

Supervision in Aotearoa for Speech-language Therapists

The NZSTA Position Statement and Principles of Supervision

1. Background

Supervision is essential for on-going development, quality practice and patient/community/therapist safety. There are many different models of supervision. This may involve regular one to one meetings between a supervisee and a supervisor, meetings between peers, or small group meetings. The purpose of these meetings is for the supervisees to have the opportunity to safely discuss and reflect on, cases, professional issues, personal development and relevant projects. Supervision will differ in frequency and length of session, content, context and style. The overall aims are to ensure; the development of the supervisee, the professional well-being of the supervisee and the safety of our clients and communities.

This document has been written for members of the New Zealand Speech-language Therapists' Association (NZSTA) and our stakeholders and is the position of our Association on supervision. The NZSTA Executive Council invited national experts in the area of supervision, to form a working party that was tasked to write a position statement and principles for the NZSTA. A research project was completed to understand the opinion of speech-language therapists' in New Zealand. The findings of this research project have been used to develop the NZSTA Position Statement and Principles of Supervision.

This document should be read with reference to the following documents:

- Speech-language Therapy Supervision in New Zealand the Current State background paper (Roker, J., McCann, C., Friary, P., 2015)
- the NZSTA Principles and Rules of Ethics (NZSTA, 2015)
- the NZSTA Continuing Professional Development Framework (NZSTA, 2014)
- the NZSTA New Graduate Framework (NZSTA, 2015)
- the NZSTA Return to Practice Framework (NZSTA, 2015)
- NZSTA vision, values and mission document (NZSTA, 2016)
- local policies/guidelines of employers that relate to supervision

2. Terms, Definition and Purpose

The term endorsed by the NZSTA is **professional supervision**. This term encompasses the supervision of all aspects of speech-language therapy practice; clinical/therapy, management and research.

Supervision is a contractual, collaborative relationship between a designated supervisor and a supervisee. This relationship focuses on, (1) supervisee development and well-being, (2) safe, ethical and evidence based practice and (3) ensures the upholding of professional and workplace standards.

There are several **types of supervision** that are recognised by the NZSTA; cultural supervision, discipline specific supervision, group supervision and interprofessional supervision. Refer to section (5) for more detail on these types of supervision. This document refers to supervision between graduate speech-language therapists not students. Information on student supervision can be sought from the New Zealand speech-language therapy training programmes.

3. Position Statement

The NZSTA believes in a membership that is continuously developing, practising in a culturally competent, ethical and safe manner within professional and workplace standards of practice and feeling supported and resilient in their work. The NZSTA believes that effective professional supervision enables this. The NZSTA states that all members must be engaged in supervision throughout the entirety of their career.

4. Principles of Supervision

The NZSTA maintains that all members must uphold the following principles of supervision:

Development – professional supervision must focus on the developmental needs of the supervisee across all aspects of their role.

Safety- professional supervision ensures client and community safety through ensuring safe practice is being delivered by the supervisee. Professional supervision focuses on the safety of the supervisee as this is a means of supporting the ongoing development of competencies and focuses on the wellbeing of the supervisee. Professional supervision also ensures the safety of the organisation as they know that their staff are being supported to work in a competent and ethical manner.

Best Practice- professional supervision focuses on best practice. Engagement in regular supervision ensures that the supervisee is providing a quality service to their clients, the community and the team they are working within.

Confidentiality – all aspects of the supervision process must uphold the principle of confidentiality. This principle applies to the supervisee, the supervisor and the topics of supervision (this includes, clients, team members, and projects).

The following exceptions to confidentiality apply:

- (1) when both parties agree that an issue can be shared outside of supervision
- (2) when there is a serious concern regarding the supervisee's practice.

5. What is supervision?

Supervision is a regular and formal opportunity to review and reflect on practice (Carroll 2007), in order to support the supervisee with:

- quality of service provision
- continuing competence and practice improvement
- wellbeing and management of stress (New Zealand Psychologists Board 2010)

The NZSTA is endorsing **Proctor's three function model of supervision**. This model describes supervision as encompassing formative, normative, and restorative functions for professionals (Dawson, Phillips, & Leggat, 2013; Brunero & Stein-Parbury, 2008; Proctor, 1986), which are assumed to translate to improved outcomes for clients (Anderson, 1988; Spence et al., 2001).

The **formative** component refers to supervision that facilitates the development of skills, helps the professional to maintain best-practice standards, and use evidence based practice (Dawson, Phillips, & Leggat, 2013). The **normative** component of supervision deals with organizational level components of professional practice, such as identifying professional boundaries, confidentiality, ethical codes, and responding to organisational policies (Dawson, Phillips, & Leggat, 2013). The **restorative** component refers to supervision that deals with aspects of work related stress and aims to prevent burnout in SLTs (Dawson, Phillips, & Leggat, 2013). Though distinct, these components of supervision are interrelated (Spence et al., 2001).

Line management differs from supervision as it addresses workplace goals and issues, for example; attendance, work allocation, time keeping, documentation and usually occurs within a hierarchical relationship.

Variations to discipline supervision include peer group, cultural and interprofessional supervision. Supervision is not counselling. If either supervisor or supervisee feel that the supervision sessions have become counselling sessions, referral on for professional support is recommended.

Peer Group Supervision

Peer group supervision is an exchange between experienced professionals that is focused on the development of professional skills and knowledge, in a positive, supportive environment (New Zealand Mentoring Centre 2000). Successful peer group supervision includes professional development for group members in participating in peer supervision, a commitment to meet regularly, and the use of structured processes to facilitate discussion and the development of skills and knowledge.

Cultural Supervision

As part of upholding the principles of Te Tiriti o Waitangi, knowledge and awareness of Te Ao Māori is an integral part of practice. To facilitate culturally sensitive practice, speech-language therapists who work with Māori supervisees, clients and whanau should seek cultural supervision specifically to support working in partnership with Māori. This may be in addition to professional supervision.

Also included in cultural supervision is kaupapa Māori supervision (by Māori, for Māori). This supports the development of Māori cultural identity, cultural knowledge and skills (New Zealand Psychologists Board 2010). The supervision needs of Māori practitioners may be best met by trained and skilled supervisors who are Māori. (Ministry of Education 2013).

Interprofessional Supervision

Supervision by another qualified professional may have some benefits for clinical practice. It may assist with clinical skill building and the integration of approaches, particularly within a specific context or service delivery model. Interprofessional supervision has the potential to support team work and collaboration (Beddoe & Howard 2012).

Interprofessional supervision may only be appropriate for experienced practitioners, where professional identity is clearly defined and there are specific learning needs (Beddoe & Howard 2012).

6. Who can supervise?

A common theme through the different types of supervision is the importance of a match between a skilled supervisor and supervisee. This includes theoretical and philosophical orientation, experience and culture (New Zealand Psychologists Board 2010). Additionally, access to professional development on supervision, for both supervisor and supervisee is important (New Zealand Psychologists Board 2010).

Supervision by a line manager is not recommended. The dual roles of supervisor and manager can lead to conflict, and disrupt the development of a respectful relationship that is integral to supervision (New Zealand Association of Occupational Therapists 2012).

As in all supervision relationships, the supervisor does not need to be an expert in all areas that the supervisee works within, but will link the SLT up with the relevant discipline specific support as required. This may be particularly important for therapists working in more specialist areas.

The NZSTA recommends that supervisors have had a minimum of two years work experience as an SLT before becoming a supervisor of students and staff members. Please refer to employer policy as this may differ between work places with some employers requiring a minimum of three years experience.

7. What is required as a member of the NZSTA?

Full members of the NZSTA are required to receive professional supervision. This is outlined in the association's Principles and Rules of Ethics under Principle (2) - Professional Competence:

'Speech-language therapists have the responsibility to achieve and maintain the highest level of professional competence and performance'.

And more specifically under Principle (4) Professional Integrity:

'Speech-language therapists will -

(13.) Be proactive in seeking out and taking responsibility for their supervisory requirements'.

8. Why have supervision?

Supervision is an important process which provides protected time to reflect on and develop an SLT's skills, quality professional practice and career. It is an important component of the continuing professional development and lifelong learning of speech-language therapists.

9. What does supervision look like?

Supervision models will differ across various organisations and settings. It is expected that therapists will consult any relevant local policies regarding supervision in addition to this statement.

The NZSTA recommends that supervisors have had a **minimum of two years work experience** as an SLT before becoming a supervisor of students and staff members.

The *minimum* **frequency** requirement for supervision is four times per year as stated in the Continuing Professional Development (CPD) framework. As this is only a minimum it is expected that clinicians will determine the appropriate amount of supervision to meet their professional requirements. This will vary depending on level of experience, clinical setting, learning needs and level of specialisation. Most workplaces state that employees must have supervision every month.

Supervision requirements will be higher for clinicians returning to practice, those developing new scopes or skills and new graduates. As detailed in the New Graduate Framework it is "recommended that the New Graduate Member participate in approximately one supervision session every two weeks, which could include peer or group supervision in addition to 1:1 supervision with their formal supervisor."

It is recommended that both supervisors and supervisees receive appropriate **professional development** in professional supervision.

Supervision does not need to be limited to one **location**, supervision can be provided via teleconferencing or other secure communication methods e.g. videoconferencing. This may be particularly useful in situations requiring specialist skills/knowledge or geographical isolation.

All supervision relationships should have a **supervision agreement** or contract to outline the responsibilities of each participant. Many workplaces will have templates which are available to use. The documentation of supervision sessions should be discussed when agreeing the contract, in consultation with any local policies. Documentation should include a log of sessions and a brief summary of points discussed sighted by all participants.

10. The Role of Supervisor and Supervisee

The supervisor will:

- be competent in following the process of supervision and have the skills required to enable the supervisee
- be able to use a variety of supervision models which cover the supervision process as well as addressing the relationship
- be skilled in a range of supervision techniques to be able to assist the supervisee to explore issues in different ways
- discuss the style of supervision and be open to the needs of the supervisee must be a shared process that acknowledges the rights of both parties
- allow the supervisee a choice of methods in how to present the information to be discussed
- be mindful of any cultural differences there may be in the supervision process and raise these for discussion
- maintain appropriate documentation of the meetings and complete relevant paperwork as per workplace requirements

- set regular scheduled meetings and consistently attend
- provide access to resources or ideas on what to research
- be prepared to carry out responsibilities identified in the meeting
- state when issues are outside of scope of expertise and refer to someone with the knowledge or skill
- treat the supervisee with respect to create an environment that is safe for the supervisee to disclose mistakes or concerns (Kaiser, 1992)
- ensure that the supervisory relationship is confidential with the proviso of the supervisor's duty to disclose if they have knowledge that the supervisee is acting in a way that could harm their clients or themselves
- respond to any ethical violations, or risks to any third party or the supervisee themselves must be addressed
- terminate the contract when the relationship is outgrown

The supervisee will:

- have input into their choice of supervisor
- state what their needs are and what style of supervision they are looking for- if they know this
- act on agreed outcomes from regular meetings
- show respect to the process and relationship and be honest in the supervisory meetings
- discuss own mistakes and concerns from professional practice
- come to the meetings prepared and identifying the issues for the meetings
- maintain confidentiality of the supervisory meetings and be aware of disclosure if required
- raise cultural considerations / cultural aspects of patient/client/whanau care on a regular basis to adhere to te tiriti o Waitangi
- attend regular meetings and complete own documentation relating to goals and tasks

Acknowledgements:

The Executive Council would like to acknowledge the following people for their contribution to this guideline:

Philippa Friary (Project Lead), Joe Roker, Clare McCann (MSLT Prac student project supervisor), Helen McLauchlan, Maryanne O'Hare, Tika Ormond, Helen Rigby.

References

American Speech-Language-Hearing Association (2008a). *Clinical supervision in speech-language pathology [Position Statement]*. Retrieved from: http://www.asha.org/policy/PS2008-00295.htm

American Speech-Language-Hearing Association (2008b). *Clinical Supervision in Speech-Language Pathology [Technical Report]*. Retrieved from: http://www.asha.org/policy/TR2008-00296.htm

Anderson, J. L. (1988). The supervisory process in speech-language pathology and audiology. Ear and Hearing, 9(4), 223.

Beddoe, L. & Howard, F. (2012). Interprofessional Supervision in Social Work and Psychology: Mandates and (Inter) Professional Relationships. *The Clinical Supervisor*, 31:2, 178-202.

- Bowles, N., & Young, C. (1999). An evaluative study of clinical supervision based on Proctor's three function interactive model. *Journal of Advanced Nursing*, 30(4), 958-964.
- Brunero, S., & Stein-Parbury, J. (2008). The effectiveness of clinical supervision in nursing: an evidenced based literature review. *Australian Journal of Advanced Nursing, The*, *25*(3), 86.
- Crutchfield, L. B., & Borders, L. D. (1997). Impact of two clinical peer supervision models on practicing school counselors. *Journal of Counseling & Development*, 75(3), 219-230.

Dawson, M., Phillips, B., & Leggat, S. (2013). Clinical Supervision for Allied Health Professionals: A Systematic Review. Journal of allied health, 42(2), 65-73.

NZSTA Supervision Position Statement and Principles

Drysdale, H. & Martin, S. (2003). Speech-language therapists and supervision. New Zealand Journal of Speech-Language Therapy, 57, 4-10.

Gillam, R. B., Roussos, C. S., & Anderson, J. L. (1990). Facilitating changes in supervisees' clinical behaviors, an experimental investigation of supervisory effectiveness. *Journal of Speech and Hearing Disorders*, *55*(4), 729-739.

Joshi, S., & McAllister, L. (1999). An investigation of supervisory style in speech pathology clinical education. The Clinical Supervisor, 17(2), 141-155.

Milne, D. (2009). Evidence-based Clinical Supervision, Principles and Practice. Sussex, UK: PBS Blackwell.

New Zealand Association of Occupational Therapists (2012). *Supervision for Occupational Therapists Position Statement*. Retrieved from https://docs.google.com/viewer?url=http://www.otnz.co.nz/assets/Uploads/pdfs/Position-statements/PositionStatement-SupervisionforOccupationalTherapists-2012.pdf

New Zealand Psychologists Board (2010). *Guidelines on Supervision*. Retrieved from http://www.psychologistsboard.org.nz/cms show download.php?id=220

O'Donoghue, K., & Tsui, M. S. (2012). Towards a professional supervision culture: the development of social work supervision in Aotearoa New Zealand. *International Social Work*, *55*(1), 5-28.

Proctor, B. (1986). Supervision: a co-operative exercise in accountability. *Enabling and Ensuring. Leicester: Leicester National Youth Bureau and Council for Education and Training in Youth and Community Work*, 21-3.

Simmons-Carlsson, C., & Herkt, J. (2012). Supervision review report for the occupational therapy board of New Zealand. Wellington, NZ: Occupational Therapy Board of New Zealand

Speech Pathology Australia (2007). The Role and Value of Professional Support (Position Statement). Melbourne, Victoria: Author.

Spence, S. H., Wilson, J., Kavanagh, D., Strong, J., & Worrall, L. (2001). Clinical supervision in four mental health professions: A review of the evidence. *Behaviour change*, *18*(03), 135-155.

- Steinhelber, J., Patterson, V., Cliffe, K., & LeGoullon, M. (1984). An investigation of some relationships between psychotherapy supervision and patient change. *Journal of Clinical Psychology*, *40*(6), 1346-1353.
- Strong, J., Kavanagh, D., Wilson, J., Spence, S. H., Worrall, L., & Crow, N. (2003). Supervision practice for allied health professionals within a large mental health service: exploring the phenomenon. *The Clinical Supervisor*, *22*(1), 191-209.
- Te Pou o Te Whakaaro Nui (2013). *Position paper: the role of supervision in the mental health and addiction support workforce*. Retrieved from: http://www.tepou.co.nz/download/asset/758