



SUPERVISION POLICIES & PROCEDURES

Underlying Principles

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

The following principles ensure high-quality clinical supervision:

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

Terms

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

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

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

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



Guidelines for Clinical Supervision

The principles of clinical supervision are made explicit by a clear contract of expectations, ongoing review and feedback, and a commitment to professional development. Clear contract of expectations It is critical that supervisor and supervisee share their expectations about the process, method, and content of clinical supervision. This can advance the development and maintenance of a trusting, safe relationship.

The following information should be discussed early in the working relationship:

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

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

Documentation

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

Clinical Supervision Frequency

Each supervisee will receive 4-6 hours of supervision monthly. A combination of individual and group supervision may be used. Supervisors are to ensure that a minimum of 50% of this time is devoted to clinical, as opposed to administrative, supervision.

Ongoing Review and Feedback

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



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Commitment to Ongoing Professional Development

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