National Clinical Programme for Early Intervention in Psychosis

Behavioural Family Therapy

Group Clinical Supervision Guide

Version 2.0 – May 2019

Reader Information

Title:	Clinical Supervision Guide for Behavioural Family Therapy Supervisors
Purpose:	To ensure high quality clinical supervision is provided to all staff delivering all aspects of Behavioural Family Therapy (BFT) as part of the Early Intervention in Psychosis Programme
Applicable to:	Each Mental Health Service and all clinicians participating in BFT
Document Author:	National Mental Health Clinical Programme Office
Related policy documentation	- Health Information and Quality Authority. Standards for Safer Better Healthcare 2012. - Health Service Executive/Public Health Sector Guidance Document on Supervision for Health and Social Care Professionals; Improving Performance and Supporting Employee 2014. -
Version 1:	January 2017.
Reviewed	March 2019
Version 2	May 2019
Date for next review	March 2021
Implementation	This SOP will be sent to all Executive Clinical Directors, EIP clinical Leads and discipline leads for dissemination to relevant Clinical staff/teams.

Contents:

1. Purpose of the Clinical Supervision Guide

To ensure high quality clinical supervision is provided to staff delivering all aspects of Behavioural Family Therapy (BFT). The supervision guide should be reviewed every two years as capacity in these interventions develops within the mental health services.

This guide refers to BFT clinical supervision as distinct from line management supervision. BFT supervision is provided in group format and facilitated by two BFT trained staff.

2. Rationale for Supervision

There is a growing national and international awareness of the value and need for supervision across all disciplines in health care settings. In an Irish context, the underpinning policies include the *HSE/Public Health Sector Guidance Document on Supervision for Health and Social Care Professionals; Improving Performance and Supporting Employees* (HSE, 2014), *National Standards for Safer better Healthcare* (HIQA, 2012), and *Clinical Supervision Framework for Nurses Working in Mental Health Services* (ONMSD, 2015).

"*Supervision's overriding priority is to promote and protect the interests of service users*" (Morrison, 2005). Supervision contributes to the provision of a safe, quality service, delivered by employees who are supported, engaged and participates in continuous professional development. In the context of the EIP clinical programme, the skills and competencies acquired through the BFT training will be consolidated and maintained through ongoing supervision, in conjunction with the requirements as set out in the BFT standard operating procedure.

2.1. Rationale for Group Supervision

Staff across a range of disciplines have been trained to implement BFT in practice. Supervision in a group format provides opportunities for supervisees to learn from the experiences of others through the variety of practices and issues presented, as well as providing peer support. A key feature of BFT is that attendance at ongoing supervision is required in order to be considered competent to practice. It is also important to note that the supervision group will also have a range of disciplines some of whom have little or no experience of receiving supervision. In light of this, supervisors may have to reach out to individual staff members to provide opportunities to discuss their fears, concerns, hopes and expectations about supervision in order to encourage them to attend and participate. Supervision is generally facilitated in pairs.

3. Roles and Responsibilities

Clinical supervision for the BFT aspect of the Early Intervention in Psychosis National Programme must have support from all levels in Mental Health services to succeed.

National Office for National Mental Health Clinical Programmes

- Make provision for appropriate training in supervision.
- Make provision for appropriate supervision for supervisors.
- Monitor the quality and standards of supervision by gathering data on the delivery and uptake of supervision.
- Liaise with area management teams and line managers about difficulties for staff accessing or providing supervision.
- Ensure area management teams and line managers are aware of this guide.
- Review this supervision guide every two years.

Line Managers

- To ensure that all BFT trained clinicans are familiar with this guide.
- To ensure that supervisors are identified and attend training as required.
- To ensure that staff trained in BFT access supervision according to the BFT Standard Operating Procedures (SOP).
- To monitor attendance at clinical supervision for BFT trained staff.
- To liaise with supervisors around issues/concerns related to supervision/supervisees.
- To ensure that the lead BFT supervisor can attend the EIP Hub meetings

BFT Supervisor

- Complete supervision training provided by the National Office
- Attend external BFT supervision as per BFT SOP
- Ensure he/she has the skills and competencies required to deliver and engage in clinical supervision.
- Formalise a written clinical supervision contract (Appendix 1) with supervisee/s.
- Establish a safe supervisory environment where confidentiality and trust are essential elements of the relationship.
- Explain and adhere to boundaries in clinical supervision.
- Ensure to foster a group learning and supportive environment for all attendees
    - To prepare and facilitate the supervision in a way that is cognisant of the supervisees needs and requests
    - Encourage group participation and support
    - Follow up on agreed actions

- Facilitate the monitoring and development of sound clinical skills and ethical practice in a structured manner.
- Validate good practice and establish a feedback process which is clear, constructive and regular.
- Participate in supervision of their supervisory practice.
- Be knowledgeable of all HSE policies, procedures, protocols and guidelines.
- Act in accordance with their respective code of professional ethics.
- Maintain records of attendance at supervision and provide to the National Office/line managers/hub teams as requested.
- Maintain records of supervisory sessions (Appendix 2) which gather data about attendance, participation in supervision and follow through on agreed actions. The record should be detailed enough to show evidence of a supervisor's concerns should these arise.
- To communicate directly with supervisees about issues related to concerns about a supervisee's practice, including non-attendance or non-participation in supervision and to keep records of such communications, with due regard to due process and ethical considerations.
- To liaise, **if necessary**, with line managers about issues related to concerns about a supervisee's practice.

Supervisee(s)

- Agree arrangements for BFT supervision, in line with the BFT SOP with their local line manager.
- Positively engage in the clinical supervision process.
- Attend supervision as required in the BFT SOP.
- Identify and discuss any clinical/contextual issues that impacts on his/her BFT practice both positive and negative.
- Be open to give and receive constructive feedback.
- To communicate directly with supervisors about issues related to any concerns about a supervisor's practice, with due regard to due process and ethical considerations.
- To liaise, if necessary, with line managers about issues related to concerns about a supervisor's practice.
- Act in accordance with HSE polices and their Code of Professional Conduct and their respective codes of ethical and professional practices.

4. Guideline

4.1 Frequency and duration
Group clinical supervision should be provided in accordance with the BFT SOP:

- BFT group supervision monthly x 2 hours (minimum attendance 60%).
- BFT supervisor supervision 3 times per year (minimum attendance 2/3).

4.2 Location
Clinical supervision should take place at a work based location free from distraction or interruption. Ideally with access to flip charts, projectors and other appropriate IT equipment.

4.3 Commitment
Supervisees and supervisors contribute to the building of a trusting relationship to form the context for supervision. In group supervision, each group member has a responsibility for building trusting and positive working alliances.

4.4 Who provides clinical supervision?
Clinical supervision should be provided by supervisors trained in supervision of BFT and who participate in their own regular BFT supervision.

4.5 Recording
Written records of clinical supervision will be maintained by the supervisors. A Supervision Record Form (Appendix 2) is completed at the end of each supervision session and signed by supervisor. All records are kept in accordance with the HSE Record Retention Policy. Documentation that records or relates to confidential information may only be accessed by third parties pursuant to a legal process.

4.6 Boundaries
Both supervisors and supervisee are expected to adhere to the Clinical Supervision Contract as agreed at the outset of supervision (Appendix 1).

4.7 Contract
The Clinical Supervision Contract should be discussed and agreed by both supervisors and supervisee. This may be done individually or as part of a group depending on circumstances. This is an opportunity to begin building the supervisory relationship and to discuss hopes, expectations and anticipated challenges related to supervision. The contract should be signed by all parties.

4.8 Confidentiality
All professional and clinical issues discussed are confidential and not discussed outside the supervision session. The exceptions to this will be outlined in the Clinical Supervision Contract and may include circumstances where matters

disclosed are of such a nature that they require disclosure to a third party e.g. the safety and well being of a service user or another, and matters pertaining to concerns about the supervisee's/supervisor's practice. Both parties (supervisor and supervisee) will make every reasonable effort to inform the other prior to the disclosure of any information, unless ethical considerations require otherwise.

4.9 Challenges

Supervisor and supervisee should be open to giving and receiving constructive feedback.

4.10 Reporting of issues to line managers

There is an expectation that line managers will support the delivery of BFT locally following training and facilitate staff to attend supervision, in line with the EIP National Clinical Programme. Trainers/supervisors record and report data to the local EIP Hub team and the National Office using agreed data sets. Any questions that line managers have should be addressed locally in the first instances by the BFT lead.

In the event of any difficulties arising, including concerns about the supervisee's practice, these will be discussed individually with the supervisee and, if deemed necessary, may also be reported to the supervisee's line manager. Similarly, in the event of any concerns regarding the supervisor's practice, these will be discussed initially with the supervisor, and if deemed necessary, may also be reported to the supervisor's line manager. Both parties, i.e. the supervisor and supervisee, will make every reasonable effort to inform the other prior to discussion with line managers unless ethical considerations require otherwise.

4.11 Review

The Clinical Supervision Contract will be reviewed annually with the aim of ensuring a focus on the purpose and direction of supervision.

4.12: Evaluation

Monitoring and evaluation of the supervision process will be reviewed through the data submitted monthly and at the quarterly supervisors meetings.

Appendix 1: Clinical Supervision Contract for BFT as part of EIP Programme

This contract is between _____(supervisors) and _____ (supervisee), from (date) until its review/ending, no later than (date) related to clinical supervision as part of the Behavior Family Therapy aspect of the National Programme for Early Intervention in Psychosis.

The **supervisors and supervisee(s)** understand and agree that:

1. Supervisor and supervisee(s) practice legally, ethically and in line with HSE policies and the relevant codes of conduct/ethics associated with their respective disciplines.

2. They will work together to reflect on issues affecting clinical practice in BFT so as to develop personally and professionally towards maintaining a high quality of clinical practice and competence in BFT.

3. Both supervisor and supervisee will be open about their qualifications, experience, competence and limits to their competence.

4. There will be formal, scheduled and protected time for supervision meetings, with all parties being prepared and on time for meetings.

5. Clinical supervision is not therapy – while personal experiences directly relevant to service users work may be discussed and explored, this will only occur as agreed by supervisor and supervisee and in a group context.

6. Timing, duration and frequency of supervisory meetings should be in line with the recommendations of the supervision guidance document for BFT.

7. A supervision record form, showing who attended, the date and time of the meeting, headings of issues covered, and actions to be taken will be completed following each supervision session and signed by the supervisor and supervisee(s). This record will be maintained by the supervisors.

8. Supervision record forms and any written notes made during clinical supervision are retained in accordance with the HSE Record Retention policy.

9. In supervision sessions, supervisors and supervisees will strive to work to the agreed agenda and within the agreed time/framework negotiated at the beginning of the session.

10. All professional and clinical issues discussed are confidential and not discussed outside supervision sessions. Limitations to confidentiality apply in situations where a failure to disclose information to third parties poses a risk to the safety and wellbeing of a service user or another, including issues pertaining to concerns about the supervisee's/supervisor's practice. Supervisors are also required to provide information

regarding supervisee attendance at supervision to relevant third parties as outlined in the remainder of this contract. Both parties (supervisor and supervisee) will inform the other regarding any potential disclosure to third parties, unless ethical considerations require otherwise. In addition, supervisees are informed that supervisors also attend their own supervision where their identify will remain confidential.

11. The following will be discussed and agreed by supervisors and supervisee(s):

- Dates and times of supervision meetings:
- Location of supervision meetings:
- Procedure for cancellation and rescheduling of supervision meetings:
- Emergency contact procedures:
- Monitoring of the impact of any dual roles in the supervisory relationship:

As **Supervisors**, we agree to:

- Aim to provide a safe, productive and generative space for supervisees to reflect on and learn from his/her practice and the practice of others.
- Share relevant resources and knowledge with supervisees and, when appropriate
- teach/model skills or offer opportunities for skills rehearsal (e.g. role play).
- Be willing to refer on to other supervisors or resources when issues arise that are outside my experience or competence.
- Provide the supervisee(s) with honest and constructive feedback about his/her work, when appropriate.
- Seek, and be open to, receiving feedback about my supervisory work and the supervisory relationship from the supervisee (s).
- Participate in training and my own clinical supervision on an ongoing basis to support and develop my own supervising abilities while maintaining confidentiality.
- Maintain and provide accurate records of supervision as required by the National Clinical Programmes Office and HSE management.
- Communicate concerns or difficulties regarding the supervisee's attendance, practice or the supervisory relationship directly with him/her and attempt to address/resolve this within the context of the supervision relationship, with respect for due process.
- To communicate with line managers regarding concerns about the supervisee's practice, if this step is deemed necessary.
- To communicate with the National office regarding supervisees remaining on the BFT register.

As **Supervisee**, I agree to:

- Agree arrangements for supervision with colleagues/line managers.
- Attend scheduled supervision sessions regularly and in line with the minimum attendance requirements outlined by the BFT SOP.

- Come prepared to supervision e.g. supervision questions prepared in advance, if applicable pre-agreed supervision tasks completed in advance.
- Take responsibility for making effective use of time and for the actions I agree to take as a result of clinical supervision.
- Be responsible for reflecting on, monitoring and evaluating my work between supervision meetings.
- Present my work openly and honestly, with a willingness to share successes, mistakes and uncertainties.
- Ask for guidance when needed and be open to constructive feedback.
- Apply learning from my supervision to my work.
- Complete monthly statistics and submit as required by National Clinical Programme Office.
- Where supervision dates clash with other commitments to communicate with my supervisor and problem solve around this.
- Provide the supervisor with honest and constructive feedback about supervision and the supervisory process.
- Communicate any concerns or difficulties regarding the supervisor's practice or our relationship directly with him/her and attempt to address/resolve within the supervision relationship first, with respect for due process.
- To communicate with line managers regarding concerns about the supervisor's practice, if this step is deemed necessary.

Signed: _____ (Supervisors) Date: _____

Signed: _____ (Supervisee) Date:_____

Contract review date: _____

Appendix 2: Supervision Record Form

Date: _____ Duration: _____

Supervisors: _____

Supervisee(s):_____

_____

_____

Review of previous meeting, if relevant:

Item(s) for review:	Relevant actions completed?	Further actions required:	Person(s) responsible:	Review date:

Agenda:

Agenda item(s):	Proposed by:	Comments:

Main issues discussed:

Actions (specific tasks, timeframes and who is responsible):

Action agreed:	Person responsible:	Review date:

Signed:

BFT Supervisor: _____

Date, time and venue of next supervision meeting:

_____

3. BFT Clinical Supervision Attendance Record

BFT Group Clinical Supervision

Attendance Record

Date:

Venue:

Time:

Name	Signature

Supervisor/s: _____

References

Behavioral Family Therapy. Standard Operating Procedure. May 2019

Health Information and Quality Authority (HIQA) 2012. Standards for Safer Better Healthcare.

Health Service Executive (HSE). 2014. HSE/Public Health Sector Guidance Document on Supervision for Health and Social Care Professionals; Improving Performance and Supporting Employee.

Morrison, T. 2005. Staff Supervision in Social Care: Making a Real Difference to Staff and Service Users, (3rd ed.) Pavilion: Brighton.

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The Office of the Nursing and Midwifery Service Director 2015. Clinical Supervision Framework for Nurses Working in Mental Health Services. HSE: Dublin. [Online]. Available from: www.hse.ie/eng/about/Who/.../Clinical_Supervision_Framework.pdf