A History Of Clinical & Case Supervision

- Originates in a traditional apprentice model (“learning under the wing of a respected craftsman”)
- Adopted by the medical profession in 19th century
- Adopted by Freud and subsequently psychoanalysis early 20th century
- Adopted by social work profession as early as 1911. Subsequent impact on social services, probation and social care fields
- Also used by practitioners “associated” with psychoanalysis or social work e.g. psychologists, counsellors, child therapists, those in mental health field
- References to Clinical & Case Supervision in occupational therapy as early as 1960s
- “Supervision” referred to in numerous child abuse enquiries 1971 onwards
- 1991 Beverley Allitt conviction raised issues of nursing quality assurance
- 1993 Dept Of Health statement on Clinical & Case Supervision for nurses
- 1996 UKCC position paper on supervision
- 1997 Clinical Governance Agenda introduced into NHS
- 1995 onwards – NHS professional body position papers on clinical supervision
The Benefits Of Clinical and Case Supervision

- Frequently expressed opinion, little hard data (only 10 published empirical peer-reviewed studies in last 15 years)
- Quality of studies poor
- Most consistent evidence points to reduction in reported stress levels and burnout
- Two studies suggest improvement in quality of service provision (ward based care)
- One study suggesting improvement in knowledge / skill / decision making
- No evidence of positive impact on service provision within social work or social care field
What exactly is clinical and case supervision?

Exercise

Examine the different professional body definitions that exist of clinical supervision on the next slide. What does the definition you are looking at imply or assume about clinical and case supervision and what questions or practical problems does it raise?
GROUP 1
• A formal process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance [patient] protection and the safety of care in complex clinical situations (A)

GROUP 2
• The purpose of supervision is...to encourage and support the therapist...to act as an early warning system when the supervisor becomes aware of the risk of bad practice or ethical problems, to be a monitor and develop awareness and reflective practice, to encourage, facilitate and focus the [practitioner's] continuing professional development and education (B)

GROUP 3
• Clinical supervision is a structured formal process that enables [practitioners] to discuss their work with an experienced practitioner, trained to facilitate clinical practise supervision. The discussion should be a guided reflection on current practice and should be used to learn from experience. Clinical supervision is a positive way of ensuring the delivery of a quality service. (C)

GROUP 4
• Clinical supervision supports practice, enabling practitioners to maintain and promote standards of care. It is a practice-focused professional relationship involving a practitioner reflecting on practice guided by a skilled supervisor. The process of clinical supervision should be developed by practitioners and managers according to local circumstances (D)
Tripartite Function Of Clinical & Case Supervision

• The tripartite function of supervision encompasses most theories and is a useful overarching model

• Commonly attributed to Proctor (1987)

• Similar tripartite divisions however expounded earlier by Dawson (1926) and Kadushin (1976)
Tripartite Function Of Clinical & Case Supervision

• Developmental
  • Formative (Proctor) Educative (Kadushin), Educational (Dawson)

• Supportive
  • Restorative (Proctor), Supportive (Kadushin), Supportive (Dawson)

• Standards Compliance
  • Normative (Proctor) Managerial (Kadushin), Administrative (Dawson)
Developmental Function

• States that the purpose of Clinical & Case Supervision is to develop the supervisee’s knowledge, skill, clinical decision making / reasoning and self-awareness (to the degree to which it is needed to deliver an optimal service)

• The supervisor acts as a clinical mentor coach or tutor
Supportive Function

• States that Clinical & Case Supervision is there to “refresh” the supervisee and provide an opportunity to “cathartically offload”. Sometimes called “pithead time”

• Based on the assumption that clinical work is emotionally draining and that the practitioners emotions may adversely affect the work if not properly addressed

• Supervisor as facilitator/ good active listener
Standards Compliance

• States that function of Clinical & Case Supervision is to examine and monitor supervisees clinical work against agreed standards of practice

• Links in with professional codes, evidence based practice and organisational standards regarding practice

• Supervisor as guide, “awareness raiser” and giver of feedback
Developing Your Own Model of Clinical & Case Supervision

The Triangle Model of Clinical & Case Supervision

© P. Grantham 1990

Developmental

Clinical & Case Supervision

Standards Compliance

Supportive

© The Skills Development Service Ltd (2007)
Developing Your Own Model of Clinical & Case Supervision

The Triangle Model of Clinical & Case Supervision

© P. Grantham 1990

- Clinical & Case Supervision can be viewed as potentially combining all three functions
- Decisions can be made about the relative emphasis and time that is planned to be spent on each element in any one supervision relationship
- This can be graphically represented with a cross within the triangle
- The further away the cross is from a particular corner the less emphasis will be placed on that function of Clinical & Case Supervision
The significance of the cross’ position

- The cross represents the overall agreed emphasis/direction of the Clinical & Case Supervision relationship
- It needs to be reviewed at least annually to accommodate changing needs
- Provides a benchmark against which to judge the success of supervision over a period of time
- Sessional supervisee needs can be accommodated but without losing sight of the overall strategic direction of Clinical & Case Supervision
- Often the need to rebalance the content in subsequent sessions to refocus on the overall direction of the relationship
Exercise 3

Examine the triangle on the next slide. The 3 crosses represent 3 different supervision relationships which have been agreed between supervisor and supervisee. Describe the nature of the supervision relationship in each instance.
Developing Your Own Model of Clinical & Case Supervision

The Triangle Model of Clinical & Case Supervision

© P. Grantham 1990
Exercise

Indicate where you think the cross *should* lie within your own supervision (or that of a supervisee you work with)
Developing Your Own Model of Clinical & Case Supervision

The Triangle Model of Clinical & Case Supervision

© P. Grantham 1990

How should the triangle model be used?

• Early in the supervision relationship the supervisor should explain the triangle model to the supervisee.
• Both should independently write down where they think the cross should lie and share their views and the reasons why.
• Attempts should be made by both parties to understand the position of the other and attempt to accommodate it.
• This promotes direct communication and honesty, the art of negotiation, provides a benchmark against which both parties can judge the success of the process and give a focus to the supervision relationship.
Supervision as standards compliance

• What’s to be monitored?
• How do you know that supervision is not just a supervisor’s perception of a supervisee’s perception?
Practice Discussion Within Clinical & Case Supervision
Possible scripts for case discussion

2. A script focusing on the standards compliance function of supervision

What does “best practice” suggest are the key issues to be addressed in assessments of this sort of case?

How does your work match/diverge from such best practice? Why is this and what could be learnt from it?

What does the evidence base suggest should be the optimal approaches to intervention with this type of problem?

How does your work match/diverge from such best practice? Why is this and what could be learnt from it?

What are the key risk issues raised by this case and how should they best be managed?

What possible ethical issues/dilemmas does this case raise and how should they best be managed?
Practice Discussion Within Clinical & Case Supervision

• Individual case discussion most common
• Other options include:
  - Clinical “episodes”
  - Critical incidents
  - Group sessions
  - “Near misses”

• Must be practice based
Practice Discussion Within Clinical 
& Case Supervision

How are cases chosen?

Supervisee chosen most common

Advantages - Picks up issues of “anticipatory anxiety”, useful for supportive element of supervision, addresses pressing immediate clinical problems

Disadvantages – Focuses on supervisee problems rather than successes, ignores low expectation drifting cases, ignores past errors,
Practice Discussion Within Clinical & Case Supervision

How are cases chosen?

Other options

Randomly chosen by supervisor
Systematically chosen (on rotation) by supervisor
Success cases or cases the supervisee is proud of
Cases over a certain length of involvement
Themed cases (compare and contrast 2-3 cases)
Cases with legal implications
Simple cases
Complex cases

© Paul Grantham 2000
Practice Discussion Within Clinical & Case Supervision
Possible scripts for case discussion

A script focusing on the developmental function of supervision

What are the key factors in your assessment?
What other cases does it remind you of and why?
How do you feel about this client and does that impact on your work and how?
Why did you decide to do X? Did it work, if so why, if not why?
What have you done in this case that has been most successful?
How could you use it in the future
If Y had been different, would you have done the same or something else. If so, what?
What can be learnt from this case for the future?
Final thoughts/feelings about the case?
Supportive function of clinical and case supervision

Common topics raised within this function

- Feelings of incompetence / impotence / anxiety / anger vis-à-vis clients
- Emotional resonance / counter-transference
- Difficult relationships with colleagues (intra- & inter- professional)
- Workload / Caseload
- Home / Work issues and crossover
- Career concerns

© The Skills Development Service Ltd (2007)
Supportive Supervision

1. What are the limits to confidentiality in supervision?

2. How is support supervision different from being someone’s friend or counsellor?
Setting Up Clinical & Case Supervision

- Dedicated time and private place for meeting. To be cancelled or rearranged only in extremis
- Practice VERY variable within and across agencies but most common model is a meeting 1.5 hrs every 4-6 weeks
- Start the process by exploring the rationale behind Clinical & Case Supervision and discussing the Triangle Model
- Explore assumptions, fears and expectations of the process AND the relationship with the supervisor
- Set ground rules
- Discuss and agree Supervision contract
Recording In Supervision

Recording important as aide-memoire, evidence of development, & as evidence of decisions in event of dispute

Clinical & Case Supervision records NOT confidential as “written at work & is discoverable or is disclosable” Dimond & Jacks (2005)

Should record according to two principles:

1. Only record an action, decision or advice. Possibly process, but if so only as brief bullet points

2. Record with the least degree of detail that the circumstances require to maintain confidentiality

Records should be reflected on at the end of each meeting in order to carry forward salient learning and action points

Records to be photocopies signed by both parties and kept secure

Legal obligation to retain for 8 yrs with adults, indefinitely in mental health

If copies carried between jobs for C.P.D.ensure compliance with Data Protection Act

© The Skills Development Service Ltd (2007)
Example Of Recording In Supervision

<table>
<thead>
<tr>
<th>Action/Decision/Advice</th>
<th>Person(s) Responsible</th>
<th>Completion / Feedback or Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supvee to successfully challenge Patient X more regarding his behaviour towards staff along the lines role played in supervision</td>
<td>Supvee</td>
<td>15 February</td>
</tr>
<tr>
<td>2. Supvee reassured regarding their concerns regarding their working relationship with a colleague</td>
<td>Supvor</td>
<td>6 March</td>
</tr>
<tr>
<td>3. Supvee to use intervention X with patient Y following case discussion</td>
<td>Supvee</td>
<td>21 February</td>
</tr>
</tbody>
</table>