short term funding contracts PHO's – six sessions and possibly another four has brought a shift in emphasis from process to procedures with practitioners having to change their practices to a more technocratic/ 'doing to' the client than a being with relationally with clients. Perfectly capable practitioners are having to change their practice to fit. (4)*

She continues

*...a medical model requires that practitioners function from that basis and diagnose and treat the client - and the 'person hood of the person' they are working with is being forgotten' (4)*

A consequence of this was articulated by one supervisor who spoke of a sense of displacement and erosion of confidence and 'spirit' for supervisees preoccupying supervision conversations more than ever. She spoke of needing to provide increased reassurance to supervisees regarding their practice competence – for example, when counselors were having their professional reports rejected because of a changing legislative regime.

*Anger and anxiety is coming into the room- I am needing to affirm these practitioners even more. (5)*

#### **1.5 Greater preoccupation with risk management in practice environments affecting supervision**

With such an emphasis on competency under the HPCCA Act (2003) supervisors also spoke of the element of fear and risk management having increased in practice environments and in turn being evidenced within supervision. Speculation was made of a greater unwillingness for the state/public to accept risk and humanness, and the passing of this responsibility onto the professionals –

supervisors' felt increasingly that the supervision room is where this is ultimately played out whereas previously it would have been a lesser, or even a non-issue.

*There is a fear element that has come into supervision that I haven't experienced as significantly as in the last two years - a fear of suicide and homicide. The practitioners have boxes to fill in from here to kingdom come. Everyone is in panic mode when they are working, everybody is looking for the expert to pass on to – and of course there is no expert ...When I did my training we learnt how to manage suicide, cool people down when they escalated and work with the humanness of it. – learnt to hold people in the struggle of being human. (4)*

Wilmot observes

One of the primary tasks of supervision is the containment of anxiety, our own, the client's, the supervisees' and all those in the wider system: from immediate family to other stakeholders such as the health service, social services and society itself. (2008,p.95)

Supervisors recounted acute awareness of their role in containment in this current climate.

This increased preoccupation with risk was perceived by one supervisor as impacting the number of experienced staff actually available to provide supervision.

*Bureaucracy has got stronger, more reactive and has meant new people to the work force have needed more from supervisors around risk management strategies esp. if the draw on senior staff has been greater in putting out fires etc...(1)*

## **1.6 Shift in status of supervision**

'The current preoccupation with oversight of practice has arguably strengthened the mandate for supervision...' (Beddoe, 2010, p.1280).

The final theme to be outlined relates to the status of supervision itself. Our participants observed that the introduction of legislated and associated supervision requirements has meant that supervision has become regarded as a legitimate professional activity in itself with organisations looking to supervision to assist in meeting the task of maintain a competent workforce. This was acknowledged as advantageous to the promotion of supervision as a valued activity.

*HPCA Act has been a tool to remind managers of supervision...The organization I worked for now has one policy on supervision incorporating the HPCA act requirements. (1)*

It was interesting to note also that there was unanimous support from all participants in principle for the regulation of the professions as a means of endeavouring greater accountability to the professions and many spoke of their active involvement and or support they lent to their professional bodies in the process of becoming a registered profession.

On the other hand however, some of the less positive implications of registration were clearly being keenly felt by some, including the financial impact on those in professions just newly registered or with registration impending (psychotherapy and counseling). In addition, senior practitioners with years of experience and experiential training, yet limited formal qualifications, were not meeting registration requirements.

*Public accountability under the act primarily a good thing – we all have sorry tale of people who have been abusers and stuff... (1)*

*There a lot of people who see it as a good thing... It gives us a legal status and credibility amongst all the other professions.... but I wonder how much there will be people who are sidelined... (5)*

## **2 Supervisor responses to the affects of the legislatively managed practice environments on supervision and strategies utilised**

All practitioners interviewed offered very useful reflections about the clinical strategies they found themselves relying on in supervision in response to issues being presented to them. The nature of strategies or tools used is likely dependent in part on the supervision style and the professional background of the supervisor, however some significant themes emerged.

Three main themes emerged: supervisors redefining their role, accountability and influence in the supervision alliance; increased commitment to reflective and holistic practices in supervision; and supervisors drawing on their predominant and underpinning theory bases and interventions to manage the challenges in supervision.

### **2.1 Supervisors more actively defining, accountability and influence in the supervision alliance**

Some participants have found the need to be more active in defining their roles as supervisors in relation to organisations and to consider more fully the accountability they have to organisations. Two of the participants providing external supervision reflected on their position in this regard

*Do I need to initiate more with organizations, how can I have some influence? As a professional responsibility? (5)*

*Should I be more involved even as an external supervisor? Am I in more of a position to influence? (6)*

It appeared also that as a result of this increased expectation of organisations of supervision, there is an inevitable role the supervisor then acquires of managing the relationship, (and often tension), between the organisation and the supervisee.

*Supervisees have a huge fear of what's going to get shared back from supervision with the manager, supervisees are asking: how safe is this process? (2)*

The same supervisor describes how she deals with this.

*One organisation I meet with the manager - I say to my supervision group 'right what do you want me to share back'... (2)*

Several mentioned acute attention to contracting between all parties and clear documentation

*We started documenting the focus very early on – Miriam Saphiri's work has been influential here so we have clear accountable processes between all parties. (3).*

Participants described the way they felt they were playing a critical role in supervision in the interface between organisations and practitioners in terms of the demoralising effects of bureaucracy and organisational pressures.

*There is a 'misfit' of staff in cultures of organisations – staff need my help in supervision to manage this. (2)*

Other participants spoke of an even wider influential role they have been considering whether to take a more political stance on legislative issues

*I find it very hard not to 'side with' the supervisee when I too am being affected [by changes to ACC].....do I need to retain a stance of neutrality? ... I am beginning to wonder whether I ought to be making some sort of political intervention maybe through our professional body. I am thinking that what is happening in supervision would be good for NZAC to hear... (5)*

Many of these comments show our supervisors to be occupying a dynamic place of enquiry in this regard, asking questions and actively negotiating their place in this new practice regime.

## **2.2 Maintaining and sustaining connectedness through a commitment to reflective and holistic practices**

Some of the most striking anecdotal accounts punctuating our research conversations were testimonies to the supervisors' commitment to ways of bringing about and sustaining a connectedness for supervisees; connectedness with their clients and their practice; connectedness within the supervision relationship; and connectedness for supervisees within themselves. This was achieved in a variety of ways; through a commitment to reflective and holistic practices in supervision, through attention to relational connectedness and power dynamic s inherent in supervision, and through personal and professional identity developmental emphases in supervision.

*I notice a lot of people now have a strong faith base, and I didn't use to connect with it ..... I love working with Maori and Pacific Islanders because I take them back to where they came from and their journey and their learning to their family, their faith .....and when I am working with Pakeha it is about self, growing the self personally and professionally ...(2)*

*It's a broader relationship when working with Maori, ... I make sure I make a lot of connections in supervision ... power differentials are right through our work esp. with the younger practitioners' coming through... a lot of the younger Maori women are nervous about coming to supervision cause of the age difference... I try to normalise it and contextualize it, there's always going to be a power differential like in a family with a Kaumatua.....and you can locate it in whanau frameworks – trust it if you like, you don't have to change it, .. well you can't ...observing Charles Waldegrave and Wally Campbell (Lower Hutt Family Centre) working in a very natural way like a senior in a family... you often would see them 'completing it' if you like... as long as you locate the power differential in context...where someone fits in the pa...(3)*

Shohet (2008) captures the notion of 'connectedness' in practice and the impact fear plays on our capacity to connect. He offers his belief in the centrality of love and fear in supervision in sustaining connectedness practice.

*I have to find ways to truly connect with the supervisee...slowing myself down as supervisees can be so hyper ...and I say no what is the real reason you are doing this... and they go well actually this is the real reason this is what is happening for me in the work....when their body stops a little and their face relaxes and then we know what is right... (2)*

*So I keep on inviting supervisees to come back to the core client centered , authenticity, genuineness how are you understanding this person {their client} ...what do they trigger in you ...it's like I am fighting for another paradigm...(4)*

It would appear supervision is increasingly being required to assist in the integration of training (practice knowledge) and practice, suggesting again perhaps that emphasis on outputs has led to a

proliferation of training courses to meet such requirements without sufficient attention to the process in practitioner training that allows sufficient integration and development of theory to practice.

*Last two years [I have] seen it ....professionalizing of supervisees practice requiring up skilling ... without sufficient reflection on the training to integrate it....resulting more automation in their practice .... The Practitioners are not learning to integrate the material into their person hood and in the same way they are giving information to their clients which they may not be able to utilize...(4)*

### **2.3 Supervisors drawing on their predominant and underpinning theory bases and interventions, to manage the challenges in supervision.**

There was reference by the supervisors on a number of occasions to the need to understand or apply a 'systemic' understanding to supervision issues. This general understanding, coupled with interventions based on organisational and/or systemic theories were thought to be useful in assisting supervisees to put their challenges into perspective, and to seek active solutions to them.

*Helpful to know the system – to be in the system. (1)*

*I think systemically it can be toxic and that gets transferred onto the individual...my practice is to contain and to empower supervisees to work within the system and retain the focus of their role... (4)*

Interestingly, when participants were asked what theories and/or practices they drew from to assist in managing some of the challenges we had been discussing thus far in the interviews most responded firstly with the theory bases of their core professional disciplines.

*Balancing out bureaucracy and political context – bread and butter stuff, we are trained to be critical thinkers and structural analysis. (1)*

*Better to be Pragmatic vs. Suspicious. Systems don't work for everyone we may need to advocate – social work principles accept conflict and draw on your ethics – justice and fairness – use your tools in supervision to assist supervisees to unpack the impact on them and work out strategies...(6)*

*With ACC, I can draw on narrative ideas – the dominant discourse because that's my experience of it and what others are saying... (5)*

*My background in TA, natural process therapy, ego psychology, chaos theory ... I do think processes of narrative and deconstructing could assist and also an acknowledgement and inclusion of Maori knowledges – they're holistic, transcendent ... when we look at the figures of depression, people who are 'dispirited' are we actually understanding what is going on...or are we medicating people....(4)*

*Interestingly my first training was around organizational psychology – I am always interested in those things and do a lot around problem solving and conflict resolutions with supervisees in respect to their organisational situation...(3).*

## **Conclusion and Implications**

Insights offered by the professionals interviewed in this study have provided a plethora of ideas and wisdoms, many of which have the integrity to be the basis of future study. In general however, our summary of these insights provides us with a bigger picture of the impact on supervision of an increasingly legislated climate in health and social services.

The introduction of legislation such as the HPCA Act ( 2003) and the SW Registration Act (2003), (requiring the maintenance of competency and accountability for practitioner members of the various professions), has seen what could be termed a greater legitimising of supervision as an activity. Our study has also revealed that there has been a 'stepping up' by supervisors with respect to the accountabilities and responsibilities that accompany this legitimising of supervision.

As our study progressed it became increasingly evident that all supervisors were able to offer accounts of the way supervision fulfils what appears to be a 'critical' role in the interface between 'management and professional aspects of practice' (O'Donoghue, 1999). Anecdotes were given of the increased expectations by organisations of supervisors (supervisors contracted both internally and externally to the organizations), and in some instances organisations are looking to external supervisors to fulfil a pivotal role in meeting registration requirements for supervised practice. Accounts were repeatedly given also where supervision is playing a key, if not *the* key role in; helping manage the growing tensions for staff working in organizational cultures where practitioners are struggling to 'fit' and; in addressing the depersonalising aspect of practice environments which are dominated by increased levels of bureaucracy. Depictions were given of the occupying the 'piggy in the middle' position 'between management accountability, and professional responsibility; between broad policy formation and its application to individual situations, between the organisations and its users; between prescribed procedures and the emotional high impact of high risk work' (Hughes and Pengelly, 1997, p.24).

Professionals interviewed for this study made reference to drawing on their underpinning and predominant theoretical bases of their respective professions to contribute an understanding of the issues present in the supervision room, and to inform them in their managing and working in the current supervision climate

In a similar vein supervisors speak of '*working harder than ever*' to assist the practitioners they are supervising to stay 'connected' to the clients they work with – again in essence supervision is fulfilling a *critical* role in a workforce that is struggling to remain humanly connected to their work and to survive the ever competing demands of a risk dominated society and the bureaucratic aspects of their work.

To our minds this feels like a somewhat precarious position for supervision to occupy.... a challenge and opportunity if you like. If it is to be an encounter where supervisees can be assisted to retain competence and connectedness in their work and to remain resilient in work environments that it would seem are becoming increasingly more difficult to survive, then as one participant in our study claimed ' there is a lot riding on supervision!' It does however; speak to Beddoe's conclusion:

Supervision needs to provide a quiet space where critical inquiry, striving for 'best practice' and the risky and unpredictable aspects of human behaviour can be held in tension. The role of supervision in preserving practitioner self -confidence in the face of uncertainty, conflict and competing interest is confirmed. (2010, p.1293).

It is clear also that this changing face of supervision poses a challenge to supervision training courses. It is essential to ensure supervisors are equipped and skilled at working in these complex interfaces. Firstly, supervisors need to have the capacity to work in places of considerable discomfort and uncertainty for themselves and the practitioners they supervise. Supervisors also need to have an understanding of the way practitioners can become disconnected from the clients they work with, and disconnected within increasingly attritional practice environments, and must find ways to both connect with the supervisee in supervision, and assist them to stay connected 'within themselves.' Future training courses will also be required to teach supervisors how to best manage the tripartite alliance of supervisor, supervisee and organisation and to know when it would be helpful to take up a 'mediative' function in supervision Morrison (1993). Howard (2008) outlines extensively the contribution of positive psychology to supervision which has taken the supervision world beyond



simple notions of stress management and self care strategies in the workplace into developing ways to assist supervisees in maintaining wellness in work. Working with supervisees in supervision with understandings and interventions relating to meaningfulness, comprehensibility, and manageability in work (Howard, 2008) are particularly relevant here, likewise the writing of Coutu (2002) on maintaining, sustaining and promoting resilience in the workplace is also pertinent.

Some of the supervisors interviewed are already making, or looking to make, more direct interventions back into organisations and political systems in order to bring about change. We ask whether it is time to legitimise this more fully as a function or task of supervision. Is there greater opportunity to be more proactive in our role as supervisors, taking up greater leadership within the tripartite alliance of supervision, or is supervision being called upon to play too greater role in this regard? These are questions actively asked by our participants, indicating an area for further research.

So to the opportunities! After the presentation of this study to the International Supervision Conference (Auckland 2010) one of the researchers was asked by a conference attendee '*did they think supervision was in good heart?*' Without hesitating the answer was that they did! As researchers throughout the study we have felt our own belief in supervision as fulfilling a vital role in maintaining a well, engaged and productive workforce be reinforced and strengthen. It would seem increasingly that in some professions also it may well play *the* key role in this regard. For supervisors interviewed in this study it appeared they are being called upon to fill an increasingly essential and substantial link between managerial and professional aspects of practice, and for some an indispensable role where the gap between managers and service users has increased. Most pertinently all supervisors spoke in some way of implementing ways to sustain connectedness for supervisees' in a climate of practice that has seen a greater prevalence amongst supervisees of a disconnect to practice. Is this an opportunity therefore to claim supervision's significant and possibly unique role and expertise in straddling and working with the interfaces between systems, organisations and staff, and practitioners and clients?

Periodically, the question gets asked as to whether supervision could/should become a separate profession in its own right, certainly the way seems open for supervision to promote itself much more.

Regardless, the importance of supervision has been reiterated by Davys in her quotation of Morrison (2001) who declared that supervision is

'the worker's most important relationship' (Morrison, cited in Davys 2008: 26).

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# **Social work supervision in Aotearoa New Zealand: The state of the art and future directions: Kieran O'Donoghue**

## **Abstract**

This paper discusses state of the art and future directions of social work supervision through an overview of the key results and implications arising from a mixed methods study of social work supervision conducted across Aotearoa New Zealand. The state of supervision is explored through a discussion of the results pertaining to: 1) the construction of supervision; 2) the influence of the Aotearoa New Zealand context; and 3) how and where supervision might be improved.

Three implications concerning the future direction of supervision are identified. The first concerns the need to reconceptualise supervision theory so that it recognises the plurality found within supervision practice. Second, the identification of an emerging cultural framework that acknowledges the discourses of biculturalism, indigenous development and multiculturalism and the dynamics of insider and outsider positioning within supervision. The third implication highlights the need for an overarching professional development strategy for supervision that involves the profession, education and training providers and social service organisations. The paper concludes with recommendations regarding: a) the theory of supervision; b) cultural competence; and c) the future development of professional supervision.

## **Introduction**

Within the supervision literature over the past decade (see: Jones, 2004; Kadushin and Harkness, 2002; Munson, 2002; Noble and Irwin, 2009; O'Donoghue, 2003; Tsui, 2005) it has been claimed that changes in the practice of social work supervision have been influenced primarily by the purchasing, organisation and management of social services, as well as the increasing professionalisation and regulation of social workers and their practice. This paper discusses the state of social work supervision and its future direction through a discussion of the key findings and implications of a mixed methods study which occurred during the period when the statutory registration of social workers in Aotearoa New Zealand under the Social Workers Registration Act (SWRA), (2003) was being established (2004-2007).

## **Methodology**

The objective of the study referred to in this paper was to describe and explain the construction of social work supervision within Aotearoa New Zealand from the perspectives of social work supervisees and supervisors. The three research questions were:

- How is social work supervision constructed in Aotearoa New Zealand?
- What influence does the Aotearoa New Zealand context have on the participants' construction of social work supervision practice?
- Where and how can social work supervision practice in Aotearoa New Zealand be most effectively improved?

The mixed methods design which combined survey research with individual qualitative interviews was approved by the Massey University Human Ethics Committee.

The survey sample was selected by the ANZASW Executive officer and sent to one-third of full-members (417 respondents). The response rate was 50.1% (209) with the respondents coming from a wide range of areas within social work, including: mental health 22 %, community and non-government organisations (NGOs) 21.5%, health social work 14.4%, education and training 8.1%, the Department of Child Youth and Family (the statutory child welfare service) 7.7% and private practice 6.2%. Another 13% had two or more areas of practice in their work portfolio, while the remaining 7.1 % consisted of social workers working in schools and Iwi and kaupapa Maori services.

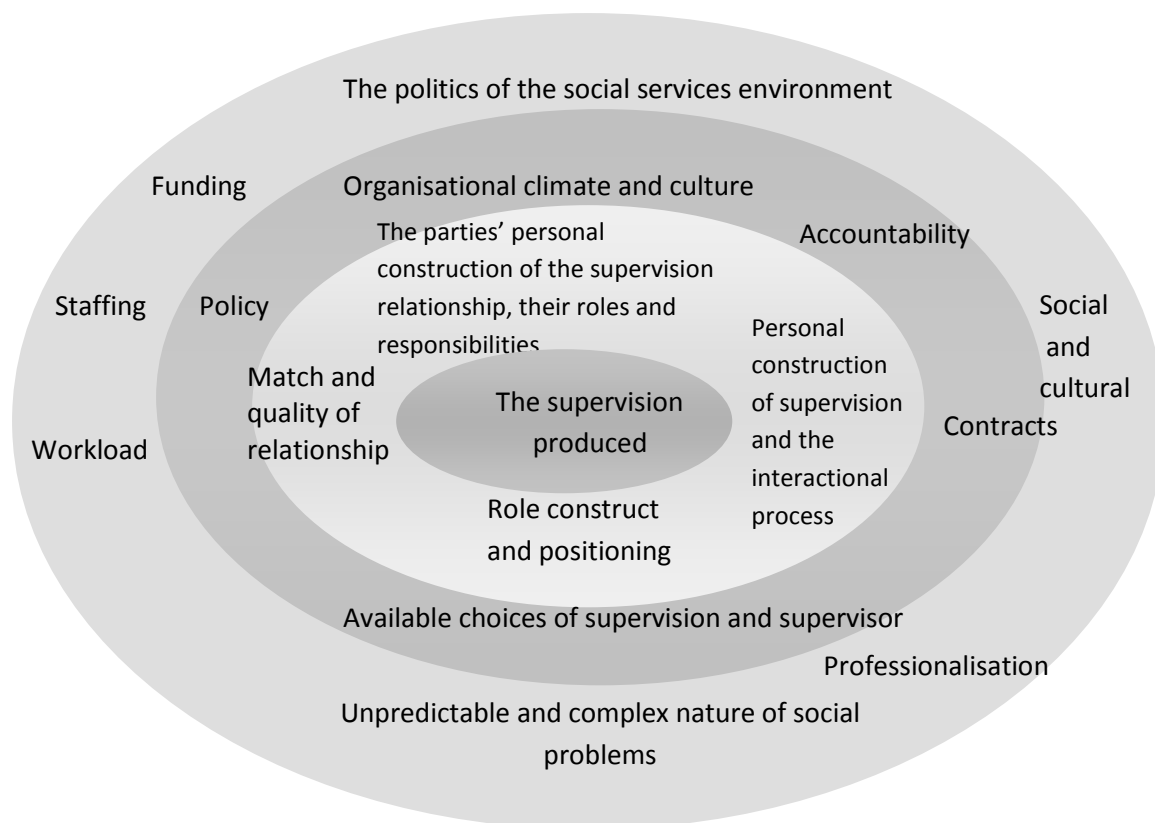
The results from the closed question were analysed using SPSS (Statistical Package for the Social Sciences) (<http://www.spss.com/>) and have previously been reported in O'Donoghue, Munford and Trlin, (2005), whereas the two open questions were analysed according to content and themes, with these findings also reported in two further articles (see O'Donoghue, Munford and Trlin, 2006; and O'Donoghue, 2008).

The survey was also used to recruit and purposefully select the individual interview participants (Creswell and Plano Clark, 2007) and eighty-nine survey respondents expressed an interest in being contacted for an individual interview. Fifty-two offered to be interviewed as supervisees and 37 offered to be interviewed as supervisors. The 34 participants interviewed (16 supervisees and 18 supervisors) were selected upon the basis their location, field of practice and type of supervision. All of the interviews were transcribed and the transcripts were reviewed by the participants prior to being analysed with NVivo (see <http://www.qsrinternational.com/>). The analysis itself involved coding the nodes and sub-nodes, followed by a close reading in relation to the themes, patterns and exceptions that were apparent. This was followed by a process of interpretation which moved beyond the NVivo analysis towards a more analytical one wherein the data was compared, contrasted and explained in terms of how it related to the literature as well as what this meant for the participants' and social work supervision. Following this, there was a further level of interpretation in which the findings from both the survey and the interviews were integrated and further analysed in relation to the three research questions. It is from this integrated analysis, that the key results and implications discussed in this paper are drawn.

## **Key findings**

### ***The construction of social work supervision***

In terms of how supervision was constructed, it was found that the social, organisational and interpersonal context influenced how supervision was produced in any setting and at any one time (see Figure 1). Supervision was mainly constructed from a professional standpoint, with supervisees and supervisors displaying different emphasises which were derived from their setting and participation in a range of supervision arrangements, namely, internal, external or mixed (i.e. a combination of internal line-management and internal clinical peer or external supervision). There was a difference between internal and external supervision in terms of the focus, content taken and discussed, and recordkeeping. Regarding the difference in focus, internal supervision in both its management and peer forms was work or client focused, whereas external supervision was practitioner or supervisee focused. The content of internal supervision was predominately concerned with clients and work related matters, whereas, the content of external supervision mostly concerned matters that affected the supervisee and their ability to develop their practice.



**Figure 1 - Environmental and personal factors producing social work supervision**

The keeping and use of records, was a notable finding, because it showed a difference between the attitudes and practices undertaken by internal and external supervisors. Internal supervisors recorded the agenda, agreed actions and other relevant matters with the approval of their supervisees (and in one case sanctioned by an organisational policy), whereas the external supervisors appeared to be ambivalent about and reluctant to keep records. Their ambivalence seemed, on the one hand, to reflect a view that it was the supervisee's supervision and hence their responsibility to take notes, and, on the other hand, they were concerned about the potential risks of being seen to be unethical or unprofessional for not keeping records. These external supervisors' attitudes concerning the documentation and recording of practice which clearly differed from both the social work and supervision literature (see: Ames, 1999; Cumming, Fitzpatrick, McAuliffe, McCain, Martin and Tonge, 2007; Falvey and Cohen, 2004; Gillanders, 2005; Munson, 2002; Staniforth and Larkin, 2006) raises questions about external supervisors' accountability to the agencies with whom they had contracts to provide supervision, and their adherence to their ethical obligations. Moreover, it reinforces the need for further research regarding the role and practice of recordkeeping within supervision together with its contribution to client safety and ethical risk-management.

Despite the differences identified between internal and external supervision, most supervision occurred through individual sessions. These sessions were varied in terms of both frequency and duration, with the variation being due to the needs of the parties and their organisational setting. The sessions also consisted of specific stages and phases. Table 1, provides a comparative summary of the stages and phases from the perspective of each supervision role. It shows how the supervisees and supervisors approach and participate in sessions from their differing positions. This result also adds to the knowledge and understanding of the supervision session by further developing Shulman's (2005, p. 27) depiction of the "preparatory, beginning, middle and ending/transition" stages within sessions through the identification of the stages and phases that both supervisors and supervisees experience. In short, from Table 1, we gain a deeper understanding of the supervision session as an interactive process with comparable stages and phases occurring for both parties.

Table 1 - Supervisee and supervisor stages and phases

Supervisee Stages	Supervisee Phases	Supervisor Phases	Supervisor Stages
Preparation	Continual consideration. Session preparation.	Reviewing records. Thinking about the forthcoming session.	Preparation
Start	Social engagement. Orientation.	Starting Checking-in.	Beginning
Planning	Agenda setting. Prioritisation.	Agenda setting. Prioritising items.	Planning
Working	Telling the story or presenting an item. Interactively processing.	Clarifying and exploring the story or issue. Decision making and task setting.	Working
Ending	Summary and review. The practicalities of next session.	Reviewing what was covered. Finishing up the session. Finishing the notes.	Ending

### ***The influence of the Aotearoa New Zealand context***

The Aotearoa New Zealand context primarily influenced supervision through the discourses of biculturalism and indigenous development. Biculturalism was present in the cross-cultural interactions between non-Maori and Maori and was demonstrated through the research participants' level of awareness and experiences related to the practice of cultural supervision and consultation. It was found that supervision with Maori supervisees and about Maori clients differed from supervision with non-Maori, and that the nature of this difference concerned the use of a Maori worldview (i.e. one informed by tikanga and Maori values, e.g. awahi, maanakitanga and whanaungatanga) Maori knowledge (e.g. te reo, tapu and noa and the Whare Tapa Wha model (see Durie, 1994)) and Maori practices (e.g. karakia and inoi and kanohe ki te kanohe). The degree to which non-Maori participants incorporated a bicultural perspective varied, and was influenced by their organisation setting, personal attitudes and their connection with Maori society. That said it was notable that several non-Maori participants found it an effort and a challenge to incorporate a bicultural perspective into their supervision, despite most displaying an awareness of the Treaty of Waitangi and the ANZASW bicultural code of practice.

Indigenous development, on the other hand, was apparent in Maori survey respondents having significantly higher means than non-Maori in regard to scores related to the discussion of cultural matters and the supervision relationship, cultural supervision, co-working, and use of ideas from the kaupapa Maori model, as well as the use of karakia and evaluation in sessions. This was reinforced by results from the interviews which showed that Maori participants mostly supervised other Maori according to a Maori worldview and using Kaupapa Maori supervision approaches and cultural supervision. For Maori participants these developments also reflected their indigenous position in relation to supervision with Aotearoa New Zealand.

The influence of multiculturalism was less apparent than that of biculturalism and was mainly identified by the participants as related to the changes in cultural and ethnic diversity occurring within Aotearoa New Zealand and among client and practitioner communities. Overall, across the participants, the influence of the Aotearoa New Zealand context was variable and depended upon the prevalence to which, biculturalism, indigenous development and multiculturalism were acknowledged and the degree of connection participants had with Maori and different ethnic and cultural communities as well as the participants exposure to supervision practices such as cultural supervision and consultation and Kaupapa Maori supervision.

### ***Improvements for social work supervision***

The results concerned with the participants' desired improvements for social work supervision suggested that improvements were needed in the professional and organisational systems that support supervision as well as in the practice and provision of it. The main areas of improvement were the processes and practices within supervision sessions, supervisee and supervisor development, the

supervision culture within organisations, and the level of promotion and support provided by the ANZASW towards improving supervision for individual members and across the profession as a whole.

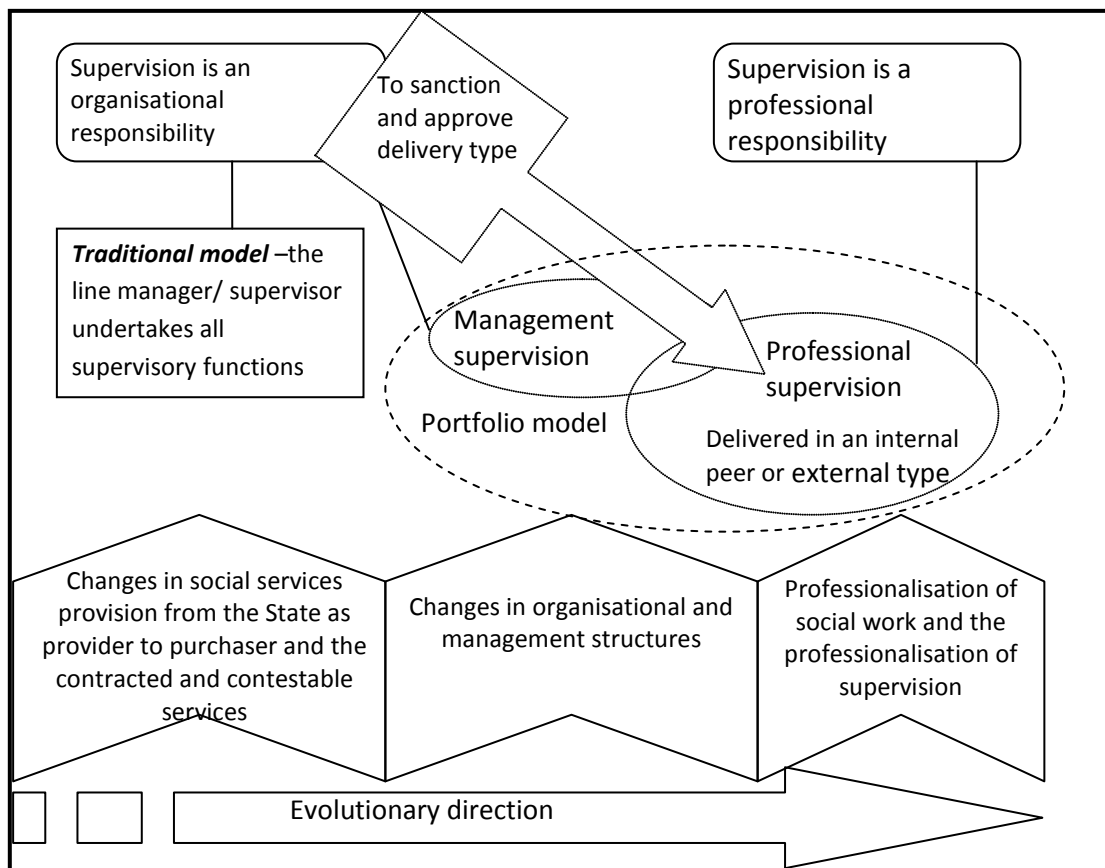
## **Implications**

The implications arising from the research findings concerned: a) the construction of social work supervision theory; b) cultural competence within supervision; and c) the development of professional supervision.

### ***The construction of social work supervision theory***

Four implications are apparent in relation to the construction of social work supervision theory. The first is the need to reconstruct the theory of what social work supervision is, in professional rather than organisational terms. This would involve re-conceptualising the terms, concepts and language of social work supervision theory, in order to describe the plurality of supervision practices. In other words, the contextual supervision language found in the participants' use of terms like peer, internal, external, and cultural, identifies different types of supervision, rather than not conforming to the traditional definition of supervision, for example, in the way that internal peer and external types of supervision are constructed as consultation within the North American literature (Bogo and McKnight, 2005; Garrett and Barretta- Herman, 1995; Hair, 2008).

There are clear signs of a paradigm shift occurring within social work supervision with the separation of the line-management and professional aspects of supervision giving rise to diverse professional forms (e.g. peer and external supervision). Figure 2 attempts to depict this evolving paradigm and illustrate how the changes in the construction of social work supervision have contributed towards a movement away from the traditional organisational based line-management model of supervision towards an emerging portfolio model. In the traditional model, supervision was construed as an organisation's responsibility to provide, monitor and regulate. In a portfolio model, however, there is a developing emphasis towards it being the individual social worker's professional responsibility and ethical obligation to participate in supervision, and the organisation's duty to sanction and approve the types of supervision delivered, as well as to provide management supervision. The role of monitoring and regulating professional social work supervision and the social work practitioner's use of it, is assumed by professional and regulatory bodies, through their respective competency assessment procedures and ethical and conduct standards. Figure 2, also illustrates the interaction that occurs between the social services bureaucracy and the professionalisation discourses upon the construction of supervision. In other words, it shows an evolution in the construction of social work supervision from: a) a relationship to a combination of various supervisory relationships; and b) solely an organisational accountability process and responsibility to both an organisational and professional one.



**Figure 2 - An evolving paradigm of social work supervision**

At this stage, the portfolio model is a limited and transitional development, to the extent that it is prevalent within settings where social work is one profession amongst a number employed within the organisation (such as hospitals and certain NGOs). The traditional model still remains dominant within organisations where social work is the main profession, for example, Child Welfare. That said, the development of group casework consultation models within such settings (see: Field, 2008), suggests a movement is occurring towards the reconstruction of supervision along the lines of Munson's (1975, pp. 236-237) dual model of administrative supervision and case consultation.

The presence of professional supervision within the portfolio model, only means that supervision occurs with another social worker and that a social work perspective is present in the supervision produced. There is, however, no empirical evidence to indicate that professional supervision results in better supervision of the supervisee's practice and improved client outcomes. Instead, some of the results from the individual interviews showed indications of professional supervision, in both its peer and external forms, primarily meeting the practitioner's needs rather than focusing on their practice with clients and client outcomes. This in turn raises questions concerning the extent to which the supervision of social work practice is addressed through both case-management supervision and case consultation in settings where management supervision is provided by a non-social worker.

Another matter of concern with the portfolio model and the development of a combination of various supervisory relationships is the degree to which these relationships form a cohesive supervision network or community of practice (see Annan, 2005). The results from this study show indications that information sharing across the supervisory network in the form of a learning environment that develops both the social work and supervision practice remains a challenge that has yet to move beyond discussions of two-way confidentiality and three-way accountability (Austin and Hopkins, 2004; Morrell, 2001). The second implication is that the mandates for supervision need to be reconceptualised to include the professional, statutory and supervisee mandates, as well as the traditional organisational mandate. This reconstruction would recognise the influence that professional



and statutory bodies exert on supervision through requiring practitioners to be supervised. Likewise, the recognition of the supervisee's mandate acknowledges the increasing number of practitioners who exercise a degree of choice regarding either their external or internal peer supervisor.

A third implication is that, to date, the empirical research concerning the professional forms of supervision (i.e. internal peer and external) including this study has, for the most part, identified the existence of these forms and discussed the differences between them and traditional supervision (Berger and Mizrahi, 2001; Gibelman and Schervish, 1997; Itzhaky, 2001). Having identified and described these professional forms, it now behoves the social work research community to investigate and evaluate them further, particularly in terms of their contribution to client outcomes and practitioner well-being and development.

The fourth implication is the need to re-construct social work supervision theory so that it gives greater recognition to the supervisee's contribution to supervision. This was particularly highlighted by the supervisees' viewing supervision as a functional and operational process they did in a certain location, which differed from that of the supervisors for whom it was a relational interaction and shared practice. In addition to this, the professional and regulatory environment has become one in which participation within supervision was increasingly seen as a practitioner's ethical responsibility and statutory obligation (ANZASW, 2008; SWRB, 2006).

### ***Cultural competence within supervision***

The implications pertaining to cultural competence within supervision concern the cultural discourses and positioning within supervision. Table 2 presents a cultural framework which illustrates the types of cultural engagements that were reported and discussed from the cultural insider and outsider viewpoints in relation to the indigenous, bicultural and multicultural perspectives. In short, the construction of cultural competence within supervision concerns the contribution supervision makes to the cultural development of practitioners and the cultural safety of clients from indigenous and minority cultural groups as well as the cultural competence of practitioners from dominant cultural groups. The contribution that the cultural framework makes to the field of social work supervision internationally is two-fold. First it broadens the discourse concerning how supervision maybe developed to respond to cultural diversity and difference, particularly, through the identification of indigenous, bicultural and multicultural discourses. The second contribution is through the development of culturally specific forms of supervision for members from the same cultural group and forms of culturally-focused supervision or consultation for those in cross-cultural situations.

Overall, the emergent cultural framework illustrates the breadth and depth of the cultural needs and dynamics, as well as the complexity and challenges pertaining to supervision and social work practice. It shows this by recognising that supervision maybe constructed from within a cultural group (insider) perspective (particularly, in the case of indigenous and minority cultures) for the purposes of supporting a practitioner's cultural development and safety, as well as also constructing supervision from a cross-cultural (outsider) perspective whereby it contributes to both culturally competent supervision relationships and practice.

**Table 2 - An emerging cultural framework for supervision**

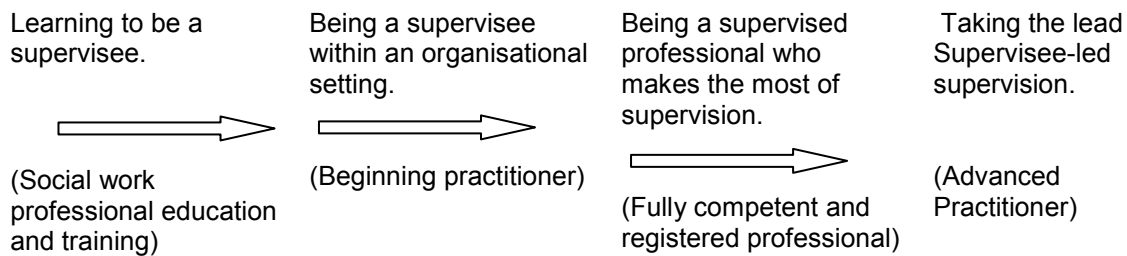
Type of cultural engagement/ cultural positioning	Cultural insider example	Cultural outsider example
Indigenous	Kaupapa Maori supervision within an Iwi (tribal) social service where both the supervisee and supervisor are from the same Iwi (tribe)	Maori supervision within a Kaupapa Maori setting where either the supervisee and/or supervisor are not from the local Iwi (tribe)
Bicultural	Cultural supervision for Maori staff in mainstream or bicultural settings provided by a Maori supervisor.	Non-Maori engaging in cross-cultural supervision/ consultation with a Maori consultant supervisor/ supervisee. Non-Maori engaging in cross-cultural supervision/ consultation with a Maori consultant regarding the supervision of their work with Maori clients.
Multicultural	Supervision within same culture group within a multicultural setting (e.g. Pasifika supervision, African, Chinese, Pakeha supervision).	Cross-cultural supervision relationships and the supervision of cross cultural practice, involving supervisees and/or supervisors from different cultural backgrounds.

### ***Development of professional supervision***

The third set of implications are those concerned with the development of professional supervision and pertain to further research, education and professional development for supervision, and the organisational environment.

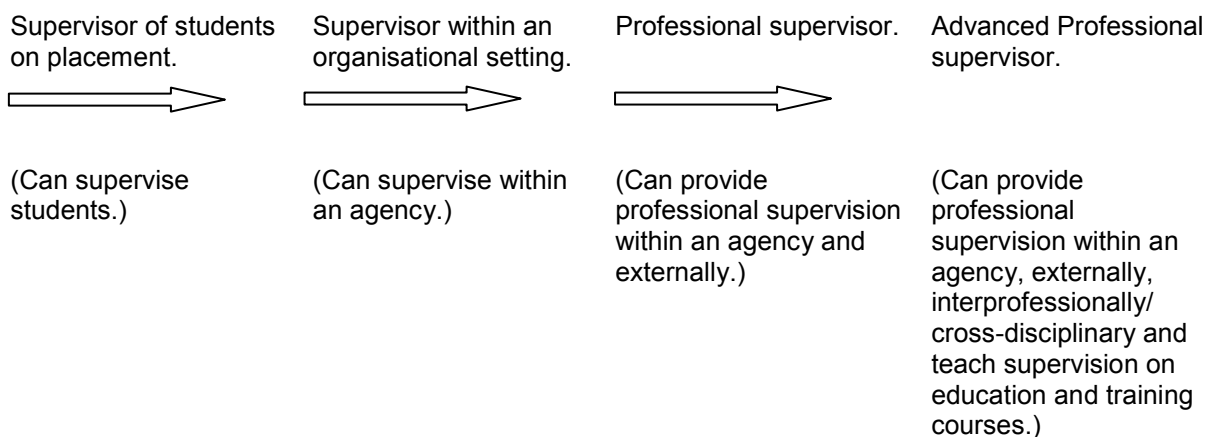
In terms of further research, it is inferred that the practice of supervision could be further developed by research into the supervision of supervisors and evaluations of the supervision practice. One way, that research into the supervision of supervisors might occur would be to review the narratives present in a selected group of supervisors regarding their experiences as supervisees, with a view to exploring the extent to which their supervision practice was observed, discussed and reflected upon. This group's experiences could also be compared and contrasted in relation to the contribution their being supervised made towards improving their supervisory practice. Turning to the evaluation of supervision practice, the development and testing of an evaluation tool for supervision practice is suggested (see: O'Donoghue, Munford and Trlin, (2006) for an example). Such a tool could be completed at regular periods by both the supervisee and supervisor and form the basis for a review and evaluation of their supervision. It could also be used over time to evaluate whether or not supervision changes or as an observational rating tool used by an independent researcher or evaluator to review either live or video-recorded supervision practice.

With regard to enhancing the education and professional development for supervision there is a clear need for a supervisee role development strand within social work professional education and training, which includes greater recognition of the supervisee role as a professional role that social workers undertake and supervision as a activity that practitioners engage in (Carroll and Gilbert, 2006; Davys, 2007; Knapman and Morrison, 1998, Morrell, 2005). Regarding this, there is a need to formulate a possible supervisee role development pathway which starts with learning to be a supervisee and progresses towards supervisee-led supervision (see Figure 3). Such a pathway extends the recent developments of manuals and courses for supervisees in how to use supervision and potentially provides a programme for supervisee role development across the profession.



**Figure 3 - A possible supervisee role development pathway**

In addition to this, a professional development pathway for supervisors (see Figure 4) is also proposed. The supervisory pathway arguably extends the American Board of Examiners in Clinical Social Work (ABECSW, 2004) identification of supervision as clinical specialty and its credentialing of clinical supervisors by specifying clear progressive stages of supervisory development.



**Figure 4 - A possible supervisory professional development pathway**

The final implication concerns improving the organisational environment in which supervision occurs by first, developing a best practice culture through the development of and use of best practice models and best practice guidelines (Austin and Hopkins, 2004). Such developments require further research and evaluation concerning the factors that contribute to a best practice supervision culture. The second way of improving the supervision environment would be to research the influence of office, organisational and professional cultures have upon professional supervision practice. This could involve the exploration of the influence of factors such as time, physical spaces, locations, and agency and management support for supervision practice within a specific organisational setting, and/or across different settings within the same organisation, or amongst different social service organisations, and/or over the profession as a whole.

## Recommendations

In light of the findings and implications discussed previously the following recommendations are proposed concerning: a) the theory of supervision; b) cultural competence; and c) the future development of professional supervision.

## ***The theory of supervision***

With regard to the theory of social work supervision the results and implications from this study infer that the formal theory of social work supervision needs to evolve in response to the changes that have occurred over the last thirty years, within social service organisations and the professionalisation of social work. It is therefore recommended that:

1. The definition of what social work supervision is, be revisited on the basis that a shift has occurred away from the traditional functional definition toward one based upon the professional objectives and features of supervision.
2. That internationally academics, authors and theorists work towards developing a shared terminology and concepts to explain and understand the plurality and diversity of supervision practice. An interim step towards this would be for all contributors within the field of social work supervision being specific about the types of supervision that they are discussing.
3. That further research is undertaken concerning the influence supervision mandates (i.e. organisation, professional, statutory and supervisee) have upon the construction of supervision theory and practice.
4. That further research is undertaken to conceptualise supervision from both sides (i.e. supervisee and supervisor) of the interactive and reflective relationship.

## ***Cultural competence***

Regarding the theme of cultural competence within supervision the following recommendations are made that:

1. Within Aotearoa New Zealand the concepts cultural supervision and consultation be clarified by the ANZASW and the SWRB in terms of the role they have in support of culturally competent social work practice and that in doing this both professional groups recognise the scope of the emerging cultural framework proposed above.
2. Greater recognition is given within the supervision policies of Aotearoa New Zealand social service organisations (Statutory, DHB and NGOs) and the ANZASW and the SWRB to the cultural differences found in the supervision of Maori and that across the sector there is work undertaken to build capacity in terms of accessible supervision that provides cultural development and cultural safety for Maori practitioners.
3. Further research is undertaken to investigate the role consultation and supervision have in developing cultural competence amongst non-Maori practitioners when working with cultural groups different to their own.
4. Further research is undertaken to explore best cross-cultural supervision practice between non-Maori supervisors and Maori supervisees and clients and that such research also focuses on the practitioner's well-being and development together with client outcomes.
5. Specific education and training packages concerned with consultation and supervision for cultural competence with Maori be developed for non-Maori supervisees and supervisors by social work schools and private continuing education and training providers.
6. That further research is undertaken within the social work field concerning the influence that having a supervisor from the same-culture has upon the cultural development and safety of practitioners from indigenous and minority population groups.
7. Further research is also undertaken concerning the contribution of supervision and consultation in cross-cultural practice and the cultural competence of practitioners from majority population groups.
8. Specific education and training packages concerned with multicultural competence within supervision be developed for supervisees and supervisors within Aotearoa New Zealand by social work schools and private continuing education and training providers.

The further development of professional supervision was clearly implied from the results concerning improving social work supervision. The following recommendations aim to develop supervision through research and evaluation, education and professional development, and by improving the environments within which supervision occurs:

## **Research and the future development of supervision**

1. That research is undertaken in relation to the supervision of supervisors to ascertain the extent to which supervisory practice is observed, discussed and reflected upon within the supervision of supervisors.
2. That an evaluation tool for the practice of supervision within social work be developed and tested for use, and that formal review and evaluation processes of supervision be adopted and used by social services agencies and professional bodies within Aotearoa New Zealand.
3. That research is undertaken within social work schools, social service agencies and across the profession concerning supervisee role development and that there is an evaluation of the curriculum in this area as well as the transfer of learning, with the particular focus being the curriculum's contribution towards supervisees' active participation in supervision.
4. That a workforce development plan for supervisors which spans from entry to advanced level be developed across the social services and social work profession.
5. That the supervision curriculum be reviewed so that its knowledge-base moves from a supervisor focus to one that considers both the supervisee and supervisor roles, their relationship and the interaction that occurs between them, as well as the influence of the wider context.
6. That both social service agencies and the profession work towards the development of a best practice culture for social work practice and supervision, which includes the development of best practice models and guidelines.
7. That further research is undertaken concerning the influence of environmental factors such as time, physical spaces, locations, and agency and management support upon supervision practice. This research may be undertaken within a specific organisational setting and/or across different settings within the same organisation, or amongst different social service organisations, and/or over the profession as a whole.
8. Finally that there is further research focused on the phenomena of office, organisational and professional supervision cultures and the influence these have on supervision practice.

## **Conclusion**

Taken as a whole, the implications and recommendations made from this paper concerning the state of the art of and future direction for social work supervision highlight that the future research and development agenda for social work supervision concerns theory-building, responding to the dynamics of culture and difference and the professionalisation of supervision in terms of: a) formal education and training; b) its role within organisations and contribution to organisational development; and c) the need for a stronger evidence-base regarding supervision's contribution to client practice and social worker well-being and development.

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# **Introducing professional supervision to NZ Dietitians: a journey from discovery to inception: Vicki Paulin**

## **Abstract**

Prior to the late 1990s most NZ dietitians had not heard of the concept of professional supervision but today its practice is becoming increasingly accepted and adopted. This paper outlines the profession's supervision journey and includes a brief explanation about the dietetic profession, a précis of the dietetic supervision literature discussions, an example of how professional supervision was introduced to a team of Auckland dietitians. The paper concludes with a summary of a piece of qualitative research conducted with NZ senior dietitians and recommendations on the way forward for the profession.

## **Background**

NZ dietitians complete a prescribed 3 year nutrition degree at University of Otago then undertake an 18 month post graduate diploma comprising clinical and public health nutrition, applied dietetics, food service, service management and a 3 month practicum. They are then registered by the Dietitians Board and must comply with the 2003 Health Practitioners Competency Assurance (HPCA) Act and hold a valid Annual Practising Certificate which requires on-going engagement in a continuing competency programme. Within the scope of practice dietitians apply scientific knowledge about food and nutrition to individuals and groups in states of health and disease to promote optimal health outcomes within the social, economic and cultural context of the New Zealand population (NZ Dietitians Board, 2003). Dietitians are employed in a wide variety of positions ranging from individual and group patient consultations in hospital and community settings to the management of programmes providing nutrition education and disease prevention in public health settings. Alternatively they may manage foodservice operations or have roles in food and pharmaceutical companies.

### ***Dietetic supervision literature***

Discussions about the relevance of professional supervision for dietitians first appeared in the UK literature in the year 2000. Kirk et al (2000) reported supervision had been understood to be observation of practice during training or the early stage of a career and noted that much of the on-going supervision occurring up until then was informal and ad hoc. Their commentary described models of clinical supervision used by other professions. There was a call for a debate to begin as to whether it was necessary for dietitians. Burton (2000) proposed that clinical supervision could provide a vehicle for supporting continuous professional development for all dietitians and proffered a model for this. Burton noted the choice of the descriptive "clinical" in clinical supervision was unfortunate as this often led to the incorrect assumption that the scope of the process is limited to acute services. She preferred "patient care supervision" (Burton, 2000). The British Dietetic Association formed a working group to develop an overview of supervision and subsequently published a guidance document on their website (British Dietetic Association, 2000). This supported the introduction of non-managerially led supervision which was defined as:

“....a structured, formal process that enables dietitians to discuss their work with an experienced practitioner, trained to facilitate clinical supervision. This discussion should be a guided reflection on current practice and should be used to learn from experience”.

In this paper the author will use the term “professional supervision” as the term is a better fit for the broad scope of dietetic practice.



In NZ, training on individual reflective practice had been introduced into the curriculum for dietitians (Field and Johnston, 1998) but professional supervision practice was not widespread. A small number of dietitians had been included in allied health supervision training and programmes in Auckland and Wellington. Professional supervision was available to the few specialist Eating Disorders dietitians.

### ***Introducing professional supervision to a team of Auckland dietitians***

In 2003, the author introduced professional supervision to a Counties Manukau District Health Board team comprising 20 clinical dietitians working in hospital, out-patient and community settings. The process was mandated by the organization and took over 2 years to complete. It included an initial period of preparation followed by professional supervision training for all team members prior to implementation. Evaluation occurred one year later.

### ***Preparation for introduction of professional supervision***

At the beginning of the project, 16 of the team (80% response rate) responded to an anonymous questionnaire using a Likert scale. The purpose of this questionnaire was to explore the impact of the dietitians' work and investigate their views about implementing professional supervision. Results indicated this dietitian team was clinically experienced (38% had been registered for more than 5 years and 31% more than 10 years) but no one regularly received professional supervision or had had training for it. Although marginally more than half of the respondents (56%) indicated they felt supported in their work "fairly often" or "regularly", 56% indicated they "sometimes" or "fairly often" felt unsafe with respect to their work load. The risk for, or experience of, burnout to some degree was identified by 88% of respondents. Thirty one percent of respondents indicated "sometimes" and 19% "fairly often". No one regularly celebrated their work successes. Only one respondent (6%) regularly received feedback about their strengths and weaknesses as a dietitian. Sixty nine percent "rarely" or "only once in a while" indicated they had opportunity to discuss their future career. Most (81%) felt they were "fairly often" or "regularly" able to discuss challenging patient situations. This latter fact may reflect the common practice of regular collegial conversation that occurs in dietitian teams. There was a lack of certainty about whether a supervisor could also have line management responsibility with 25% agreeing, 44% disagreeing and 31% not answering the question as directed. Although some agreed that professional supervision would be intimidating (25%) or too time consuming (19%), there was overall agreement that all dietitians needed professional supervision (100%) and that it would be useful to have it regularly (94%). It is possible the process of explaining the survey's purpose and undertaking it contributed to this group of dietitians' acceptance of supervision.

### ***Implementation of professional supervision***

After introductory training, by an external facilitator with a small group, four senior dietitians participated in a semi structured questionnaire. The results from this investigation informed the direction for the implementation of professional supervision. These dietitians wanted flexibility of models and frequency, policy and contracts in place, some choice in the allocation of supervisors and a training programme for all before the commencement of supervision practice. After draft policy development and training of everyone in the team by an external facilitator, professional supervision was implemented. The author in her role as Professional Leader for the team managed the allocation of supervisors to supervisees. All dietitians were allocated a peer, senior or the Professional Leader as their supervisor. Except for new graduates or employees new to the organisation, none of the supervisees were supervised by a supervisor who held line management responsibility for performance appraisal or review of their work.

## Evaluation of the implemented professional supervision framework

Evaluation of the professional supervision framework was undertaken after one year. Although the anonymous questionnaire was repeated and the results encouraging, they are not reported here because some members of the team had changed. However 90% of the new team (n=20) reported positive perceptions regarding the quality and outcomes of their own supervision (Table 1). Six dietitians who had been in the role of supervisor for one year were also interviewed using a semi-structured questionnaire. Four themes emerged: the importance of supervision training, the scope of supervision discussions, supervision by a supervisor also holding line management responsibility for the supervisee, and their experiences of the supervision.

**Table 1: Supervisee perceptions of quality and outcomes of their own supervision**

Perception of supervision	% of supervisees in agreement
Excellent or good quality	89.4
Getting kind of supervision wanted	94.7
Fitted all or most of needs	84.2
Would recommend current supervisor	94.8
Satisfied with amount of supervision received	89.5
Helped to be more effective as dietitian	89.5
Satisfied with supervision overall	94.7
Would wish to continue with current supervisor	78.9

### *Training*

The supervisors were very enthusiastic about the quality of the external training they had received. A number were still not confident supervisors and described themselves as “consciously incompetent” or “winging it”. One supervisor said she felt like “she had a big L plate on her forehead.” The supervisors expressed the need for regular on-going training and believed there would be a benefit from regular changes of supervisor.

### *Scope of supervision discussions*

The supervisors were instructed not to reveal confidential specifics but to discuss the themes they encountered in supervision sessions with their supervisees. The following were the main themes: time management, balance of clinical/non clinical work, projects, clinical cases, communication, performance management of staff, performance goals, professional development and the Dietitians Board continuing competency programme. One supervisor expressed a concern that supervisees were not bringing enough clinical cases to supervision.

“They may not realise that the supervisor doesn’t need to have intricate knowledge to ask the right questions.”

She suggested it could be mandatory for a supervisee to bring a case to every supervision session. Another comment was that supervision can also be a celebration and not necessarily just about difficult issues.

### Supervision by a supervisor also holding line management responsibility for the supervisee

Most respondents thought a line manager was the best person to clinically monitor new graduates closely and help them learn how to be supervised. This may be a reflection of the different type of supervision that occurs for a novice practitioner. But there was not full agreement on the line manager also taking the role of supervisor for new graduates and new employees. One respondent suggested that new employees who were experienced dietitians should start with non-line management supervision. There was general agreement that after one year a change to non-line management supervision would be appropriate for both new graduates and new employees. It was noted that supervisors not in line management still needed to be acutely aware of their responsibilities for team safety, clinical safety and professional safety. Some of the supervisors interviewed were line managers and they commented that it was difficult to change “hats” from one role to the other. They observed that it was easy to be in supervision and veer off into a discussion that was more appropriate for day to day management. One interviewee felt that whether a supervisor was also the supervisee’s line manager or not was not the main issue:

“...concerning the framework: whatever works this is the best thing. It’s more about the relationship than the framework”

### ***Experiences of supervision***

The need for leadership to implement supervision was emphasised. Although some were concerned about the time pressure created by supervision overall there was a positive response to it.

“It’s really essential for practising safely clinically and for communication.”

As supervisees themselves they commented:

“It’s great to have, I wouldn’t have got through without it”

“I’m enjoying the opportunity and permission to sit down and talk about things I wouldn’t talk about.”

In summary, the evaluation of the CMDHB dietitians’ professional supervision framework was positive. Apart from a minor change to allow new experienced employees to be non-line supervised, the draft framework was adopted. As a result of undertaking this 2 year process, it is recommended that the essentials for implementation of professional supervision include: organisational sponsorship, a leader with change management skills and a passion for supervision, inclusion of information sharing and consultation with the team and supervision training.

### ***Qualitative research conducted with senior NZ dietitians***

By 2006, a growing number of dietitians throughout NZ appeared to be giving and receiving professional supervision but little was known about how it was understood or practiced. This was investigated by conducting focus groups with twenty senior dietitians working in a variety of urban practice settings. The research is reported elsewhere (Paulin, 2010). This paper summarizes and discusses the findings under the following two headings: understanding and acceptance,; and professional supervision and evaluation of competency.

### ***Understanding and acceptance of professional supervision***

Overall in the sample there was understanding and acceptance of professional supervision. Eight of the 20 participants understood and described professional supervision as regular, contracted,

protected and formalized. Yet participants indicated that supervision in dietetics still required clarification from other activities such as mentoring. There was a strong feeling that every dietitian should receive professional supervision, in particular, isolated dietitians and a preference was identified for provision of more direct supervision to new graduates. The importance for dietitians, working in public health or foodservice management, to receive professional supervision was associated with the potential effects of their work a greater number of people. Separation between managerial and professional supervision also appeared to be important. The informal or casual collegial conversations prevalent in dietetics should continue in addition to the practice of professional supervision.

### ***Professional supervision and evaluation of competency***

Competency, support and professional development were considered the main purposes of professional supervision but participants wanted additional measures outside the supervision relationship to ensure safe practice (such as observation of colleague relationships, caseload reviews, case studies). The boundary between competency and professional supervision was unclear to some and indicated the need for clarification between professional supervision and the evaluation of competency. The way in which the HPCA Act defines supervision has the potential to create further confusion:

“Supervision means the monitoring of, and reporting on, the performance of a health practitioner by a professional peer” (HPCA, 2003).

The NZ Dietitians Board, responsible for ensuring dietitians comply with the Act, includes in its definition of supervision the following statement:

“Supervision is seen as a way to check professional competencies are being met to ensure the health and safety of the public” (NZ Dietitians Board, 2010).

It therefore becomes important to distinguish supervision, which is focused on monitoring performance or checking competencies (as defined under the HPCA Act), from professional supervision. Accordingly, the Dietitians Board and the dietitians' professional body (Dietitians New Zealand) have agreed to the following terminology (Dietitians NZ, 2009):

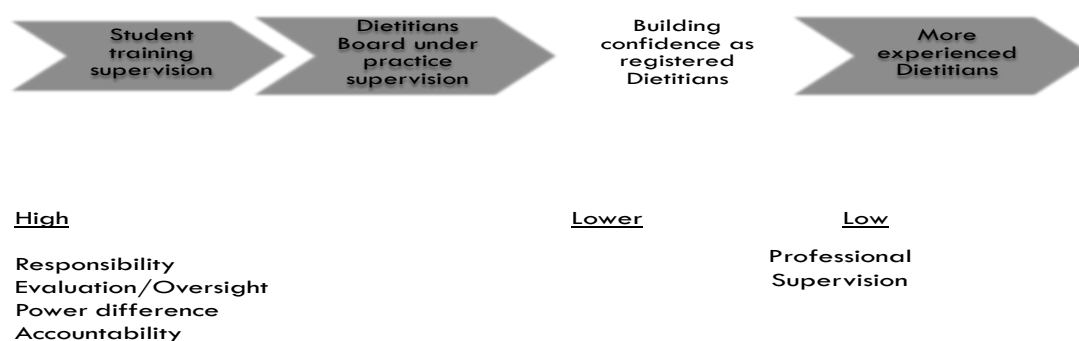
For an identified practitioner, there may be a Dietitians Board requirement for that practitioner to be *subject to practice supervision* or to be *under practice supervision* BUT every practising dietitian is strongly encouraged to *engage in professional supervision*. The identified practitioners might be: new graduates, dietitians returning to practise in NZ after 3 years or more, overseas qualified dietitians, or those required to address competence deficits (Dietitians NZ, 2009).

The idea that supervision be understood as having variants on a continuum is also useful for clarification here. This idea was proposed by Howard, Burns and Waitoki (2007) and is adapted here and presented diagrammatically (Figure 1). The supervision continuum starts with student training where the supervisor has a high degree of responsibility for their supervisee. There is considerable oversight and evaluation of the supervisee's performance and the power rests mainly with the supervisor. The supervisee is highly accountable to the supervisor. These aspects of the supervisory relationship diminish as the practitioner qualifies then develops professionally. For the experienced practitioner there are lower levels of accountability, responsibility and evaluation. The power differential will reduce. Thus for dietitians, the evaluation of competency will form part of dietetic training supervision and would also be a critical component of supervision where a dietitian is under or subject to practice supervision as defined by the HPCA Act. At some stage in the process of

gaining experience, evaluation of competency within the supervisory relationship becomes less important and professional supervision begins.

8.

## Figure 1: Supervision for dietitians has variants on a continuum



Nevertheless, experienced dietitians engaged in professional supervision still need to demonstrate their continuing competency. It is recommended that this is done by formal observation of practice outside the professional supervision relationship. Results could be reported via the performance review for those in organizations but is also an existing annual practice review requirement as part of the Dietitians Board continuing competency programme.

So, in conclusion, from the qualitative research with 20 senior dietitians it is evident that professional supervision was understood, accepted and valued. The concepts found in the wider helping profession literature can be utilised in dietetics. This group of participants felt professional supervision should be implemented for dietitians in all workplace settings. Participants believed its purpose was for competency, support and professional development but there are still definitional and competency dilemmas that need further discussion and debate.

## Recommendations on the way forward for dietitians

Professional supervision for dietitians has recently been gathering momentum as part of Allied Health training and implementation programmes in District Health Boards (DHBs). Some DHB dietitian groups are also funding training and implementing it into their teams in different parts of the country. The professional body for NZ Dietitians (Dietitians New Zealand) has published professional supervision guidelines (Dietitians NZ, 2009) and the NZ Dietitians Board subsequently endorsed these guidelines (NZ Dietitians Board, 2010).

The recommendation for next step in the profession's supervision journey is to increase access to supervision training for dietitians. It will be important to target the broader dietitian workforce and also private practitioners for this training. It is essential that dietitians continue the debate about the meaning and relevance of professional supervision and develop appropriate frameworks. Further research on professional supervision in dietetic practice is desirable.

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## Supervision in Action Papers- non peer-reviewed

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Vivienne Cree: I'd like to call you 'my mother': Reflections on Supervising International PhD Students.  
Anna Elders: Supervision and its Role in Detecting and Preventing Vicarious Trauma in Supervisees.  
Sue Foster: Supervision on a desert island: How external supervision can get separated from service delivery, and how to get it back.  
Carolyn Simmons Carlsson & Janice Mueller: Tending the Culture of Supervision.  
Lisa King and Vicki Hirst: Supervision Matrix – Neo seeks Oracle: Online supervision services.

# **‘I’d like to call you my mother’: Reflections on Supervising International PhD Students: Vivienne Cree**

## **Introduction**

In submitting an abstract to the 2010 supervision conference, I did so knowing that academic supervision is not a topic which commonly appears on the agenda of a professional supervision conference. I hoped to begin a dialogue about this, opening up for scrutiny a practice which, although acknowledged in the academic literature to be of critical importance to students, is under-researched, and to a large extent, hidden from external view. I wanted to draw attention to what I perceive to be a lack of recognition of the situation of PhD students who come from the global South to study in the global North. I also wanted to think more about how professional supervision might make a contribution to academic supervision in the future.

### **‘I’d like to call you my mother’**

I began the presentation with a direct quotation from a new (male) PhD student in 2007, recently-arrived from South Asia to study for his PhD at an ancient Scottish university. I was not the student’s designated supervisor, but I gave him a small amount of practical help when he seemed to need it, and his response was to ask me if he could call me his mother. This question prompted me to re-examine the expectations of PhD students, and the role which PhD supervisors play (and do not play) in the lives of international PhD students.

### ***The context***

I began by explaining that there are now more international students in higher education in English-speaking countries than ever before; the increase has been most dramatic in recent years: almost 2,400,000 in the UK in 2008/09, while less than 100,000 in 1995 (figures from Higher Education Statistics Agency, [www.hesa.ac.uk](http://www.hesa.ac.uk)). Although many students come to the UK from EU countries, many more come from what is often described as ‘the global South or ‘the developing world’, that is, from India, Nigeria, China etc.

Almost all of the ‘non-UK’ domiciled students in the UK are studying for postgraduate qualifications and most are studying full-time. Almost half of all international postgraduate students are men and 60% are under 30 years of age (Park et al 2007). This profile is markedly different to that of social work PhD students, who tend to be older and are much more likely to be women, as recent research by Scourfield and Maxwell demonstrates (2010).

### ***How do these international students fare?***

The limited research which exists points to a range of difficulties experienced by international students. Bradley’s (2000) research conducted in the mid 1990s found that international students often feel alone, marginalised and isolated. They feel that student culture, built as it is around bars and alcohol, is not appropriate for them. They frequently experience financial stress and they worry about political unrest at home. International students also experience more academic-related problems. These may be difficulties with their use of language (different writing conventions as well as the challenges of learning to speak, write and think in a language which is not their ‘first’ language). Paltridge has done extensive research in Australia on this (see, for example, Paltridge & Starfield



2007). Students also face styles of teaching and learning which might be quite different to their experience of undergraduate study, as well as different expectations about academic performance. Ryan and Carroll (2005) describe international students as 'canaries in the coalmine': like the canaries that used to be taken down the mines, international students highlight issues which face *all* students, not just those from overseas. They argue that if we can get it right for them, then all students will benefit.

### ***Research on academic supervision***

Over the last ten years or so, there has been a growing body of literature which advises academics 'how to do' academic supervision. In an early example of this, Delamont et al (1998) point out that there is a 'delicate balance' between giving adequate support to postgraduate students and doing too much for them; 'spoon-feeding' so that they do not learn to become independent learners. More recently, a number of publications have emerged, offering good pointers about important matters such as how often supervision should be offered, when written feedback should be given. But on reading these, there was, in my view, something missing; a technical-rational approach such as this fails to address the more subjective, more personal, and arguably, more tricky aspects of supervision. Moreover, I was concerned that the academic literature, at times, showed what Wisker (2005) has called 'academic imperialism' and 'cultural arrogance', because it fails to value the different knowledge and experience which students from other countries bring.

### **Returning to my own experience**

I have now supervised international students at my own university for 15 years or more. Over that time, I have been struck by the reality that international students make significant personal sacrifices on coming to study in the global North, leaving behind them family (including, at times, children), friends, community and culture. They also make huge financial sacrifices, and often a whole family is involved in supporting one person's academic endeavours. They are usually academic and professional leaders in their own countries, yet once in Scotland, they find low-paid jobs as shop-workers and care assistants to make ends meet, and are forced to make endless applications for charitable help just to pay the fees and living costs.

What do we do for them in return? In my own university, we do more than most. Because we have a large population of PhD students in the School, and many are from overseas, there are many opportunities for peer support and networking across departments, in addition to the more formal arrangements for supervision. Students are encouraged to do part-time tutoring with us, and where possible, colleagues involve them in their own research activities. But there are, I believe, lessons to be learned here from professional supervision practice. A classic supervision text has argued that supervision should have three functions, administrative/management, educational and supportive, and attention must be given to all three if the supervision is to be successful (Kadushin 1992). My experience of academic supervision in a university context is that we give much more attention to the first two aspects, and much less to the third. Whilst that might be acceptable for our work with 'home' PhD students, I believe that the onus is on us to find ways of managing better how we attend to the third aspect of this.

This would suggest that the university needs to acknowledge that the help that is needed by international PhD students is more than simply academic. Some students will (as the title of the paper suggests) look to their supervisors for a kind of being 'looked after' which might be likened to mothering or parenting. This does not necessarily imply dependency, but is about having someone who cares for you as a whole person, not just as a brain! It also suggests a kind of reciprocity in the relationship between the supervisor and the student, seeking for opportunities to use the student's

skills and experience wherever possible. This will, I believe, require revisiting our teaching, our written guidance for students and supervisors and our practice with students.

### **Alternative frameworks**

As well as looking to professional supervision for ways of taking this forward, I have found the following ideas most instructive.

- Transactional Analysis: the idea that we carry a Parent, Adult and Child within us all the time, and that our relations with others are affected by the mode which we are presenting to each other (see Berne 1964). This encourages me to think about how students see us, and we see them, and how we might try to shift this at times.
- Foucauldian ideas about power: Foucault (1977) argues that power is everywhere; it is not only 'top-down'. This urges a re-assessment on our part of our own power (personal and institutional) and that of students, suggesting that they also have power to determine what happens to them.
- Feminist ethic of care: Tronto (1993) identifies four separate but interconnected phases in caring: caring about, taking care of, care-giving and care-receiving. She also outlines four moral principles of care: attentiveness, responsibility, competence and responsiveness. From this perspective, PhD supervision should be less concerned with rules and regulations (how many times it should take place each semester, whether a formal report is written each year etc etc) and more concerned with *care*, building from what students themselves identify as their needs and wishes.
- Indigenous values and cultural practices: an African-centred worldview as discussed by Graham (2002) challenges the individualism of Western practice and sees family and community at the heart of people's lives. Likewise, Kaupapa Maori supervision (Eruera & Stevens 2010) has much to offer here, demonstrating the ways in which learning is always shared and reciprocal.

### **Points from the workshop**

One person began by stating that the issues raised were pertinent to undergraduate students as well as postgraduate students, and another added that they also affect practitioners who come from other countries to practise as social workers. They are also relevant to older students coming into higher education, as well as to subject areas beyond social work.

Someone asked where responsibility for international students lies. A view was expressed that HEIs used to do this better, and that in the absence of HEI support, the onus falls on departments and now individuals. This led to the recognition from others present that the issue is a political one, not just a personal one: as workloads for academics increase, so it is harder to give the necessary support to students.

One person acknowledged how exciting new learning can be for international students who are exposed to a whole set of ideas which may be unfamiliar to them. One African workshop attendee said how important all the issues raised were to her personally.

Someone said how important the peer group is to students, although there can be 'sibling rivalry' amongst students too.

The question of equal opportunities was raised – it was suggested that we need to 'level the playing field' so that international students are on the same level as 'home' students. In order to achieve this, they will require extra support and extra training; arguably, they are paying for this already in the enhanced international fees which are charged!

Another contributor said that she feels we have a 'duty of care' to international students, who pay so much and sacrifice so much to study with us. They may need help academically, but they are worth the effort – their contribution is immense. She argued that the extra help required needs to be

recognised at institutional level, by giving students extra resources, and by giving supervisors a workload which acknowledges their additional work. She likened this to the extra help which is currently given to dyslexic students, who go on to become excellent practitioners.

## Conclusions

The workshop demonstrated high levels of interest in the topic, and broad support for the idea that we need to look at how we support international social work students better. In conclusion, it is evident that this needs to happen at institutional and departmental level, as well as in our individual practice with students.

For ourselves, I believe that we should not be naive about power differentials between supervisors and students, because they are real, but with respect, care and genuineness, it is possible to build a PhD supervisory relationship which is based on trust, sharing and reciprocity. If international PhD students are indeed 'canaries in the coal mines' as Ryan and Carroll (2005) suggest, then I believe we should listen to their songs, for the benefit of all PhD students. This means asking them what they need at the same time as valuing who they are and what they bring.

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# **Supervision and its role in detecting and preventing vicarious trauma in supervisees: Anna Elders**

## **Abstract**

Vicarious trauma (VT) can be defined as a collection of pervasive changes within a person following vicarious exposure to a traumatic incident. It is often characterised by a number of cognitive, emotional, behavioural, psychological and spiritual changes within the clinician, mirroring those of Post-traumatic Stress Disorder.

Clinicians undertaking empathic, therapeutic work involving exposure to client's traumatic memories are at risk of developing VT. This can lead to a number of personal and professional difficulties such as burnout, stress, heightened anxiety and interpersonal problems.

Supervision has been identified in literature as a protective factor for clinicians in the detection and prevention of VT. Many popular supervision models however, do not include a specific focus on VT detection and prevention, or the supervision tasks required to enhance the resiliency and protective factors of the supervisee.

Basic adaptations to supervision are suggested including supervisee psycho-education on VT, contracting in monitoring of clinician response to therapy (start of session 'check ins', use of rating scales, reflection on trauma exposure), identifying available supervisee support processes and the inclusion of replenishing, supportive 'homework' to enhance resiliency and protective factors.

## **Introduction**

Clinical supervision is widely regarded as a useful tool in the endeavour to increase effective professional practice, improve treatment outcomes and support professionals providing mental health care (Lomax, Andrews, Burruss & Moorey, 2005; Davis & Cockayne, 2005; James & Allen, 2004).

Conducting therapeutic work with clients who experience mental health difficulties can be emotionally challenging for clinicians, trauma-focused therapy especially so as it often involves detailed, empathic exposure to client's memories and emotional and cognitive reactions to trauma (Morrison, 2007).

## ***What is vicarious trauma?***

The term 'Vicarious Trauma' was first coined by McCann and Pearlman in 1990 and refers to a transformation in a clinician as a result of exposure to clients' experiences of trauma.

VT symptoms were initially observed in emergency workers in the seventies leading to the exploration and detection of its presence within other professional populations such as the Police, Health Professionals and Solicitors (Morrison, 2007).

Reported symptoms can include changes within the clinician's cognitive schemas, sense of identity, belief systems, memory and behaviours with potential "devastating effects on their personal and professional lives" (Trippany, Kress & Wilcoxon, 2004, p. 31). Morrison (2007) states that clinician symptoms "parallel those experienced by the primary victim/survivor" (p.3) with Post-traumatic Stress Disorder including cognitive intrusions, avoidant behaviour and hyper-arousal.

Shame, feelings of inadequacy and a sense of loss of self both personally and professionally can be experienced, often leading to further exacerbating cognitive and behavioural symptoms which may

become apparent within therapy, affecting the therapeutic relationship through empathic withdrawal and avoidance.

Bober and Regehr (2006) conducted research on 259 therapists and found that the primary predictor of VT was high exposure to trauma work rather than the level of experience or personal history of the therapist, highlighting the increased risk for trauma-focused therapists. Other studies however have found conflicting data (Pearlman & Mac Ian, 1995; Baird & Jenkins, 2003) highlighting the lack of consensus regarding risk factors.

## **Generic functions of supervision**

A new working definition developed recently by Milne (2007) describes supervision as “the formal provision by senior/qualified health practitioners of an intensive, relationship-based education and training that is case-focused and which supports, directs and guides the work of colleagues (supervisees)” (p.4) with the functions of a) quality control, b) maintaining and facilitating the supervisees’ competence and capability; and c) helping supervisee’ to work effectively.

This definition and the focus it places on supervisions role of improving client outcomes would be generally accepted by many within the field. It however highlights, as other definitions do, the lack of discussion which is often found within literature of the role of supervision in supporting the clinician.

Armstrong & Freeston (2006) debate a concerning assumption which they feel is often made in that supervisees are “in sufficient physical and psychological health to provide help to the client in a safe manner” and to “occupy professional roles safely as therapists” (p.351).

This is not always the case and discussion of VT and the implications for supervisees is not often found within supervision literature.

Certainly services have an ethical and moral obligation to look after their staff. This poses the question as to whether we are doing enough to detect and prevent VT in clinicians?

## **Does supervision have a role in detecting and preventing vicarious trauma?**

Supervision is thought to play many roles in the detection and prevention of VT including providing much needed support and assisting in the processing of trauma material to which the supervisee has been exposed to as well as the personal emotions and cognitions which may be present (Cerney, 1995). This processing element could be considered an active component in the prevention of VT however it could be questioned whether there is a need for more careful consideration and planning so as to maximise its effect.

Lomax, Andrews, Burruss and Moorey (2005) urge supervisors to “include discussions of the therapist’s feelings, ideas and images that produce or inhibit therapeutic activity”, believing this allows discovery of a “subjective reluctance of the supervisee” in clinical practice (p.497). Again, this could be a way of identifying VT symptoms though the authors appear to see this more as a benefit to the client through improved therapy delivery rather than emphasising the equal benefit to the supervisee. No clear guidance is given within the article as to how the supervisor would work with the identified emotions, thoughts and images within supervision.

Studies conducted exploring professional quality of life in therapists show that therapists value supervision as a tool in helping them to disentangle their own lives from that of their clients when over-identification occurs through increasing personal awareness and reflection (Braehler, 2006).

Is this potentially helpful factor being given adequate consideration by the developers of supervision models and supervisors?

Trippany, Kress and Wilcoxon (2004) identify peer supervision as an important resource for trauma clinicians believing it supports the shared discussion of cases, helping to normalise experiences and amend cognitive distortions whilst connecting isolated therapists with peers and sharing coping strategies within the group. These aspects, which can also be found within individual supervision, are often enhanced by the group dynamics.

In conclusion it appears that supervision provides many helpful tools in the detection and prevention of VT however the question remains as to whether current models and literature pay enough attention to this issue and take the necessary steps towards making these helpful aspects of supervision more transparent and purpose orientated for supervisors.

### **Suggestions for enhancing supervision for the trauma-focused therapist**

Many supervision models show areas of potential for meeting the needs of trauma-focused clinicians such as that of Proctor's (1986) with its focus on the 'restorative' functions of supervision. These models however seem to lack the detail and structure required to negate the risks of VT.

Supervision that adequately supports and protects the trauma-focused clinician needs to recognise the added risks of the work whilst providing specific risk-reducing elements within the session.

Collaboration and a trusting, healthy supervisory relationship is imperative in supporting the supervisee (Proctor, 1986; Holloway, 1995; Padesky, 1996; Morrison, 2007). Cognitive Behavioural specific supervision that follows the tenets of Cognitive Behavioural Therapies may provide more room for this type of relationship to develop alongside inclusion of the specific tasks and features required to detect and prevent VT however further development and guidance is required.

Agenda setting offers a space to consider difficulties the supervisee may be experiencing that may need to be discussed within the session (Padesky, 1996) however at present there appears to be little direction and structure as to how session content can support the supervisee. Further agenda items are suggested below for inclusion for the trauma-focused therapist.

Monitoring of therapist emotions, cognitions and behaviours appears an important task, not just in relation to assisting better client outcomes but in order to support the supervisee. The success of disclosure of VT symptoms including negative cognitions would rely heavily on the supervisee and the quality of the supervisory relationship though it is suggested this is structured into the supervision agenda. Supervisors are encouraged to directly ask supervisees how they have been impacted by trauma sessions rather than relying on independent disclosure. Establishing an open forum for such discussions will hopefully assist in the recognition of difficulties present for the supervisee, encouraging emotional processing that may prevent the accumulation of distress.

Specific attention may be required in regards to the discussion of imaginal exposure sessions due to the detail of the client's trauma memory presented. As in PTSD, a lack of processing of such material leaves the therapist at risk of re-experiencing disturbing images, emotions and cognitions which can perpetuate the development of VT. Clear boundaries need to be established at the start of the

supervisory relationship regarding the line between supervision and 'therapy'. Collaboratively agreeing a way of monitoring therapist affect and distress and determining when and what further interventions may be required could support this. A rating system for therapist affect following imaginal exposure sessions could allow for recognition of high levels of distress and the need for further exploration and/or the supervisee seeking additional support outside of supervision.

Supervisee psycho-education on VT is vital in order for self monitoring, reflection, disclosure and helpful coping methods to be applied. This task is suggested for inclusion at the start of the supervisory relationship.

Supervision homework in Cognitive Behavioural specific supervision is often focused on interventions that benefit the client. Focus can also be given to homework that supports the supervisee in managing the impacts of therapy such as positive coping strategies including scheduling management supervision to manage caseloads, reducing the number of trauma-focused clients being seen and a type of activity scheduling for the therapist during working hours. This could include ensuring breaks are taken and overtime is reduced where necessary.

Group supervision has been previously suggested as being particularly helpful for trauma-focused therapists. Group supervision in addition to individual supervision is suggested for the trauma-focused therapist.

These proposals are more an addition to previous supervision models rather than an attempt to completely revise them or create a new model of supervision. These additions need to be trialled and evaluated in order to determine how effective they may be in enhancing therapy for the trauma-focused therapist.

## **Conclusion**

VT is a relatively new concept within the mental health and supervision. Supervision has long been thought of as a tool both in supporting the clinician (Proctor, 1986) and enhancing therapeutic interventions within therapy to improve positive client outcomes (Milne, 2007; Armstrong and Freeman, 2006). As we move closer to being able to empirically prove how supervision impacts on therapy outcomes, we appear to be falling behind in addressing the essential supportive requirements for the supervisee, particularly those working with trauma.

Many models offer possible avenues for supervision interventions that could detect and prevent VT however there is a clear lack of focus and structure as to how this could be done.

Further research is required to explore the prevalence of VT and more firmly establish the risk factors that make a clinician more vulnerable to its development and the necessary interventions to help negate the negative impacts of trauma work.

Suggestions have been made for a number of interventions that could be incorporated within supervision for the trauma-focused therapist. These interventions could enhance the protective factors of supervision and reduce commonly seen symptoms of VT as well as compassion fatigue, burnout and the accompanying effects on clients which these symptoms can carry.

Further exploration and emphasis on VT is required within the mental health sector. This could see the development of supervision models that specifically support therapists working with trauma to ensure supervision serves a dual purpose of benefiting the client as well as providing the necessary support to the supervisee.



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## ***Enhancing Supervision for the Trauma-Focused Therapist***

*These suggested additions are made in order to enhance supervision for the trauma-focused therapist and ensure provisions are made for the detection and prevention of Vicarious Trauma. They can be used to alongside other models and approaches to supervision.*

### **Contracting Supervision**

Inclusion of a 'Supervisee Care' section in contracts relating to the management of supervisee stress, burnout or Vicarious Trauma symptoms. This should include methods pertaining to how emotional distress will be monitored and supported such as:

- use of rating scales
- 'check-in' questions at the start of sessions
- identification of what types of additional support will be available
- and when this support should be sought if required

### **Supervisee Psycho-education**

Psycho-education can be provided at commencement of supervision including discussion on VT in regards to;

- the prevalence and risk factors of VT
- how it develops
- commonly seen symptoms
- its impacts on the therapist
- any previous symptoms or experiences of VT
- current professional and personal coping strategies

### **Within the Supervision Session**

#### ***Supervisee Check-in***

The supervisor is encouraged to check-in with the supervisee, as agreed within the supervision contract, regarding current levels of distress relating to recent therapy sessions. Agreeing on an appropriate rating scale (0 = no distress experienced, 10 = significant distress experienced) or monitoring method will assist in allowing open discussion relating to any pertinent issues.

#### ***Discussion of Imaginal Exposure***

Opportunity should be given to put this on the agenda if required in order for the supervisee to reflect on the exposure session and content to assist in the processing of the trauma and any adverse impact which this could have had for the supervisee in regards to affect, cognitions, beliefs and behaviour.

#### ***Homework Setting***

Flexibility to set homework tasks, alongside those relating to therapy interventions and learning, that promote coping and management of the impact of therapy and sessional content.

### **Group Supervision**

Inclusion of voluntary monthly group supervision is suggested in order to provide a wider forum for the sharing of cases, discussion and normalisation of impacts on clinicians and sharing of coping skills.

Suggested setting of an agenda which would include content similar to the above to ensure clinicians have the chance to discuss concerns and reflect on how they are coping with their work.

**Author bio:** Anna Elders is a Registered Nurse and Cognitive Behavioural Therapist currently working within an adult inpatient unit in Auckland. Anna became interested in the concept of VT and the preventative role that supervision can play whilst working as a trauma-focused Psychotherapist and supervisor in the United Kingdom.

## Supervision on a desert island: How external supervision can get separated from service delivery, and how to get it back: Sue Foster

This is a story of supervision in isolation. It is an unusual situation and I present it here because I believe it shows the importance of having a strong contract not only with your supervisee, but also with the organisation. Much has been written about contracting and relationships with organisations (Morrell 2001, 2008) and also relationships of supervision to performance appraisal (Hirst & Lynch, 2005), but this is a story from the front line; my own process of learning and reflection which puts the theory into the ambiguous and untidy real world.

In this paper I use the metaphor of the desert island to describe my role as an external supervisor. I have 18 supervisees and ten are from the local District Health Board. The Northland District Health Board allows external supervision for their staff, which is unusual as it is a not common practice in District Health Boards. Most of the supervisees are social workers, all of them have more than 5 years experience in the field. And it is this group that I will be discussing in this paper. Much of what I explore refers to being an external supervisor to a large organisation where social work is not the primary focus; however it does have relevance to other agencies as well. Really the unusual situation just highlights the patterns that exist with other organisations.

In order to gauge my supervisees' opinions on the relationship of supervision to performance appraisal, I asked them to contribute to a brief informal survey. Of the 13 questionnaires completed, there were 10 responses. For the first question I provided common reasons for having external supervision and 90% (9 out of the 10) replied that they wanted to ensure that supervision was independent of the organisation, but they don't want supervision separated from performance appraisal. Only three wanted supervision to be completely separate from the performance appraisal process. Performance appraisals can be a very useful tool if used in the right way but in my experience, trying to create a link between supervision and appraisal is difficult without a robust contract.

Interestingly many of the respondents thought it would be good if the supervisor could be part of the performance appraisal, but in the current contract that I have, there is no expectation that I would have any contact with managers and for the most part, I am not seen as part of the organisation. However, I have provided supervision reports at the request of my supervisees, and these have been well-received. In these, I give a summary of the topics we have discussed, trying to bring out the most common themes. I also have outlined the professional goals that the supervisee and I have discussed, including what training they would like to be involved in for the following year. This has helped couch the performance appraisal in a learning and development process, and it is also helpful to managers who, not being social workers, often do not think of the professional development of their staff member, rather it is around whether patients get discharged in a timely fashion.

Inherent in this supervision arrangement are a number of paradoxes with which I have to work.

- **Paradox One:** Supervisees seek supervision that is separate from the workplace and then bring to supervision those very aspects of organisational dilemmas that are hard for external supervisors to manage when they are on a desert island.

The first paradox emerges in the frustration that many social workers feel in working within the constraints of the demands of the organisation. I can appreciate that having to physically remove themselves from their practice site to come to supervision does actually help them look at their practice and their organisation from the "outside" so to speak, but in choosing external supervision

they are also seeking to remove themselves from the perceived hierarchical authority of the organisation. However when they find themselves in a dilemma which requires some focused communication (and for which it would be useful for them to receive some of that same hierarchical support) it is difficult for me to help them with that communication, except from a coaching perspective, when I have no relationship with the organisation. There is a positive side to this, however, in that the supervisees do appreciate the coaching, and feel stronger when they have faced their problems, and learnt from them.

- **Paradox Two:** Social workers want external supervision but at the same time also want links between that supervision and their performance appraisal

The second paradox that has emerged is that social workers want a performance appraisal that is, among other things, based on goals around their practice, but do not want their supervision to come from within the organisation, where practice could more easily be observed and critiqued. If managers do not want to (or indeed do not have time to) build links with supervisors, then an important aspect of performance appraisals is lost.

The move to service management in the health environment in the early 1990s has in many organisations separated the practice of social work from its professional base. This means that in the work place, social workers can work alone and so need to have a very clear idea of their role, be confident in it, and build strong functional relationships with the multi disciplinary team (Fry, 2009; Weld, 2009). Not all social workers have this confidence and they quite rightly rely on supervision to help them develop skills so that they can become more confident. For this reason only experienced social workers are given permission to have external supervision. Nevertheless it also means that those social workers do sometimes come to supervision feeling that their work is misunderstood by the wider team. As Fry (2009, p.110) has explained:

Social workers often talk about their work being unseen, behind the scenes and based on relationship and rapport building with not just clients and their families but staff too. This lack of visible skills and concrete evidence of our worth makes our positions vulnerable in the present climate where outcomes and evidence of effectiveness are prized.

To follow my metaphor, the social workers feel alone on their island, and as their supervisor I am alone on mine.

To add another dimension to the complex work environment there is a growing perception that internal supervision brings with it a sense of surveillance and judgment, and that social workers' practice is coming under scrutiny in an attempt to manage risk (Stanley, 2005). Risk-assessment tools have come to be valued highly and some argue that this is at the expense of reflective practice which becomes reactive and mechanistic rather than reflective and creative. Using checklists in supervision may reduce some of the anxiety that supervisors feel but not necessarily improve the practice (Gillingham, 2006). This perception is more prevalent in child protection work than health, but this thinking is pervading social work generally (Beddoe, 2010) and internal supervision is often regarded with suspicion as supervisors are regarded as 'part of management' and confidentiality in this atmosphere is seen to be at risk. As McCauliffe and Sudbery (2005) noted in their research, supervisees in rural areas often found that the small size of their community contributed to the sense of relationships being more enmeshed and they trusted external supervision more to create a confidential relationship (McCauliffe & Sudbery, 2005, p.29). The same research also found that ethical dilemmas were more likely to be brought up in external supervision (McCauliffe & Sudbery, 2005, p.28).

In the time I have been supervising these health social workers, they have undergone two time and motion audits, which tried to measure the length of time spent on a number of activities. For some of

the social workers this was regarded with frustration and contempt, and seen as an attempt to reduce good social work intervention to its tasks rather than measuring its overall effect. It is after all very difficult to measure emotional intervention! This greater emphasis on gathering statistics and measuring outputs, and the increased focus on working quickly and efficiently can create in social workers a perception that only supervision from the outside can view them as valued professionals. For me, as an external supervisor, it could have been tempting to collude with my supervisees and therefore help deepen the gulf between management and practice. But the point here is that external supervisors often have to engage in working through the emotional overlay of organisational issues (and time and motion studies are a standard tool for planning future work force, and don't necessarily need to be regarded with suspicion).

Beddoe (2010) discusses this greater sense of surveillance of social work practice and the linking of supervision to accountability. Supervision has a major role to play in safeguarding social workers in a process that can help them manage emotions and uncertainty (Davys & Beddoe, 2010). It is a process that is built on a trusting relationship which examines practice skills, and from that examination practitioners develop and learn. It needs to provide a space where unpicking the practice in a case is explored safely and encourages the practitioner to consider what worked well, and what might have been done better. This also helps the social worker to develop self reflection skills. Trust, openness and support are essential for this kind of supervision to work well, and indeed I think this does work well in external supervision.

As part of practitioner development it is useful to link the professional practice goals which we develop in supervision with those of the performance objectives which the social workers develop in their performance appraisal. It is this link that helps the social worker practise in an environment that supports his/her practice, and places the requests for training or attendance at conferences in a context that is understood by all. With external supervision this link to professional development is tenuous and without a strong relationship with key people in the workplace, it is often non-existent.

The performance appraisal system is a human resources tool that has been adapted for use in the health setting to measure the performance for the past year and set goals for the coming year. These goals are usually aligned with the values and goals of the organisation as a whole. It is a very useful time to have an in-depth review of one's practice within one's service, and at the same time to review the success and role of supervision for the past year. Unfortunately however, it is often perceived to be an enactment of the hierarchical relationship, where salary reviews are often considered, although in today's world this is less likely to be so. More common is the sense of frustration that social workers in particular feel where this appraisal is carried out by managers who have little understanding of the social work profession, thereby contributing to the social worker's sense of not being valued.

Despite all this, the annual appraisal is actually seen to be important by social work staff, because, as I have already said, it does give them the opportunity to discuss themes and issues experienced in their work, and an opportunity to discuss their role within the service. However it is not uniformly implemented, and in the DHB environment in particular, it can be hard for managers to attend to issues of social workers who are a very small staff group in the face of huge medical and nursing staffing issues.

Where performance appraisals have taken place, I have provided a supervision report to managers which outlines the themes and complex issues that have been brought to supervision in the last year. Some of these are organisational issues, most are practice issues. In most cases these reports have been well-received, especially in those areas where managers do have a clear understanding of the role of social work in their service. Nevertheless, the separation of clinical accountability and supervision remains and I am still on my desert island.

What I have learnt is that there needs to be a clear understanding and commitment from all three parties for external supervision to work well. In effect the supervision triangle which we all know so well has to be enacted. Supervision policies need to clearly state that there is an expectation for managers to have a formal link with external supervisors. And the supervision policy needs to be linked to the contract that is signed by the external supervisor. However, in an organisation where supervision is not a core activity, this is not likely to happen.

- **Contracting:** Strong 3 way contracts can make supervision lively and vibrant part of the organisation.

A three- way contract with manager, supervisor and supervisee – provides for a specific agreement about the process and frequency of review of objectives of supervision, which are clinician led, and the input of supervision to performance reviews. My current contract stipulates that supervision is to take place monthly, that I will be paid, and it is my responsibility to provide the venue. There is nothing in the contract which expects a feedback link back to the organisation. But this is not to say that this could not happen in each service.

These arrangements need to be formalised, as has been well documented by Morrell (2001, 2008) among others, over the last 10 years! For the supervisee, the feedback loop created helps to locate the worker in the service and link their professional and performance goals. For the manager, not only does it give them an understanding of the role of supervision, but it helps link the role of the social worker to the role of the multi disciplinary team so that it functions effectively. It also provides an evaluation of the worker with the input of both the supervisee and the supervisor. For the supervisor it gives another perspective of the worker's performance, and gives them an increased understanding of the 'organisational context' of the worker. In this way supervision is seen as a more integrated part of the service system.

Morrell's (2001) article in the Social Work Review provides what I think could be the model for practice, but she herself acknowledges the difficulties in health organisations (amongst others) where there is not a good understanding of the supervisory role by managers who are not part of the social work profession (Morrell, 2001, p.36). Morrell also comments that:

there is far from universal acceptance of the idea that external supervisors should have a close link with employers. It is often viewed as challenging the very nature and value of external supervision (p.37).

My experience tells me that it takes a considerable amount of work on behalf of the external supervisor to create the 3-way key relationship. In areas where social work is not seen as a critical component by managers, engaging the third party (i.e. the manager) in the relationship and indeed contributing to it, is a lesson in perseverance.

- **Paradox Three:** External supervisor brings supervision back into the organisation

In this particular context, it is the efforts of the external supervisor that is bringing supervision back into the service, and endeavouring to bring clinical practice and supervision into the same ocean, let alone the same river! External supervision breaks down paranoia associated with performance appraisal. However social workers themselves also have to be more responsible for forging the link between their supervision relationship and the key people in their workplace.

The three way relationship will hopefully help break down the negative feelings around performance appraisal, and will create opportunities for such things as 'live' supervision to take place in the workplace. And hopefully the very reasons that are given by the supervisee to seek outside supervision will evaporate! There is only one drawback to this arrangement. The current fee for

service model doesn't support the kind of relationship building and processes that need to be in place to give supervision the attention it deserves.

But perhaps this will be the first topic of conversation with the service managers when I land my canoe and go and meet with them!

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# **Tending the Culture of Supervision: Carolyn Simmons Carlsson & Janice Mueller**

## **Abstract**

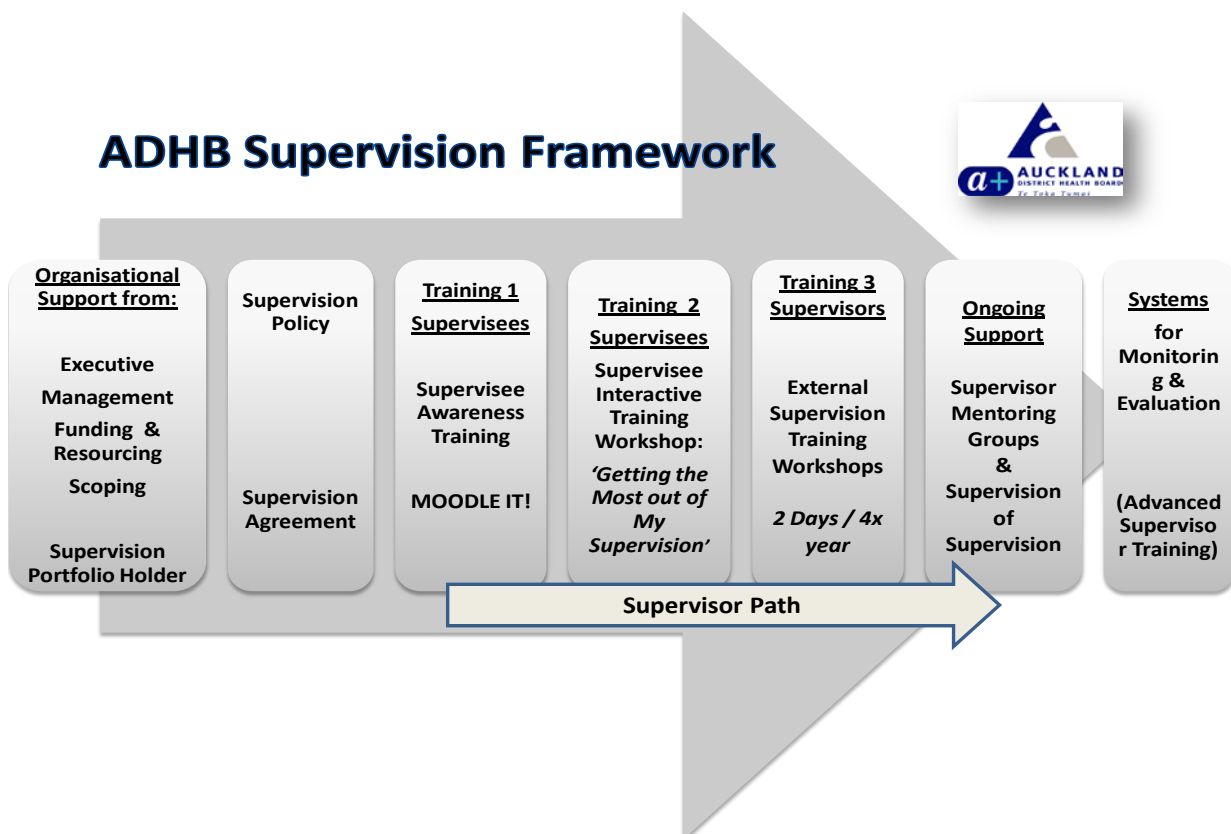
Supervision has been said to be the most influential process through which practitioners perceive and relate to their agency (Morrison, 2001). However good supervisors and supervisees are not born, nor is the culture of supervision inherent in all allied health professions. Rather, supervision roles, responsibilities and culture are developed through clear policy, good training and the development of skills, alongside supervision-of-supervision, systems review, with both an individual and organisational commitment to the practice of quality supervision (Simmons Carlsson, 2008). To this end, the Auckland District Health Board (ADHB) Supervision Policy (ADHB, 2010) mandates supervision for all Allied Health Practitioners (AHPs), irrespective of whether supervision is, or is not, part of a specific profession's regulatory requirement (Simmons Carlsson, Coups, Mueller, Neads, & Thornley, 2007). This paper overviews the ADHB supervision framework and culture which is applied across the whole organisation, inclusive of physical health and mental health practice environments. In the context of this paper, *culture* is viewed as the organisation's shared experiences of supervision, giving rise to a shared system of meaning, or rather worldview for the practice of supervision.

## **Organisational Context**

Auckland DHB is one of the largest district health boards in New Zealand, providing health care services to approximately 10 percent of the total population of New Zealand, in addition to providing regional and national health services. The DHB works within an integrated governance model; a key component of this is our Clinical Quality and Professional Governance (CQPG) model. Renowned for its teaching and research capability, as a healthcare organisation that strives to deliver high quality clinical services, the Auckland DHB clinical quality and professional governance model is an essential tool that assures our Board, and the community we serve, that we will deliver quality healthcare. It is therefore critical that we invest in quality care and a robust framework that will contribute to our ability to deliver on our goals. Good clinical governance, as articulated by the CQPG model ensures our organisation is accountable for continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care flourishes (Jones & Jenkins, 2006). As part of this governance model, ADHB Allied Health Practitioners (AHPs) undertake a range of professional governance and quality improvement activities. These activities may include, for example, evidence-based practice, peer review, performance management, quality projects, continuing professional development activities, research, audit, and supervision.

## **The ADHB Supervision Framework and Policy**

Carroll (2001) states that "ultimately, supervision is for better quality service" (p. 36). For ADHB, the provision of and engagement of AHPs in supervision is seen as an important component of professional governance and assurance of safe practice; viewed as a core part of the organisation's commitment to quality service provision for clients. As such, supervision is mandated by policy. Figure 1 below provides a schematic overview of the ADHB Supervision Framework; aspects of which are further unpacked later in this paper.



**Figure 1. Auckland District Health Board Supervision Framework (2010)**

The ADHB supervision policy covers a range of allied health professions, including Audiologists, Dietitians, Occupational Therapists, Optometrists, Orthoptists, Play Specialists, Psychologists, Psychotherapists, Physiotherapists Social Workers, and Speech & Language Therapists. In addition, the policy also applies to some groups of registered nurses who are authorised by the Executive Director of Nursing, in particular those practising in mental health and community child health and disability services.

The supervision policy itself is heralded by many as exemplary in its pursuit of modelling a policy that translates core supervision principles into practice. However, policy alone is not enough; it must be backed up by an organisational commitment to the policy and the implementation of fundamental elements that sustain good supervision practice within the organisation. Such elements include having a clear vision and framework and most importantly buy-in at all levels, including strong buy-in from the Executive Management Team. There must also be provision of sustainable training, not only for supervisors (Hawkins & Shohet, 2007; Te Pou, 2008), but equally important, for supervisees (Carroll & Gilbert, 2004). Methods for evaluating the supervision process and outcomes must also be in place (Vonk & Thyer, 1997). Thus, to have policy is to ensure that it is implemented.

At ADHB ensuring policy implementation means we have worked to put in place the following:

- A well articulated supervision framework that is evidence-informed, robust, flexible and can meet the varied needs of many disciplines.
- The provision of a sustainable training programme for supervision practice that is available to all disciplines for both supervisees and supervisors, with a system for monitoring and evaluating the training.
- Clear expectations of roles and responsibilities of all parties in relation to supervision relationships and agreements.

- d) Clear and consistent three-way supervision agreements between the supervisee and the supervisor, and the organisation.
- e) Documentation methods for both supervision participation (supervision log) and capturing the content of supervision (confidential supervision record).
- f) Options and opportunities for evaluation of the supervision process, including the use of process tools to enable evaluation of supervisors by supervisees and reporting on supervision.
- g) A system for the evaluation and monitoring of supervision training and outcomes of supervision.
- h) Last but not least, appropriate financial commitment from the organisation, for supervision is not without cost (expanded upon later in the paper).

## **Supervision Policy Development & Content**

At ADHB we have found that the development of our supervision policy has been, in itself a journey. We believe policy development should be viewed as such, much like the process of supervision is a journey. To begin, when developing policy one must ask who needs to be part of crafting the policy – the key stakeholders and shareholders – alongside who needs to be part of the ongoing journey to ensure a sustainable framework is reached? We have found that there is no quick route to bringing about a robust supervision policy. Instead, we have taken the time to allow our policy to percolate over time, much like the culture of supervision.

Tensions can arise when developing policy across a diverse range of allied health professions and these must be given due process. For example, simply arriving at a shared definition and worldview of supervision across the many professions, some for whom the concept of supervision is new and foreign, takes time and has required focused attention. At ADHB, focused attention has been by way of a range of methods, most of which included: a) identifying long-term champions and leaders for supervision, b) discussing and acknowledging the challenges regarding supervision - particularly the differing world views of multiple professions - in an open and respectful manner, c) implementing a workforce pre-policy survey in 2003, and d) appointing a supervision portfolio holder from within the Allied Health Professional Leadership team to have oversight of the supervision framework across the organisation.

Considering the varying discipline-specific requirements when developing policy is also important, including those of each regulatory authority. Many of the allied health professions now have their own guidelines regarding supervision. For example, the Boards for Occupational Therapy, Psychotherapy, Psychology, Dietitians and Social Work have published profession-specific guidelines for supervision. Policy must take all these guidelines into account. Te Pou (The National Centre of Mental Health Research, Information and Workforce Development, NZ) has also published supervision guidelines for mental health and addiction nurses. So, as a result of multiple factors, the content of the ADHB supervision policy must be inclusive and flexible, as well as robust. The content of the ADHB supervision policy is outlined in Table 1 below.

**Table 1 - ADHB Supervision Policy - Content Headings**

- Principles e.g. organisation's commitment, Kaupapa Maori supervision, cultural supervision
  - Supervisor selection, sources, considerations for who should train as a supervisor
  - Descriptors of supervision
  - Elements of supervision e.g. oversight of client care, professional development, support & accountability
  - Types of supervision e.g. kanohi-ki-te-kanohi, peer, group supervision
  - Frequency of supervision
  - Roles & responsibilities e.g. supervisor, supervisee, management, others
  - Confidentiality parameters
  - Conflict resolution
  - Training expectations
  - Record keeping
  - Privacy
  - Supervision Agreement
  - Appendices e.g. supervision agreement template, supervisor evaluation form, supervision attendance log
- (ADHB Policy: *Supervision of Allied Health Practitioners*, August, 2010).

## **The 'Cost' of Supervision**

As mentioned earlier, there is a cost to supervision at various layers within the organisation. At the practitioner level, there is the personal and professional cost to safe, ethical and legal practise and quality of service to clients when practitioners are not engaged in guided reflective practice, such as that afforded through supervisory partnerships. Further, we know that supervision can lend itself as a process to mitigate risk through guided critical reflection (Beddoe, 2010).

There is the financial cost to the organisation to fund a level of training that ensures good supervision is being practiced. The training itself, incurs the cost of releasing practitioners to be trained, along with the cost of releasing staff to be in supervision, all of which ultimately necessitates time away from clinical practice. Furthermore, the financial cost to ensure the practicalities of sustaining supervision and making it work well is ongoing.

For an Executive Management Team to support the financial investment in supervision in a sustainable manner, the benefits also need to be clearly identified and demonstrated. Benefits of supervision may include staff satisfaction, reduced staff stress and improved coping mechanisms, reduced performance management activity and improved competence of AHPs over time (Mor Barak, Travis, Pyun, & Xie, 2009).

## **Further Unpacking the ADHB Supervision Framework**

At ADHB we have been engaged in building our supervision framework and culture since 2003. We feel we have come a long way and there is still more to our journey. As mentioned, our culture of supervision begins with buy-in at all levels - from Executive Management to the coal face of practice and our practitioners - bound together within policy and our supervision portfolio (refer Figure 1). We discussed the supervision policy earlier in the paper, therefore the remaining core elements of our supervision framework, and in particular the training pathway is covered in this section.

## ***Training***

Supervision holds an important place in the ADHB organisational culture and, in part, enculturation occurs through our training programme. Furthermore, the literature highlights the need for training for without training supervision can be less effective (Hawkins & Schindler, 2007; Schindler & Talen, 1996; Victoria Healthcare Association, 2008). Our training programme comprises three components for supervisees and supervisors. Like Carroll and Gilbert (2004, p. 5), ADHB believes that it is insufficient to only train supervisors, given “supervision is for supervisees, not supervisors”.

### **Supervisee Training**

All AHPs undergo supervisee awareness training, for which there are two components: ‘MOODLE It!’ which introduces supervision and the policy, plus a two hour supervisee interactive training workshop. The first component is mandatory however, not all AHPs will complete the second, as some professions will have had more of an emphasis on supervision awareness in their professional entry-level training, such as psychologists. The two supervisee training components are outlined below.

1. MOODLE\* It!: Supervision for Supervisees

This is a self-directed, mandatory on-line supervision awareness learning activity which introduces staff to the supervision policy and framework. Outcomes include staff being able to define supervision, become familiar with the supervision policy, and begin to introduce staff to using supervision beneficially. (\*Moodle is the ADHB’s on-line internet-based system for e-Learning).

2. Supervisee: Interactive Workshop (2 hours)

Staff must complete the Moodle component before they can register to attend this workshop with in-house trainers. A Train-the-Trainers model is in place to develop trainers for the supervisee training component. Trainers are selected for their high experience as supervisors.

The focus of this workshop is to ensure staff consolidate their understanding of supervision within the context of ADHB, the supervision policy, their **rights, roles** and responsibilities as a supervisee, and to provide information about supervision ‘contracting’ and documentation processes. The desired outcome of this workshop is that staff will understand the purpose of supervision, as well as be able to expect and access beneficial supervision. This includes knowing how to use supervision effectively and what to take to supervision.

Together, these two training components form the pre-requisites for beginning supervisor training for all AHPs within ADHB.

### **Supervisor Training**

The importance of training supervisors, cannot be under-emphasised given supervisors facilitate the process of supervision (Hawkins & Shohet, 2007). To quote Carroll & Gilbert again “a good supervision relationship forms the basis for effective supervision” (p. 7). To this end, we have worked hard to generate policy and invest in resources that will nurture the supervisor-supervisee relationship, as recommended by Mor Barak et al. (2009).

Training for new supervisors focuses on baseline supervisory skills and occurs over two days. The workshop is facilitated by contracted external trainers and is held 4 times a year. Content for supervisor workshops is generated by our contracted trainers, who are skilled and experienced in the design and provision of supervisor skills training. However, our expectation and request of the trainers, is that the training is contextualised to the ADHB. To this end, trainers are supplied with the policy, ‘MOODLE IT!’ and the supervisee training material for reference as required. An overview of the expected training content is outlined in Table 2 below.

**Table 2 - Supervisors' Workshop Content Overview**

<ul style="list-style-type: none"><li>• Definition of supervision</li><li>• Purpose, goals, functions &amp; tasks of supervision</li><li>• Types / methods of supervision</li><li>• Supervisor roles and tasks</li><li>• The supervision relationship</li><li>• Supervision agreement</li><li>• Documenting</li><li>• Ethical Issues for supervision</li><li>• Structuring The Session</li><li>• Supervision maps and models</li><li>• Supervisory skills and Interventions</li><li>• Reference where relevant of the ADHB supervision policy content</li></ul>
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Staff who attend the supervisor training component must be identified and put forward by their Line Managers, with support from the relevant Professional Leader. These AHPs will have a minimum of four years clinical experience and have a commitment to becoming a supervisor and continuing professional development in supervision practice.

### ***Supervisor Support***

We know that staff who are supervising also need to reflect on the supervision they provide and be supported to grow their supervision skills (Hawkins & Shohet 2007; Schindler & Talen, 1996). Whilst many of our supervisors are engaged in supervision-of supervision, we are yet to ascertain how well this aspect is occurring and that it is of a high quality. We predict that further training may be required to enable this. Early thinking is also occurring around how we support our experienced supervisors through advanced training as Heid (1996) suggests.

We are also in the early days of establishing a network of supervisor mentoring groups; the aim of such groups being to allow new supervisors to consolidate and deepen the knowledge and skills gained from their initial training, as well as to ensure accurate interpretation and implementation of policy. A small number of mentoring groups are currently facilitated by the supervision portfolio holder. Succession planning will include enlisting skilled supervisors to facilitate the groups across the ADHB. Some of the common themes that arise in these groups include the structure and process of supervision, ethical dilemmas that occur in supervision as a result of dual relationships, navigating the boundaries between supervision and performance management, issues of confidentiality and disclosure, supervisory interventions, dealing with blocks in supervision, and in general adding to the supervisor's tool box.

### **Strengthening the ADHB Supervision Framework - Evaluation & Monitoring**

We know that with feedback, supervisors make positive changes (Vonk & Thyer, 1997; Hawkins & Shohet, 2007; Carroll & Gilbert, 2004). The quality of supervision is enhanced through carefully managed evaluation processes that benefit supervisors, supervisees, the organisation and, most importantly, quality service to clients. Furthermore, we know that best practice shows that supervision should be evaluated. In part, voluntary self-report methods can be implemented to facilitate review of supervision, from both supervisee and supervisor perspectives. Supervisors should also be encouraged to self-evaluate as part of their own supervision (Carroll & Gilbert, 2004; Hawkins & Shohet, 2007; Schindler & Talen, 1996; Vonk & Thyer, 1997).

At ADHB, in order to strengthen the practice and process of supervision and to encourage deeper reflection about supervision, we have this year implemented the following process-oriented supervision evaluation tools: a) a *Supervisee Evaluation of Supervisor* form, b) a *Supervisor Self-evaluation* tool, and c) a *Supervision Report* template. These tools are currently being embedded into the culture of supervision and supervisor behaviour. Our policy, all 25 pages of it, provides a means of monitoring supervision through stating clear boundaries and guidelines for supervisee-supervisor matching. Line management supervision is not encouraged although it does occur in some teams. In addition managers, professional leaders and staff are accountable for ensuring quality supervision occurs in accordance with policy and supervision practice.

We have sought to better monitor and evaluate our training via the Supervision Portfolio holder as well as having key observers participate in the supervisor training component. Regular reporting linkages to Executive Management and the Allied Health professional leadership group is also maintained by the portfolio holder. Lastly, as there had been no formal means of evaluating the outcome or quality of supervision, we have also asked ourselves the question: *Are we, and how should we best evaluate our supervision practice?* To address this issue, we have formulated a supervision audit tool to evaluate both supervision process and outcomes across all AHPs. The intent of this audit is to get at the effectiveness of supervision. Findings will establish a baseline of effectiveness, further inform policy and training, and enhance the ADHB's continued commitment to building a sustainable supervision culture.

## Conclusion and Key Take Away Message

Building a robust supervision framework and culture across multiple professions within a large organisation such as the Auckland District Health Board requires time and attention to establishing a framework that supports robust and sustainable implementation of fundamental elements of supervision. Core elements within such a structure include having a sustainable framework, identifying and enabling supervision champions, having robust policy and a training programme for both supervisees and supervisors, systems for the evaluation of supervision practice, process and policy implementation, resourcing of policy implementation and ongoing executive management level support and commitment, and costs are agreed and covered.

We acknowledge that achieving the above things can potentially pose barriers to building a sustainable culture of supervision within such a large organisation. However, we have found that with the right care, consideration and attention they can prove to be strong enablers of a culture that values supervision as a critical influential process for practice and quality care. Our framework and processes not only seek to nurture our staff, they also contribute to bringing about the delivery of high quality clinical services to our client populations.

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## **The Supervision Matrix – Neo seeks Oracle: Online supervision services: Lisa King and Vicki Hirst**

### **Abstract**

The development of computer technology, along with increased computer use and computer literacy provides the opportunity for more accessible and flexible 'online' supervision, which is better able to meet the needs of greater numbers of supervisees. But, can traditional face-to-face supervision be translated easily to online supervision services? This paper addresses this question, drawing upon current literature and our own research and experiences. We pose questions for supervisors (and supervisees) to reflect on their use or potential use of online supervision services. The paper raises serious challenges and offers guidelines for professional and ethical practice when providing online supervision services.

### **Background:**

We are social workers and external supervisors who began experimenting with cyber-supervision when supervisees who were having face to face supervision moved location and wanted to continue the supervisory relationship. Linda was also setting up her website to offer online supervision services and discovered our professional association; Aotearoa New Zealand Association of Social Workers (ANZASW) didn't have any policy or guidelines about using technology in the provision of supervision services. The issue was raised within the Supervisors Interest Group, under the umbrella of ANZASW, and an invitation extended to members to meet, discuss and draft a paper for consultation which could lead to the development of a policy. Our conference presentation and subsequent paper are designed to share our key learnings from this process. It is very much an innovation in supervision practice that raises issues for consideration for those contemplating online supervision.

### **Can traditional face to face supervision services be easily translated to online supervision services?**

Technology has the potential to significantly change supervisory practice by offering new ways of providing supervision services. At the same time it challenges our knowledge and skills to provide 'best practice' when using online supervision services. When we met to draft the paper our discussions focused on how online supervision is different from and the same as face-to-face supervision. We were mindful of our own experiences of participating in both, as a supervisor and supervisee, and in peer supervision. As part of our process we also reviewed the literature and what

other social work professional bodies included in their guidelines for professional and ethical practice. As a result three key areas – which we have posed as questions - were identified. These highlight the major issues that would be helpful to address when translating face-to-face supervision to online services. They included: What are your professional and ethical responsibilities? Are you competent in the technologies used? Who are you and who am I? Each of these questions is now addressed in turn.

### **What are your professional and ethical responsibilities?**

As members of ANZASW and registered social workers we were interested in what guidelines our own professional body had and perused the Code of Ethics, Supervision Policy and Practice Standards. We also researched other social work association's relevant policies. These included the Australian Social Work Association (AASW), the American National Association of Social Workers (NASW) and the National Association of Social Work Boards (BASW).

The ANZASW Supervision Policy and Practice Standards set out the standards and expectations of the association in regards to supervision for its members. The Code of Ethics, which has recently been fully revised and updated, provides the guidelines for professional and ethical social work practice and is founded on the guidelines enumerated by the International Federation of Social Workers to whom the ANZASW is affiliated. Together these documents provide the framework for competent, safe and accountable social work supervision practice within Aotearoa New Zealand. It is interesting to note, given this topic, the assumption that services are provided within Aotearoa New Zealand. We found no reference to electronic communication in any of these documents. As mentioned earlier we came to realise that the fact that our Association did not have any reference to online supervision services or the use of technology in any of its practice guidelines was a big and potentially very risky gap.

### **Other social work professional association's guidelines**

As part of preparing the draft paper, we researched whether other social work bodies provided guidelines for using electronic communications. We found that the Australian Social Work Association (ASW) is currently reviewing their Code of Ethics. The current version includes three statements that concern electronic communication. All involve adhering to the principles of privacy and confidentiality: when transmitting confidential information, disposing of confidential mechanical or electronic records by clearing them and, in the supervisory relationship, acknowledging any limitations that may apply in

particular circumstances.

The (American) National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world. Membership in NASW includes over 150,000 social workers. The mission of NASW is to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. The (American) Association of Social Work Boards (ASWB) is the association of jurisdictional boards that regulate social work. The mission of ASWB is to assist social work regulatory bodies in carrying out their legislated mandates and to encourage jurisdictional efforts to protect a diverse public served by social workers who are regulated through common values, ethics, and practice standards.

The National Association of Social Workers and National Association of Social Work Boards together developed a 28 page booklet “Standards For Technology and Social Work Practice” in 2005. In it they highlight a number of issues that the standards are designed to address. These include: the fact that technology can be unreliable - crucial information can be lost or intercepted; service providers can easily misrepresent themselves and their credentials online; confidentiality in an electronic medium can be compromised; jurisdiction, liability and complaint issues can blur when national boundaries are crossed; access and success using technology can vary widely; and both social workers and clients may have unrealistic expectations for what technology can actually provide. Specifically in respect of Supervision Section 9-6 states:

When using or providing supervision and consultation by technological means, social work supervisors and supervisees shall follow the standards that would be applied to a face-to-face relationship and shall be competent in the technologies used.

Standards for Technology and Social Work Practice (2005, p.16).

This statement reinforces the importance of being thoughtful about translating face –to-face supervision to online supervision services and not to assume it is only a simple matter of using a computer. The standards document also states:

As with all supervisor-supervisee relationships, the supervisor may share the responsibility for services provided and may be held liable for negligent or inadequate practice by a supervisee.

Standards for Technology and Social Work Practice (2005, p.17).

This is the United States legal context. It serves as a reminder that, if you provide supervision to a social worker practising in a different legal context to your own, to practice safely you must be knowledgeable about the relevant laws that apply.

We found this research was consistent with recent literature, e.g. Evans (2009) and Jones & Stokes (2009) who write from a counselling perspective, and our experiences.

### **ANZASW Draft paper for electronic communication**

As a result we drafted a discussion paper for electronic communication for ANZASW which covered five key areas:

- The need for supervisors to take all reasonable precautions to ensure the privacy of electronic communications e.g. using passwords, encryption and secure sites.
- The requirement for supervisors to make open disclosure about their identity, professional membership, qualifications, training, work context and country worked from.
- That supervisors should provide clear and sufficient information about the limitations and risks of online supervision to enable supervisees to make informed choices about using this service.
- Supervisors should also work within their limitations and competence, preferably have supervision with an experienced online supervisor, and be willing to have ongoing professional development in this area as technologies change etc.
- Supervision contracts should include online availability, response time, alternative contact methods and the relevant legal context in which the supervision takes place.

At this stage the paper is going through a consultation process within ANZASW.

While our initial intention was to develop a policy covering online supervision services, and it was drafted as such, we are now suggesting the draft paper forms an appendix to the current Code of Ethics because we realised whilst drafting it that it has wider application beyond supervision to social work practice.

### **Are you competent in the technologies used?**

A second key question to consider is your competence with the technologies used. Online supervision requires a level of competency in computers and using the internet for both supervisor and supervisee. Additional skills are required to enable both to engage and meet the purposes of

supervision. This is addressed more specifically in the next section covering engagement and manaaki tangata. Up to date virus protection is also necessary in terms of protecting software and information.

There are a number of ways that computer technology can be used in the provision of online supervision. 'Live' supervision uses a webcam and software e.g. Skype that utilises audio and video, allowing both parties to speak and see one another using direct access between two computers. Online supervision can also use the medium of MSN messaging where both parties 'talk' using text in real time.

Email supervision uses an exchange of emails that allow both parties to use different timeframes to 'talk' to one another.

The different technologies have advantages and disadvantages. We have not addressed these in this paper as other conference presentations covered these fully. Whichever technology you offer you need to be proficient in using them and make a commitment to seek appropriate training to stay current with emerging technologies.

We have primarily used Skype - audio and video - mainly with some chat. We haven't used email in structured supervision because we feel it is time consuming, we are in the same time zone and availability isn't an issue. We also prefer to both see and hear the other person, although when there have been three of us we have used only audio Skype conferencing.

When we began having online supervision each of us had only a rudimentary knowledge of using the technology. It has definitely been a 'learning as you go' experience. Two of us were fortunate to have teenagers in the home who were willing to pass on their superior knowledge and skills in this area. We learned such things as deciding beforehand who is hosting the session so that that person invites the others into the conversation. It is also that person's responsibility to link us all again if the connection gets lost. This has happened on a couple of occasions.

### **Whanaungatanga - Who are you? Who am I?**

**"He reo rangona, engari, he kanohi kitea"**

**A voice may be heard but a face needs to be seen/known.**

### **Maori whakatauki**

The third key question is around Whakawhanaungatanga – or taking the time to establish the relationship. How do they know you? And how do you know them?

Establishing and maintaining a good supervisory relationship forms the basis of effective supervision (Carroll, 2006). Negotiating a clear written supervision agreement begins the process of developing trust - central to effective supervision, by clarifying roles, responsibilities and expectations.

Morrison (2001) presents a four-stage framework for negotiating the supervision agreement that includes: the mandate, engagement, acknowledging ambivalence and the written agreement. Such a process allows both the supervisor and supervisee to get to know one another and decide whether they can work together to achieve the purposes of supervision.

Establishing the mandate for supervision requires us to be clear on what authority the supervision is based. Is there organisational authority? Professional authority? What rights and responsibilities do the supervisor and supervisee have to each other, their employer and the profession? What are the limits to confidentiality? What records will be kept and for what purpose?

Morrison uses the term 'engagement' to refer to "a shared perception of and commitment to, supervision based on clarity about agreed roles, responsibilities, needs and expectations" (2001, P105). Engagement helps to ensure supervision is a collaborative process. Without it, Morrison says, trust will be constrained or withheld, thus limiting the effectiveness of supervision.

The third stage in Morrison's model – acknowledging ambivalence - requires both supervisees and supervisors to acknowledge the risk that the supervisory process, focused on learning and development, may uncover areas of incompetence, inconsistency, discomfort or loss of control. The supervision process must be able to contain this.

The final stage is bringing together all of this negotiated information into a written agreement that is co-signed and dated.

Can you undertake this process and establish a clear agreed understanding of roles (including authority), responsibilities and expectations, as well as establish sufficient trust for risk taking to enable learning and development, without a face-to-face meeting? How comfortable are you as a supervisor or supervisee to engage with another in a supervisory relationship without the *kanohi ki te kanohi* meeting?

The Maori concept of *kanohi kitea* the seen or known face is an acknowledgement that navigating the 'unseen/unknown' waters of online supervision may require development of a relationship face-to-face (*kanohi ki te kanohi*) prior to engaging through the online medium.

As stated earlier, our experiences of online supervision have mostly developed from face to face supervisory relationships so we felt we had already established effective supervisory relationships and were comfortable moving to online supervision. In one instance the supervisor and supervisee were unknown to each other but the supervisee only lived about 2 hours away and suggested having several face to face meetings to establish the relationship before moving to online supervision.

It is a good idea to include a face-to-face meeting at the beginning of the relationship if this is

possible, or use emails to negotiate the relationship in part. Like face-to-face supervision relationships, it may take more than one or two sessions to decide whether there is a fit between the supervisor and supervisee when negotiating online supervision.

The development of Linda Glew's website provides the opportunity for people unknown to her (potentially from anywhere in the world) to make contact with a view to establishing a supervisory relationship. This raises the question as to how to negotiate this via the web, without the opportunity of a face-to-face meeting.

It also raises the question as to how we present our 'professional self' to others. It is obviously important to convince prospective supervisees about our competence to provide online-supervision and to verify our qualifications, relevant registration and professional memberships. It is useful to provide links to these professional body and registration sites so that the relevant professional standards and ethics are clearly identified. These links also provide information about the process (es) for making a complaint.

### **How do we negotiate our way through the session online?**

Manaaki tangata—is how we show mutual respect, trust and care in the supervision relationship when we are online or using emails. It is how we, as supervisors, attend to the supervisee; how we convey that though we are not in the same physical space we are fully prepared and engaged in the session. It is about listening to cues, to variations in tone and how we ask questions to check out meaning just as we would in a face-to-face session.

Linda Glew has developed NETiquette (social conventions for Skyping) which describes how both parties can make the best use of video SKYPE supervision time. It includes rites of engagement, time delays in connecting, quality of internet connection etc and tips to ensure there is effective conversation online. NETiquette also provides a reference point for future concerns, queries or discussion.

### **Summary and conclusion:**

Using online supervision services requires us to be mindful of our professional and ethical responsibilities. It requires that we are technologically proficient and our technology is suitable to the task. The Supervision Agreement should include the specifics relating to NETiquette and issues around privacy, confidentiality and security and how these risks will be managed.

So, can traditional face-to-face supervision be translated easily to online supervision? Our response, in brief, is that providing or engaging in online supervision requires us to adapt our practice to ensure we remain accountable, competent and ethical.

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## Author bios:

**Lisa King** has been in the social work 'space' for more than 20 years, is committed to the development of social and community responses to children, young people and their families. After more than 10 years in private practice Lisa is currently employed as the Hutt Valley Advocate for Children & Young People who witness Family Violence but continues to provide supervision services in her private practice, Hei Taura. Lisa is Ngati Kahu ki Whangaroa and Ngati Kohua.

**Vicki Hirst** has been in private practice, 'Insights', primarily as a supervisor since 1996. Her focus is working with social services managers, professional leaders and social workers. Vicki's qualifications and experience include social work, supervision, human resource management, management and organisational change and development.

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