
Clinical Supervision Policy

Turas Training

Approval date: November 2017

Revision date: November 2019

1. Policy Statement

- 1.1. TURAS is committed to facilitating access to clinical supervision for staff members employed as addiction practitioners (key workers)

2. Purpose

- 2.1. This policy identifies a consistent approach for employees requiring clinical supervision in line with requirements of relevant professional bodies.
- 2.2. This policy outlines procedures for the procurement and maintenance of a system of clinical supervision for staff providing one-to-one key working in TURAS.

3. Scope

- 3.1. This policy applies to all addiction practitioners employed by TURAS.
- 3.2. All professionals working in, but not employed by TURAS are advised to avail of suitable clinical supervision in accordance with the guidelines of their relevant professional body on their own time and at their own expense.
- 3.3. This policy should be read in conjunction with the Confidentiality Policy, Supervision Policy, Child Protection Policy.

4. Glossary

- 4.1. Clinical Supervision is the formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops and evaluates the work of colleague/s. The main methods that supervisors use are corrective feedback on the supervisee's performance, teaching, and collaborative goal-setting. It therefore differs from related activities, such as mentoring and coaching, by incorporating an evaluative component. It excludes staff training, consultancy and performance management.¹

5. Principles

- 5.1. All addiction practitioners can avail of clinical supervision by accredited supervisors operating according to a code or standard endorsed by their professional body.
- 5.2. TURAS recognises that effective clinical supervision has a bearing on the quality of rehab services being provided. Addiction Practitioners will be supported to develop their professional role through clinical supervision.
- 5.3. Addiction Practitioners employed by TURAS will also receive general supervision as per the Supervision Policy.

6. Roles and Responsibilities

- 6.1. It is the responsibility of the manager to:
 - 6.1.1. Be aware of the clinical supervision process and the benefits of clinical supervision.
 - 6.1.2. Ensure that clinical supervision services procured are:
 - 6.1.2.1. Delivered by an agent of suitable capability and trained/accredited/approved as a supervisor by the professional body to which the employee belongs.
 - 6.1.2.2. In accordance with the Working with External Contract Providers Policy
 - 6.1.3. Provide the clinical supervisor and supervisee/practitioner with a copy of this policy
 - 6.1.4. Meet with the clinical supervisor to provide information on the clinical supervision policy
 - 6.1.5. Highlight exceptions to confidentiality to the supervisee and supervisor as outlined in section 10 of this policy.
- 6.2. The responsibilities of the practitioners (supervisees) are to:
 - 6.2.1. Attend regular clinical supervision as required by any such professional body or code of practice they may be associated with or affiliated to.
 - 6.2.2. Present, explore and reflect honestly upon their work practices.
 - 6.2.3. Maintain clear boundaries with the supervisor.
 - 6.2.4. Regularly review the effectiveness of the supervising relationship and adapt as appropriate.

¹ Milne, D. (2007) An empirical definition of clinical supervision, *British Journal of Clinical Psychology* 46, 437-447.

- 6.2.5. Consider at all times their obligations to TURAS and service users in relation to confidentiality.
- 6.3. The responsibilities of the clinical supervisor are to:
 - 6.3.1. Provide clinical supervision to supervisees of TURAS in accordance with IAAAC standards or other recognised bodies.
 - 6.3.2. Ensure that the supervisee subscribes and adheres to the Code of Ethics or guidelines of their professional body.
 - 6.3.3. Ensure the supervisee is fully aware of exceptions to confidentiality in the clinical supervision relationship as outlined in section 10 of this policy.
 - 6.3.4. Ensure, where the supervisee is a trainee counsellor
 - 6.3.4.1. A contract is in place with the supervisee's training institution
 - 6.3.4.2. The supervision contract includes assessment of service user work in accordance with requirements of the accrediting body.
 - 6.3.5. Establish clear working agreements, which indicate the responsibility of supervisees for their own continued learning and self-monitoring.
 - 6.3.6. Ensure that the organisational contract and any third party contracts are fully understood and agreed (e.g. with training institutions in the event of the supervisee being a trainee)
 - 6.3.7. Help supervisees reflect critically on their professional work and provide clear and on-going feedback to the supervisee in this regard.
 - 6.3.8. Maintain clear boundaries with the supervisee.
 - 6.3.9. Regularly review the effectiveness of the supervising relationship and adapt as appropriate.
 - 6.3.10. Undertake relevant supervision administrative tasks (e.g. record-keeping) and agree record-keeping procedures and ownership with the organisation (see section 9 & 10)
 - 6.3.11. Undertake on-going professional development for their role as supervisor.
- 6.4. The cost of Clinical supervision will be paid by TURAS / partially subsidised by the organisation / paid by the employee, and facilitated during working hours.

7. Functions of Clinical Supervision

- 7.1. Clinical supervision:
 - 7.1.1. Is a supervisee led, formal process where protected time is facilitated for professional support and learning.
 - 7.1.2. Enables practitioners to develop knowledge, competence and skills required to provide the best care for service users.
 - 7.1.3. Is an ongoing activity bringing supervisees and skilled supervisors together in a supportive and reflective environment.
 - 7.1.4. Is aimed at advancing clinical autonomy and self-esteem leading to professional development.
 - 7.1.5. Is distinct from and complementary to general managerial supervision.
- 7.2. Clinical supervision is not an opportunity for the supervisee to receive counselling. At times it may be relevant for a clinical supervisor to identify occasions whereby a supervisee's personal experience is impacting on their relationship with their service users. If necessary the supervisee may be referred to a trained professional or other professional for that purpose.
- 7.3. TURAS is committed to operating in accordance with the guidelines agreed by relevant professional bodies concerning the standards of clinical supervision. However, it is the understanding of the organisation that the clinical supervision process must:
 - 7.3.1. Ensure the primary focus is on continuous development of clinical practice and benefits to service user care.
 - 7.3.2. Promote safe practice.
 - 7.3.3. Be supervisee led and focused on their professional development learning needs.
 - 7.3.4. Be sufficiently flexible in its approach as to be relevant to the particular needs of the practitioner's work environment and those of the service users.
 - 7.3.5. Ensure time for reflection and practice review.
 - 7.3.6. Adhere to appropriate documentation and record-keeping procedures in accordance with good practice principles and Data Protection legislation.

8. Frequency, Length and Location

- 8.1. Where clinical supervision is facilitated during work hours, all arrangements for clinical supervision should be made well in advance and in conjunction with the line manager.
- 8.2. Clinical Supervision meetings will be held every 8 weeks
- 8.3. Clinical Supervision should only be postponed in exceptional circumstances. In such occasions the postponed session should be rescheduled as soon as possible.
- 8.4. Clinical Supervision should take place on site in a location that affords privacy. Efforts should be made to avoid interruptions as much as possible.

9. Record Keeping

- 9.1. The supervisor and supervisee should make written records to support monitoring of the clinical supervision process and to ensure the management of safe practice.
- 9.2. Written records should include:
 - 9.2.1. Time and date of the session;
 - 9.2.2. Name of clinical supervisor and supervisee;
 - 9.2.3. Outline of agenda for discussion;
 - 9.2.4. Outcomes and action plan, including any decisions or actions taken in particular circumstances (e.g. risk management) must be clearly documented.
- 9.3. The service manager will be provided with administrative details such as time/dates and attendance.
- 9.4. All records will be retained and managed in line with Data Protection legislation and the organisation's Data Protection Policy.

10. Confidentiality

- 10.1. The boundaries of confidentiality will be clearly defined at the outset of the supervision relationship. Exceptions to confidentiality will be clearly outlined to the supervisee by the manager and Clinical Supervisor.
- 10.2. Records of supervision sessions will be retained by the supervisor and supervisee and will remain confidential within this relationship, with exceptions to confidentiality as outlined in this section.
- 10.3. Issues discussed in clinical supervision remain confidential between the supervisor and supervisee, unless written consent is given by the supervisee to discuss specific issues with the service manager, or there is legitimate grounds for breach of confidentiality.
- 10.4. All discussions relating to service users should adhere to the organisational Confidentiality Policy, in that no information about a service user will be passed on to a third party, which includes the Clinical Supervisor, without prior written consent.
- 10.5. Where professional support or advice is needed regarding an issue that has arisen in the provision of Turas services supervisees may convey issues through a hypothetical scenario that does not betray the identity of any service user.
- 10.6. The supervisor has a responsibility to Turas to breach confidentiality and inform the service manager of their concerns immediately where:
 - 10.6.1. The supervisor is concerned that the supervisee is acting unethically or in a manner that could cause harm to the service users.
 - 10.6.2. The supervisor is concerned that service users have disclosed a danger to themselves or others and the supervisee has not responded appropriately and/or in line with the Child Protection Policy.
- 10.7. Issues confidential to the staff team such as disciplinary, grievance matters or team conflict should only be referred to where they explicitly and directly affect work with service users. These issues are dealt with through the service manager in accordance with processes in place in the organisation.

11. Complaints

- 11.1. It is the responsibility of the supervisee and the Clinical Supervisor to regularly review the effectiveness of the supervising relationship and adapt as appropriate.
- 11.2. Where there is continued dissatisfaction with the clinical supervising relationship, the supervisee should:
 - 11.2.1. Endeavour to clarify issues and seek resolution with their supervisor, if it is not resolved satisfactorily at this level, then;

- 11.2.2. Notify the manager of their concerns to discuss next steps, which may include:
 - 11.2.2.1. A discussion between the manager and the clinical supervisor to address concerns or issues arising. If the issues cannot be resolved at this level, the manager should consider procuring the services of another clinical supervisor.

12. Appendix A: Professional Bodies

12.1. This list includes professional bodies who may be contacted for guidance in relation to up-to-date clinical supervision guidelines or continuous professional development of members of some professions.

- 12.1.1. Counsellors / Psychotherapists: The Irish Association for Alcohol and Addiction Counsellors (IAAAC); Irish Association for Counsellors and Psychotherapists (IACP); Irish Association of Humanistic & Integrative Psychotherapy (IAHIP); Irish Council of Psychotherapy (ICP) or the Psychological Society of Ireland (PSI).
- 12.1.2. Nurses: An Bord Altranais
- 12.1.3. Social workers: Irish Association for Social Workers
- 12.1.4. Social care workers: The Irish Association of Social Care Workers
- 12.1.5. Other