Choices For Change
Alcohol, Drug & Gambling Counselling Centre

GROUP SUPERVISION
Agenda

• Introductions
• Group Supervision Concepts
• Key Goals
• Our Approach
• Key Lessons
• Closing
WHO ARE WE?
Choices For Change

Mission:
We support positive change in individuals, families and the community by delivering comprehensive and innovative addiction and peer support services in Huron-Perth.

Vision:
Together, Change is Possible
Programs

- Counseling
- Case Management
- Withdrawal Management
- Peer Support
Where we’re from
Broad Context

Embrace Health Quality

A health system with a culture of quality is... 

- Safe
- Effective
- Patient-centred
- Efficient
- Timely
- Equitable

...stays true to these principles

- Commits to ongoing quality improvement
- Achieves healthy populations
- Ensures accessibility for all
- Partners with patients
- Balances priorities
- Uses resources wisely

...and can only happen when we

- Engage patients and the public
- Redesign the system to support quality care
- Help professionals and caregivers thrive
- Ensure technology works for all
- Support innovation and spread knowledge
- Monitor performance with quality in mind
- Build a quality-driven culture

A just, patient-centred health system committed to relentless improvement. Let’s make it happen.

Read our vision for achieving a quality health system
Quality Matters: Realizing Excellent Care For All

www.hqontario.ca
Staff Wellness

Q18: There is a strong feeling of teamwork, trust and cooperation at CFC

Multiple Choice

- Strongly Agree: 32.1% (8)
- Agree: 28.6% (8)
- Neutral: 7.1% (9)
- Disagree: 3.6% (2)
- Strongly Disagree: 3.6% (1)
WHO ARE YOU?
What is your role?

A. Front Line Worker
B. Clinical Supervisor
C. Manager
D. Other
Have you participated in a group supervision model before?

A. Yes
B. No
How familiar are you with group supervision concepts?

A. Not at all
B. A little
C. Somewhat
D. Very
How confident are you in creating a group supervision model?

A. Not at all
B. A little
C. Somewhat
D. Very
How feasible is it for you to implement a group supervision model?

A. Not at all  
B. A little  
C. Somewhat  
D. Very
Group Experience

1. What is your previous experience with group supervision?

2. What are some of the benefits and challenges to being in a group?

3. What do you hope to learn from today’s presentation?
GROUP SUPERVISION
What is Group Supervision?

A process where **workers** utilize the services of other **workers** to review their work with clients, their professional development, and often their personal development as well. With the overall goal of enhancing the skill level of the entire group.
Why Group Supervision?

- Clients receive higher quality of service
- Clinicians increase their confidence and competence
- Engagement in deliberate practice
- Encourages a culture of feedback
- Identifies skills for performance evaluation
- Greater quantity, quality and diversity of strategies and experiences to clients
Basic Types of Group Supervision

- **Functional**
  - Focus on support and well-being, quality control of practice, development of knowledge

- **Reflective**
  - Analysis of actions and outcomes, discussion of the emotional element of the work, use of self, feedback and praise

- **Developmental**
  - Assessment of worker’s professional strengths and needs, engagement level, increased skills, discussion of bias and triggers
Group Supervision Formats

Structured Supervision
- Clinical Lead led
- Topic based and case consultation
- Occurs through phases:
  - Request
  - Focus
  - Feedback
  - Review

Peer Supervision
- Peer led and supported
- Follows an organized structure for case consultation
- Provides objective feedback, skill development, and frameworks for session
Group Supervision Formats

**Structured Presentation**
- Rotating facilitator and presenter
- Clinical lead is secondary support
- Follows SOAP format:
  - Subjective
  - Objective
  - Assessment
  - Plan

**Peer Consultation**
- Peer led and supported
- Follows an organized structure
- Involves goal setting around specific skills or services, process recording, presentation, and review
Key Goals

• Fit with Staff Wellness and Engagement, Clinical Outcomes – Robin (already covered above?)
• Alignment with Individual Supervision - Wanda
• Agency Working Group role (staff group) – Robin
• The larger strategic “why” we wanted to do this (QI, impact on staff wellness and satisfaction) - Robin
OUR APPROACH
Our Approach

• First Steps
  • Review of literature and best-practice concepts
  • Determine need and fit with current structure
  • Leadership team discussion
  • Presentation to staff
  • Staff involvement and consultation

• Identified type of supervision (developmental) and format (systemic peer) as best fit
Our Approach – Pilot #1

- Design
  - Once / month connected to Clinical Team Meeting
  - 5 groups
  - 6 – 7 group participants
  - AWG member led
  - Rotating member of the leadership team
Our Approach – Pilot #1

Structure

• 90 minutes
• Topic provided including guiding questions
  • Included confidence, emotional intelligence, change readiness, and countertransference
Our Approach – Pilot #1

• Evaluation
  • Monthly anonymous survey through Survey Monkey
  • Reviewed after 5 supervision sessions

• Questions
  1. Month of group supervision
  2. Facilitator name
  3. I found this group valuable to my clinical skills
  4. I found this group valuable for relationship building
  5. I felt safe contributing / participating
  6. The facilitator was able to help the group meet its purpose
  7. Do you have any ideas for group supervision topics?
  8. Any other feedback or suggestions?
Our Approach – Pilot #1

- Evaluation
  - Monthly anonymous survey
  - Reviewed after 5 supervision sessions

- Results – Overall Successful!
  - Valuable to clinical skills (82%)
  - Valuable for relationship building (97%)
  - Participant felt safe contributing / participating (94%)
  - Facilitator helped the group meet its purpose (95%)

- Feedback
  - Discussions go off topic
  - Discussions can be one sided
  - Concerns about leadership team being in/out or present
Our Approach – Pilot #2

- Design
  - Once / month connected to Clinical Team Meeting
  - 6 groups
  - 6 – 7 group participants

- Changes to design from staff feedback
  - No one from the leadership team
  - Peer led; rotating facilitator; AWG member backup
    - Allows members to practice
    - Opportunity for skill development
Our Approach – Pilot #2

• Structure
  • 90 minutes
  • Focus on clinical skills
  • Topic provided including guiding questions
    • Included clinical interventions, facilitation skills, and low impact debriefing
  • 10 minute facilitator feedback
Our Approach – Next Steps

• Evaluate Pilot #2
  • Request anonymous feedback after each session
  • Compile after 5 supervision groups

• Structure
  • Provide training or education on topic prior to the group supervision session

• Integrate into Professional Development
KEY LESSONS
Key Lessons

• Challenges
  • Ownership and commitment of the AWG members
  • Ensuring staff are sufficiently distributed in groups
  • Topics must be applicable to all levels of staff
Key Lessons

• Benefits
  • Provides a chance for skill development between newer and seasoned staff
  • Creates conversation and goals for individual supervision and performance evaluation
  • Enhances team dynamics and connection
  • Mirrors group work
  • Addresses a wider range of clients and issues
  • Allows for consistent messaging to reach staff
Key Lessons

• Overwhelmingly positive feedback
• Needs grow and change
• One size does not fit all!
  • Current type and format has become a hybrid
  • Can be structured to meet organizational needs
Group Experience

1. Something you will take away from the presentation

2. Something that might not be relevant

3. Something you are looking forward to implementing
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Contact Us

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THANK YOU!

Questions?