

Implementing Clinical Group Supervision for a Multi-disciplinary Setting

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Session Objectives

After this presentation, participants will be able to:

- Analyze the benefits and impacts of implementing Clinical Group Supervision as part of their Clinical Supervision Matrix in their organization
- Develop and implement a clinical group supervision process for their organization
- Create an evaluation process to assess the effectiveness of the clinical group supervision process

Why Implement a Clinical Supervision Matrix?

- Help ensure that client's receive a higher quality of service
- Support clinicians to increase their confidence and competence in providing clinical services
- Engage in deliberate practice
- Encourage a culture of feedback
- Bridge annual performance evaluations with ongoing feedback and development

ADSTV Clinical Supervision Matrix

The clinical supervision matrix at ADSTV is a 3 tiered model:

- Clinical Issues of Practice at the Individual Level
- Group Supervision & Development
- Annual Performance Review

Clinical Consultations

- Evaluation of monthly clinical consultation process identified that it was no longer perceived as helpful by the majority of clinical staff
- Identified staff were not comfortable presenting cases to psychiatrist during monthly concurrent disorder consultations
- Clinical leadership team frustrated that the time allocated to clinical consultation was not being utilized effectively or efficiently by clinical staff

How ADSTV Implemented Group Supervision

- Reviewed entire clinical supervision process to determine overall changes required
- Surveyed staff and requested feedback to help shape the new clinical consultation and group supervision process
- Leadership team agreed on:
 - Criteria and selection of co-facilitators
 - Staff placement into small groups
- Clinical staff informed of the new model and agency commitment to evaluate changes
- Used first clinical consultation to review changes together

Review of Clinical Supervision

- Leadership team reviewed recommendations from Manager of Quality Improvement & Professional Practice for new clinical supervision matrix
- No changes made to individual supervision process
- Agreed to implement changes for group supervision
- Committed to increasing ongoing performance review & feedback instead of heavy evaluation focus only at times of probation and annual performance reviews
- Sought feedback from staff about how to improve clinical consultation and supervision to better meet their needs

Staff Survey

- # of years
 - At ADSTV
 - Working in addictions & mental health
 - Working in social services
- Populations they have worked with
- Experience with supervision of others
- Needs related to debriefing & accessing support
- Suggestions for improving supervision & clinical consultation

Clinical Consultation & Group Supervision

- Results of survey from staff indicated that staff still wanted to meet together in a large group however without expectation to present individual cases
- Staff wanted to be able to explore cases and clinical challenges in smaller groups
- Leadership team committed to extending time available to include both clinical consultation and group supervision

Clinical Consultation

- One hour every month preceding group supervision
 - 5 minutes – Opening exercise
 - 45 minutes – Presentation & discussion
 - 10 minutes – Closing activity
- All clinical staff present
- Specific topic/ focus each month
- Staff invited to submit questions in advance to help shape content discussed
- Designated facilitator each month

Group Supervision

- 2 hours each month following clinical consultation
 - Flexibility within each group to add additional time (or end early) based on needs
- Staff divided into small groups
 - Cross section of staff from different programs in each group
 - Staff intentional not placed in group with their immediate supervisor where possible
- Co-facilitated by a member of the clinical leadership team and a senior clinician

Agenda for Group Supervision

- Each group has some consistent agenda elements & the flexibility to add other items based on group needs
- Check-in
- Follow-up discussion from clinical consultation (as needed)
- Case consultations
- Monthly discussion on burn-out, compassion fatigue, and vicarious trauma
- Monthly theme
- Wrap-up & feedback forms

Obstacles for Group Supervision

- Staff buy-in and willingness to participate
- Presence of leadership can impact group development
- Protecting time for facilitators and skill development
- Staff turnover results in group membership changes
- Keeping group size “just right”
- Time away from direct service impacts targets

Benefits of Group Supervision

- Quality supervision:
 - Increases staff retention
 - Improves quality care for clients
 - Decreases burnout
- Observed leadership skills and group dynamics (succession planning)
- Skill development for all group members
- Improved relationships between staff
- Increased awareness of agency programs and cross training
- Time management

freedom

FROM ADDICTIONS

Evaluating Group Supervision Effectiveness

- Used evaluation form from CAMH Clinical Supervision Handbook and added agency specific supplement questions
 - Evaluated clinical consultation and group supervision individually
- First evaluation at 6 months and again at 14 months
- “Mini-evaluation” happening at 18 months based on results of 14 month evaluation
- Evaluation results compiled and shared with staff
- Facilitators agreed on changes to be made as a result of the feedback gathered in the evaluation
- Communicated changes to staff and implemented recommendations

Lessons Learned

- Develop a “reference manual” for your group supervision
- Include a “limits of confidentiality” as part of group supervision values & guidelines
- Establish ongoing evaluation framework as part of implementation process
- Determine training and supports required for facilitators

Resources Available

- CAMH Clinical Supervision Handbook
- Ontario College of Social Workers & Social Service Workers
 - <http://www.ocswssw.org/wp-content/uploads/2015/01/PN-Supervision.pdf>
- Substance Abuse and Mental Health Services Administration
 - <http://ocdp.ohio.gov/pdfs/TIP52%20Clinical%20Supervision.pdf>

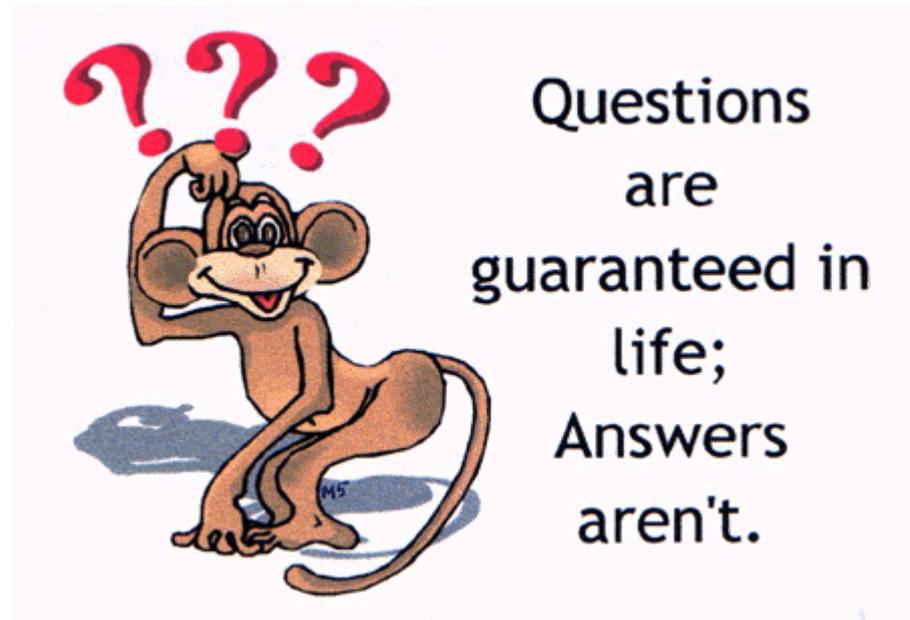
Questions? Comments? Reflections?

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