[Insert organisation name/logo]

 CLINICAL SUPERVISION POLICY

**Version: [Year/no]**

**Document status: Draft or Final**

**Date issued: [date]**

**Approved by: [insert organisation name] Board of Directors on [date]**

**Date for review: [date]**

**Record of policy development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version number** | **Date of issue**  | **Lead author/ reviewer**  | **Consultative panel**  | **Significant changes on previous version** |
| **[Yr/no]**  | **[Date]** | **[Name/role]** | **[Name/role/ organisation]**  | **[For example, incorporate changes to new legislation]** |
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***🖌Note\****

*This policy template has been developed to meet the needs of a diverse range of services and includes items for consideration in policy and procedure.*

***Not all content will be relevant to your service.******Organisations are encouraged to edit, add and delete content to ensure relevancy.***

*All notes (like this one) should be considered and deleted before finalising the policy, and the contents list should be updated as changes are made and when content is finalised. See the NADA Policy Toolkit User Guide for more editing tips.*

*\*Please delete note before finalising this policy.*

***🖌Note\****

*To update the contents list when all content has been finalised, right click on the contents list and select ‘update field’, an option box will appear, select ‘Update entire table’ and ‘Ok’.*

*To use the contents list to skip to relevant text, use Ctlr and click to select the relevant page number.*

*\*Please delete note before finalising this policy.*

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# SECTION 1: CLINICAL SUPERVISION FRAMEWORK

## 1.1 Policy statement

**[Insert organisation name]** regards regular clinical supervision as an essential process for providing quality services, fostering reflective practice and supporting staff wellbeing and professional development.

## 1.2 Purpose and scope

The purpose of this policy is to provide a structured approach to clinical supervision that ensures all staff employed at **[insert organisation name]** have the appropriate support required to provide high-quality client services. It provides guidance on developing clinical supervision process and structure, selecting a clinical supervisor, scheduling supervision sessions, confidentiality and monitoring, evaluating and terminating the clinical supervision program.

This policy does not provide guidance on organisation supervision or line management processes; for that purpose refer to Human Resources Policy.

## 1.3 Definitions

|  |  |
| --- | --- |
| **Word**  | **Definition** |
| **Clinical supervision** | A formal and ongoing arrangement between staff and a (generally) more experienced practitioner whereby the clinical practice of the staff member is reviewed and discussed confidentially for the purposes of:* Further developing the worker’s professional identity, clinical practice skills and knowledge.
* Ensuring workers are operating within relevant clinical, organisational, ethical and professional boundaries.
* Monitoring and supporting the worker’s wellbeing and coping capacity in relation to their work.
 |
| **Evidence-based practice** | The conscious, conscientious and explicit application of the best available research and evidence, together with professional expertise and client choice, to work practices. |

## 1.4 Principles

Clinical supervision exists to provide education and support to staff and allow a forum for reflective practice.

**[Insert organisation name]** recognises the importance of clinical supervision through the allocation of an appropriate level of time, together with financial and human resources.

## 1.5 Outcomes

* Client care is continually improved upon through staff practice development
* Staff satisfaction with clinical supervision is high
* Clinical supervision processes are clearly communicated to staff members
* All clinical supervision activities are properly documented.

## 1.6 Delegations

|  |  |
| --- | --- |
| **Board of Directors** | Endorse Clinical Supervision Policy. |
| **Management** | * Comply with the Clinical Supervision Policy.
* Approve budget allocations for clinical supervision.
* Ensure systems are in place that allow regular, effective clinical supervision to take place with clinical staff.
* Involvement in concerns raised in clinical supervision sessions as required.
* Maintain contracts with external supervisors **[if applicable].**
* Actively participate in clinical supervision processes **[if applicable].**
 |
| **Program Services** | * Compliance with Clinical Supervision Policy.
* Actively participate in clinical supervision processes.
 |

## 1.7 Policy implementation

This policy is developed in consultation with staff and approved by the Board of Directors. This policy is to be part of staff orientation processes for all staff involved in client service delivery and management. Service delivery staff are responsible for understanding and adhering to this policy.

This policy should be referenced in relevant policies, procedures and other supporting documents to ensure that all staff are familiar with the policies and actively utilise them.

This policy will be reviewed in line with **[insert organisation name]**’s quality improvement program and/or relevant legislative changes.

## 1.8 Risk management

The functioning of clinical supervision will be reviewed **[insert frequency]** with staff to ensure it is providing effective support to staff via **[identify mechanism; e.g. Survey, feedback.]**

Any concerns about the safety of a staff member, client or other individual raised during clinical supervision will be brought to the attention of with the CEO/Manager after discussion with the staff member and will follow **[insert organisation name]** grievance procedures. For more information, refer to the Human Resources Policy.

Documentation of clinical supervision sessions will be made and securely filed in the event that a concern is raised relating to the safety of a staff member, client or other individual and records need to be reviewed.

# SECTION 2: MANAGING CLINICAL SUPERVISION

## 2.1 Agreements on clinical supervision process and structure

**[Insert organisation name]** recognises that clinical supervision is focused on the development of the worker’s clinical roles and performance. This differs from line/management and supervision, which seeks to evaluate and appraise the worker’s performance. Clinical supervision moves forward according to a shared understanding of the purpose, structure and mutual obligations of the organisation, staff and supervisor. Clinical supervision is guided by adult learning principles in which the staff member determines the areas, tasks and pace at which their learning occurs, and hence becomes ‘supervisee-centred’.

In general, clinical supervision occurs **[insert frequency]** for a period of **[insert duration].**

**[If there are both individual and group clinical supervision sessions occurring, include frequency of each]**

Clinical supervision sessions are held at a regular time to assist scheduling and time management for both the staff and supervisor. If a session needs to be re-scheduled, staff provide as much notice as possible to the supervisor.

At **[insert organisation name]** all staff engaging in clinical supervision develop a formal agreement written collaboratively with their clinical supervisor regarding their clinical supervision arrangements, and including:

* Structure of sessions – form (i.e. group/individual), frequency, duration, time, location
* Goals for clinical supervision
* Agreed strategies and methods of achieving goals
* Agreed clinical supervision session record-keeping practices
* Identified review dates
* **[Insert other items included in your organisation’s clinical supervision arrangements].**

The agreement between staff and a supervisor is reviewed with a frequency of at least once annually. All written agreements utilise the Clinical Supervision Agreement template.

Cancellation of scheduled clinical supervision sessions can occur due to the following circumstances:

* Illness – supervisor or staff member
* Client crisis presentation
* Conflicting organisational meeting times that cannot be re-scheduled.
* **[Insert other circumstances for cancellation].**

**🖌Note\***

As a general guide, a full-time clinician is likely to require supervision at least monthly, given the challenging nature of alcohol and other drug work. An inexperienced clinician will benefit from sessions at least fortnightly.

\*Please delete note before finalising this policy.

**🖌Note\***

Supervision types include:

1. **Individual supervision**

Where a more experienced worker (the supervisor) provides a forum for a less experienced worker (the staff member) to discuss the management of their client’s issues. The process may involve a mix of case discussion, consultation, teaching, modelling, coaching and mentoring. It may involve direct observation of skills.

1. **Group supervision**

A working alliance between a supervisor and several staff members in which each worker can regularly discuss his/her work, reflect upon it and receive feedback and, where appropriate, guidance from their supervisor and other colleagues.

1. **Peer supervision**

Where two or more staff provide clinical supervision to each other without the additional presence of a more experienced supervisor. Peer supervision is generally used by people with a similar professional background (i.e. psychology, counselling and social work) or by those working with clients with similar issues.

1. **Remote supervision**
* Correspondence such as letters or emails – staff without access to a computer or the internet may use letters, although other staff may use emails.
* Chat rooms, which are like group supervision sessions conducted in a virtual realm and facilitated by a supervisor.
* Telephone supervision provides real-time dialogue and is cost-effective when compared to travel and accommodation costs, incurred in gaining face-to-face supervision. It is best conducted after initial face-to-face sessions have occurred to gain better rapport.
* Video streaming using a computer and camera (web-cam) where the supervisor and staff can talk while viewing each other almost as if they are face-to-face. ‘Live’ clinical work can also be viewed this way, although an inherent disadvantage is the risk of a breach of confidentiality.
1. **Internal vs external supervision**

Ideally, a clinical supervisor will not be the staff member’s line manager/supervisor. For counselling staff, there are advantages in having a clinical supervisor who is external to their agency and independent of organisational processes and issues.

\*Please delete note before finalising this policy.

## 2.2 Selection of a clinical supervisor

Successful and effective clinical supervision requires **[insert organisation name]** to have a supervisor that is competent, respected by staff and who is familiar with the work of the organisation.

**[Insert organisation name]** considers the following when selecting a clinical supervisor:

* Relevant qualifications
* The supervisor’s understanding of the role and function of clinical supervision
* Extensive experience in an area relevant to the work of the organisation
* Impartial and non-judgmental approach
* The cultural appropriateness of the supervisor in relation to the person/s they will be supervising
* **[Insert other considerations for selecting clinical supervisors].**

**[For external supervisors, delete if not applicable]**

**[Insert organisation name]** contracts with an external supervisor for the provision of regular staff clinical supervision sessions. Contracts are reviewed annually. Contracts utilise the Clinical Supervision Contract template.

Prior to engaging an external clinical supervisor, the supervisor is required to undergo a National Police Check and/or provide a National Police Certificate. Refer to the Human Resources Policy.

**🖌Note\***

When selecting a clinical supervisor there are a number of elements that need to be considered. There are a number of roles that clinical supervisors need to meet:

1. **An administrative role** – confirming with management that supervision took place and conforming to the Clinical Supervision Policy requirements.
2. **An evaluative role** – assessing the worker’s skills, clarifying clinical performance standards and providing feedback.
3. **A clinical skills development role** – through being a teacher, mentor, trainer and role model.
4. **A support role** – to reduce feelings of isolation and to minimise professional uncertainty.

Clinical supervisors should have a coherent approach to supervision, preferably having attended training in providing clinical supervision and to overall be ‘supervisee-centred’. Clinical supervisors must possess a number of attributes, such as being: open and trusting, non-judgmental, reassuring, easy to approach, able to impart skills and to have up-to-date knowledge and skills in the application of evidence-based interventions.

\*Please delete note before finalising this policy.

## 2.3 Responsibility and accountability

The clinical supervisor has responsibility to:

* Ensure they have read and understood the Clinical Supervision Policy
* Encourage ongoing professional education of staff members
* Be informed of and promote evidenced-based practice
* Challenge staff members to reflect upon the approach and techniques used in the delivery of client care
* Offer advice, support and constructive challenges to encourage staff to reflect in depth upon issues affecting their practice in a manner that supports personal and professional development
* Offer alternative approaches in client care to staff
* Intervene where client welfare is at risk
* Ensure ethical guidelines and professional standards are maintained
* Provide advice regarding referral to additional specialist resources
* Protect the supervision time by keeping to agreed appointments and time boundaries
* Continue his/her own professional development and supervision
* Provide certified copies of credentials, current Curriculum Vitae and details of insurances to the CEO/Manager
* Undergo a National Police Check and/or provide a National Police Certificate
* Ensure that a record of each clinical supervision is made and securely filed
* Ensure that a review of supervision occurs within the agreed timeframes and are provided to the CEO/Manager
* **[Insert other responsibilities in your organisation].**

The staff member has responsibility to:

* Ensure they have read and understood the Clinical Supervision Policy
* Uphold ethical guidelines and professional standards
* Prepare case presentations for discussion at clinical supervision sessions
* Reflect upon the intervention approaches taken and techniques used
* Be open to alternative methods of practice and be willing to incorporate them into one’s own work practice
* Consult the clinical supervisor or designated contact person in cases of emergency – as previously agreed
* Maintain a commitment to ongoing personal and professional development and be open to receiving support and constructive feedback
* Attend each supervision session on time and avoid interruptions wherever possible
* Be accountable for his/her own practice
* Maintain records for each clinical supervision session attended
* Contribute to the clinical supervision agenda
* **[Insert other responsibilities in your organisation].**

The staff member’s line manager has responsibility to:

* Ensure that supervisors and staff have access to a copy of the Clinical Supervision Policy
* Ensure that supervisors have signed a contract and provided certified copies of credentials, current Curriculum Vitae and details of insurances
* Develop a clear understanding of their role and the distinction between clinical supervision and administrative/management supervision
* Provide the necessary resources for clinical supervision to occur; i.e. allocated time, venue, etc.
* Ensure that a satisfactory clinical supervision arrangement is in place for all workers for whom they have line management responsibility
* Ensure that clinical supervision reports are received from the supervisor as required
* Be available and respond in a timely and appropriative manner to issues raised by the supervisor/staff member regarding the process of clinical supervision
* Take appropriate action regarding areas of concern which have been raised by the supervisor relating to the staff’s practice
* Provide organisational reports as required
* Incorporate information contained through the clinical supervision reporting process into professional development and program planning and other activities as appropriate
* **[If external supervisor]** ensure that the supervisor undergoes a National Police Check and/or provide a National Police Certificate
* **[Insert other responsibilities in your organisation].**

## 2.4 Record-keeping in clinical supervision

It is expected that both the clinical supervisor and staff members keep accurate records of all clinical supervision sessions. It is the responsibility of the clinical supervisor to ensure that all records are securely filed in the event that a concern is raised relating to the safety of a staff member, client or other individual, and records need to be reviewed. Records must be retained for seven years from the time of last contact.

Discussion and documentation of client-related issues remain non-identified in the clinical supervision record, e.g. client initials only.

Templates of record-keeping include:

* Clinical supervision log (to be maintained by the staff member)
* Staff record of clinical supervision
* Clinical supervisor record of clinical supervision.

## 2.5 Confidentiality of clinical supervision sessions

The confidential nature of clinical supervision sessions is respected by **[insert organisation name]** supervisors, supervisees and all other staff members. However, the parameters of confidentiality are clear, documented and understood by all parties.

Specific situations when it is expected that a clinical supervisor will breach the confidentiality of clinical supervision sessions include when:

* There is a breach of either the organisational code of conduct and/or a professional code of ethics
* There is a breach of duty of care
* Mandatory reporting requirements involve an issue to be disclosed
* There is a serious concern about the safety of the worker, a client or other individual.

In the event that confidentiality needs to be breached, the clinical supervisor informs staff of their concerns and the need to inform the CEO/Manager. The CEO/Manager is then informed at the next possible opportunity of the concerns raised in the clinical supervision session. The situation will be managed between the clinical supervisor, supervisee and CEO/Manager only. As a means of safeguarding staff members’ confidentiality during the process **[Insert organisation name]** ensures that direct managers have no access to clinical files. If for any reason a direct manager needs to access these files, supervisees must authorise their manager to access these files.

The Clinical Supervisor complies with all Commonwealth, State and Territory privacy, health records or similar legislation and regulations which **[insert organisation name]** is required to comply with, including, but not limited to, the *Privacy and Personal Information Protection Act 1998 (NSW*) and the *Health Records and Information Privacy Act 2002 (NSW).*

## 2.6 Managing disputes or concerns arising from clinical supervision

Disputes, inadequacies or differences may arise relating to the supervision process. If this occurs, supervisors and staff are encouraged to address differences, as they arise, in a collaborative manner.

If a concern arises about the safety or welfare of a staff member, client or other individual during clinical supervision, the supervisor is required to inform the CEO/Manager immediately.

For more information about managing disputes, refer to the Grievance Section of the Human Resources Policy.

## 2.7 Adjustments to the clinical supervision agreement

Following an urgent issue – such as a critical incident – staff may require additional clinical supervision sessions and/or access to professional counselling services. A plan is in place for such instances to allow for alternatives to be made if the primary clinical supervisor is not available.

**[Insert organisation name]** prioritises access for staff to additional clinical supervision sessions following a critical incident, if so requested by the staff member/s.

**[For organisations with Employee Assistance Programs (EAP), delete if not applicable]**

**[Insert organisation name]** prioritises access for staff to EAP sessions following a critical incident, if so requested by the staff member/s.

If the supervisor has taken extended leave or where the position is vacant, the CEO/Manager from **[insert organisation name]** negotiates with the staff member and makes appropriate arrangements, which may include:

* The appointment of a new clinical supervisor
* A clinical supervisor being appointed from another department/team/service
* The appointment of an external clinical supervisor
* The line manager providing the clinical supervision.

## 2.8 Monitoring and evaluation of clinical supervision

Regular monitoring and evaluation of clinical supervision takes place to review and assess the effectiveness of the clinical supervision program. It is not a mechanism to monitor performance management issues related to staff.

A review of the clinical supervision program of **[insert organisation name]** takes place **[insert frequency]** covering:

* Staff satisfaction with clinical supervision sessions and supervisor/s
* Uptake of clinical supervision (i.e. are staff attending at recommended intervals and engaging in the sessions?)
* Any areas of concern or strategies for improvement of the clinical supervision program
* The extent of human and financial resources used to provide clinical supervision
* **[Insert other items included in your organisation review].**

Feedback is sought from staff and clinical supervisor/s and can be provided anonymously if preferred.

Following a review of the clinical supervision program, efforts are taken by **[insert organisation name]** to implement recommendations for improvement within available time, financial and human resources.

Templates for monitoring and evaluation of clinical supervision include:

* Clinical supervision log (to be maintained by the staff member)
* Annual staff evaluation of clinical supervision
* Annual supervisor report of clinical supervision.

**🖌Note\***

As a general guide, it is recommended that clinical supervision programs are reviewed on an annual basis.

\*Please delete note before finalising this policy.

## 2.9 Terminating clinical supervision

Termination of contract may occur due to:

* Expiry of the period for which it was made or on such earlier date agreed between the CEO/Manager and clinical supervisor
* If the clinical supervisor becomes permanently mentally or physically incapable of rendering services under the contract
* If the clinical supervisor commits serious and/or willful brief of conduct
* If the clinical supervisor appointment is terminated by operation of any Act or Regulation
* **[Insert other circumstances]**

The CEO/Manager or clinical supervisor will give one month’s notice if any of the above situations occur and will follow the **[insert organisation name]** Ceasing Employment Procedures. For more information on termination of contract, refer to the Human Resources Policy.

**🖌Note\***

There are a number of situations in which supervision needs to be terminated:

1. Number of contracted sessions has been reached
2. Either the supervisor or staff member relocates or changes jobs
3. If there is a poor match between the staff member and supervisor that hampers the supervisory process
4. There is a grievance or dispute between the two parties
5. The staff member wishes to explore areas of intervention for which another supervisor is better equipped or the supervisor has imparted the range of their knowledge and expertise.

\*Please delete note before finalising this policy.

# SECTION 3: INTERNAL REFERENCES

## 3.1 Supporting documents

* [Clinical supervision – Agreement](Clin%20Sup_Supporting%20documents/1.%20Clinical%20Supervision%20-%20Agreement.docx)
* [Clinical supervision – Contract](Clin%20Sup_Supporting%20documents/2.%20Clinical%20Supervision%20-%20Contract.docx)
* [Clinical supervision – Supervision log](Clin%20Sup_Supporting%20documents/3.%20Clinical%20Supervision%20-%20Supervision%20Log.docx)
* [Clinical supervision – Staff member record](Clin%20Sup_Supporting%20documents/4.%20Clinical%20Supervision%20-%20Staff%20Member%20Record.docx)
* [Clinical supervision – Clinical supervisor record](Clin%20Sup_Supporting%20documents/5.%20Clinical%20Supervision%20-%20Clinical%20Supervisor%20Record.docx)
* [Clinical supervision – Annual Staff evaluation](Clin%20Sup_Supporting%20documents/6.%20Clinical%20Supervision%20-%20Annual%20Staff%20Evaluation.docx)
* [Clinical supervision – Annual supervisor report](Clin%20Sup_Supporting%20documents/7.%20Clinical%20Supervision%20-%20Annual%20Supervisor%20Report.docx)

## 3.2 Related policies

* [Client Clinical Management Policy](../../3.Service%20Delivery/3.2%20Client%20Clinical%20Management/3.2%20Client%20Clinical%20Management%20Policy.docx)
* [Communications Policy](../2.1%20Communications/2.1Communications%20Policy.docx)
* [Human Resources Policy.](../2.2%20Human%20Resources/2.2%20Human%20Resources%20Policy.docx)

# SECTION 4: EXTERNAL REFERENCES

## 4.1 Legislation

* Privacy and Personal Information Protection Act 1998 (NSW)
* Health Records and Information Privacy Act 2002 (NSW).

## 4.2 Resources

* [Centre for Substance Abuse Treatment (2009). Clinical Supervision and Professional Development of the Substance Abuse Counselor, Treatment Improvement Protocol (TIP) Series, No. 52. Rockville: Substance Abuse and Mental Health Services Administration (SAMHSA).](http://www.ncbi.nlm.nih.gov/books/NBK64845/)
* [Mental Health Coordinating Council (2012). Implementing Practice Supervision in Mental Health Community Managed Organisations in NSW. Authors: Bateman, J., Henderson, C. and Hill, H.](http://mhcc.org.au/media/12338/implementing-practice-supervision.pdf)
* [National Centre for Education and Training on Addiction (NCETA) (2005). Clinical Supervision Resource Kit for the Alcohol and Other Drugs Field. NCETA, Flinders University: Adelaide, South Australia.](http://nceta.flinders.edu.au/workforce/publications_and_resources/nceta-workforce-development-resources/csk/)
* [NSW Health (2006). NSW Drug and Alcohol Clinical Supervision Guidelines. NSW Health: North Sydney.](http://www0.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_009.pdf)
* Powell, DJ. & Brodsky, A. (2004). Clinical Supervision in Alcohol and Drug Abuse Counseling: Principles, Models, Methods. San Francisco: Jossey-Bass.