Supervisory Functions

A skillful supervisor needs to take on different roles and draw from a variety of approaches dependent on the circumstances. The most common supervisory functions include being able to:

Inspire – create conditions that instill hope and promote adherence to the mission and goals of the organization

Teach – impart content knowledge; supervisor should use innovative methods to communicate knowledge in addition to written materials such as modeling, role-playing, and role-reversal

Support – provide encouragement, empathic responses, examples from personal experience; build rapport, relieve anxiety, and build supervisee's self-awareness and insight; supportive approach especially helpful when individual makes mistakes as it fosters open learning environment and promotes risk-taking

Model – demonstrate how knowledge translates into practice through applying specific techniques; supervisors regularly model behaviors informally through boundary setting, handling conflict, self-care practices

Challenge – provide corrective feedback, point out discrepancies between supervisee's stated goals and one's actions, interpret, most effective when provided in constructive manner in context of an established positive supervisory relationship

Evaluate – review and assess performance; key part of supervision but often problematic for many supervisors due to discomfort with hierarchy, approval, and power; evaluative role often is minimized; best to acknowledge and address evaluative role with supervisee from the very beginning

Collaborate – encourage the problem-solving skills of the supervisee and facilitate his/her professional development; used especially with supervisees who have advanced knowledge and experience; role is more collegial and consultative than evaluative

Advocate – "provide a voice" on behalf of supervisees regarding matters of workplace safety, input into organizational decisions, access to needed information, technology, and resources, a "living wage" and adequate benefits, grievances, opportunities for professional growth, and so forth

Traits of an Effective Supervisor
(Powell, 2004)

- **Clinical knowledge, skills, and professional experience**
- **Having been supervised and having supervision of one's supervision**
- **Professional education and training**
- **Inheriting the job from someone else and being given the title**
- **Good teaching, motivational, and communication skills**
- **A desire to pass on knowledge and skills to others**
- **A sense of humor, limits, humility, and balance in life**
- **A concerned, sensitive, and caring nature**
- **Good helping skills, observation skills, and affective qualities (empathy, concreteness, respect, action orientation, confrontation skills, immediacy)**
- **Openness to imagination**
- **Ability to create a relaxed atmosphere**
- **Willingness to examine one's own attitudes and biases (introspectiveness)**
- **Respect among peers and colleagues**
- **Willingness to learn from others**
- **Good time management and executive skills**
- **Familiarity with legal and ethical issues, policies, and procedures**

Traits of an Effective Supervisor
(Powell, 2004)

- **Cognitive and conceptual ability**
- **Physical, emotional, and spiritual health, with energy and ambition**
- **A serious commitment with accompanying enthusiasm**
- **Concern for growth of the supervisee**
- **Concern for the welfare of the client**
- **A sense of responsibility**
- **A capacity for intimacy**
- **A non-threatening, non-authoritarian, diplomatic manner**
- **Tolerance, objectivity, fairness, and openness to variety of styles**
- **Ability to convey professional and personal respect for others**
- **Ability to advocate effectively on behalf of the client, the counselor, the agency**
- **Survival skills and longevity in the organization**
- **Decision-making and problem-solving skills**
- **Crisis management skills**

A Skillful Supervisor…

Understands the importance of supervision

Knows the responsibilities of being a supervisor

Initiates regularly scheduled supervision meetings

Communicates effectively

Is accessible, available, reliable and credible

Models ethical behavior and maintains appropriate boundaries

Teaches practical skills

Provides constructive feedback

Employs progressive discipline steps when needed

Is personally and professionally mature

Is aware of and accepts own limitations and strengths

Has the courage to expose vulnerabilities, make mistakes and take risks

Determines the developmental learning needs of the supervisee

Is invested in the development of the supervisee

Encourages exploration of new ideas

Accepts and celebrates diversity, is tolerant and respectful

Has an awareness of personal power and fosters autonomy

Works collaboratively with supervisees in planning and evaluation

Creates a relaxed learning environment

Has a sense of humor

Practices self-care

A Framework for Supervisory Sessions

Process

- Establish a regular schedule of meetings for supervision (e.g. weekly, bi-weekly) at a mutually agreed upon time and place
- Create meeting agenda together – each responsible to bring relevant information, questions, and topics for discussion
- Supervisor should document content and key decisions of meeting in a supervisory log – supervisees encouraged to do the same

Content

Topics to be covered routinely in supervisory sessions:

- Check-in regarding general wellbeing of supervisee – take "vital signs"
- Development of meeting agenda/priorities
- Ongoing monitoring of job responsibilities/work plan:
    - Update on progress of work activities
    - Identification and resolution of concerns/obstacles
    - Prioritization of tasks and activities
    - Identification of opportunities to collaborate with other staff or outside resources
    - Coordination of logistical issues: work schedule, meetings, time off, etc.
- Follow-up regarding supervisee's professional/job-related education and development activities
- Discussion of self-care issues – e.g. attention to workload, potential for burnout, self-care practices, staff interactions, healthy balance between work and personal life
- Feedback about individual performance of supervisee
- Evaluation of how supervisory relationship is working, including feedback from supervisee to supervisor about effectiveness of supervision, additional needs

Topics to be covered when necessary, at least annually:

- Develop long-term work plan
- Create plan for supervisee's continued development and education
- Review job description to assure its consistency with actual work and organizational needs
- Complete annual evaluation and related forms by supervisee's annual date

Adapted from National Health Care for the Homeless Council Supervisory Policy

Working Effectively with Supervisees:
Borrowing from Motivational Interviewing

- Listen carefully, reflectively
- Avoid premature advice
- Respect ambivalence
- Develop intrinsic motivation
- Support self-efficacy
- Provide affirmation
- Collaborate, use "dual expertise"
- Dance, don't wrestle
- Focus on what's possible and changeable

Using Motivational Interviewing Skills in Supervision
(adapted from Miller & Rollnick, 2002)

OARS: Open Questions

"Tell me more about that?"
"What approaches have you tried thus far?"

Open questions invite others to talk about what is important to them as well as to elaborate on a topic. They are the opposite of closed questions that typically result in a limited response. Open questions are used in supervision to draw out information, ideas, and feelings to enable supervisees to clarify and develop their practice.

OARS: Affirmations

"You used your reflective listening skills very effectively in that situation."
"That sound like a good idea. Let's try it."

Affirmations are statements and gestures that recognize a person's strengths and positive behaviors. Affirmations build confidence in one's abilities. To be effective, affirmations need to be genuine and congruent.

OARS: Reflective Listening

"This has been quite stressful for you."
"You're wondering if you could have prevented him from getting hospitalized."

Reflective listening is a primary skill in building and maintaining effective supervisory relationships. It fosters clear communication, builds trust, and helps develop the supervisee's confidence. Reflective listening appears deceptively easy, but takes hard work and skill to do well. There are three basic levels of reflective listening:

- Repeating or rephrasing – listener repeats or substitutes synonyms or phrases; stays close to what the speaker has said
- Paraphrasing – listener makes a major restatement in which the speaker's meaning is inferred
- Reflection of feeling – listener emphasizes emotional aspects of communication through feeling statements – deepest form of listening

OARS: Summaries

"Let me see if I understand."
"Here is what I think I've heard. Tell me if I've missed anything."

Summaries are special applications of reflective listening. They are particularly helpful at transition points, for example, after the person has spoken about a particular topic, has recounted a personal experience, or when the conversation is nearing an end. Summarizing helps to ensure that there is clear communication between the speaker and listener. Also, it can provide a stepping stone towards determining "next steps."

Common Causes of Stress in the Workplace

Job function challenges

Unrealistic, unclear expectations
Too much to do and too little time to do it
Lack of new challenges, too routine
Lack of input about how you do your job
Difficulty juggling work, family, other responsibilities

Job security

Performance evaluation, salary, benefits
Reorganizations, financial cutbacks, layoffs
Change in job responsibilities or classification

Relations with supervisors and co-workers

Poor communication or conflicts among staff
Inadequate support from supervisor or co-workers
Favoritism, differential treatment, or insensitivity
Loss of staff or staff turnover

Expectations of how things "should" be

Clients will want to make changes that you want them to
Patients will be grateful
The agencies we work in will function as a supportive community of helpers
Professionals from other organizations will be cooperative since we are all working towards the same goals
People who work in social services will be above the petty jealousies and gossip that occur in non-service oriented organizations
You will be appreciated by your supervisors and co-workers
You will be given sufficient guidance, training and structure to do your job
Your work will be satisfying most of the time

The risk of caring

The cost of being empathic, understanding, and giving
Care – from root word meaning "to lament, grieve with"
Realities of secondary traumatic stress, vicarious traumatization, compassion fatigue, burnout

Mindfulness and Self-care for Supervisors

- When you awaken, express gratitude for the new day… for having a home… for health… for friendships… your work…
- Eat nourishing food
- Take time to be silent… listen to what's within you
- When caught up in a challenging situation ask, "What is the most important thing right now?"
- Practice new ways of seeing – "you can look at a scar and see hurt, or you can look at a scar and see healing" - *Sheri Reynolds*
- Offer yourself to others in your vulnerability *and* your strength
- Consider your supervisory function as "the sum total of hundreds of thousands of small words and tiny actions" - *Charles S. Lauer*
- Show appreciation for the work of all the staff in your organization including receptionists, janitors, data entry personnel, and administrators
- Create a personal mission statement related to your supervisory work
- Identify the ways in which your work both feeds and depletes you personally
- Create a rhythm of action and contemplation in your workday
- Before dialing or picking up that ringing phone … take a deep, renewing breath
- Display things that inspire you in your workspace – art, flowers, fresh fruit, sayings, photographs
- Do one thing at a time
- Be forgiving
- Remember that it's the little things that count
- When you go to bed at night, express gratitude for the day you were given… for having a home… for your health… friendships… for your work …

Your Organizational Culture

- ✓ Can anyone ask a question, or is it just certain people or groups that can do this?
- ✓ Are mistakes encouraged or forgiven if people learn from them?
- ✓ If you ask the janitor/support staff what are the problems in the organization, and what solutions would they suggest, what would they say?
- ✓ Do people care about each other in the organization? Can individuals ask for help and get it from co-workers, administrators, etc.?
- ✓ Is there a sense of pride in the workplace?
- ✓ Is there confidence in how controversial issues are handled? Are procedures for such issues well laid out, consistent, and supported?
- ✓ Is everyone encouraged to think and contribute to problem-solving in the organization, or are only certain groups assigned that responsibility?
- ✓ Who is really in charge? Is authority centralized, or is there decision-making autonomy and decentralization?
- ✓ Why do people stay in their jobs, rather than apply elsewhere?
- ✓ What drives staff turnover, if any?
- ✓ Are there diverse cultural groups represented in the staff and administration?
- ✓ Are resources available for training and developing new skills?
- ✓ Is this an enjoyable and welcoming place for clients and people who work here?
- ✓ How is conflict handled at all levels? Are there positive outcomes to philosophical or cultural differences for example?
- ✓ Are professional standards supported in a real way?
- ✓ Does the organization operate using a long-term vision, or is everything decided at the level of short-term vision?
- ✓ Do people use collaboration and cooperation regularly for problem-solving and decision-making at all levels?
- ✓ What personal qualities are modeled by leaders in the organization? (Examples of qualities might be loyalty, honesty, courage, patience, sincerity, empathy, humor, open mindedness, trust, enthusiasm, etc.)

Adapted from Univ. of Toronto website http://tortoise.oise.utoronto.ca/~vsvede/cultur9.htm
Healthy environment, good relationships…

Nine Tips for Fostering a Respectful Work Environment

• **Schedule regular meetings.** Whether weekly or bimonthly, set aside individual time with each employee, and employees as a group. You might opt for a formal meeting, a casual in-office chat or a discussion over lunch or morning coffee. Regardless of the format you choose, set a consistent timeframe that lets employees know the meetings are important to you. Take hand-written notes for future reference and follow up on agreed-upon actions.

• **Allow for question-and-answer opportunities.** Q & A opportunities can take many forms, including: one-on-one meetings, staff meetings (with varying participants), suggestion boxes (with appropriate follow-up), employee representative panels, graffiti walls or posters, e-mail communication and bulletin boards. By offering multiple formats, you help ensure that all employees have an opportunity to inquire about subjects of importance to them, in a way that suits their comfort zone.

• **Provide speedy and complete information.** Timely responses to inquiries can mean a lot to your employees and will help to bolster their trust in you. The second half of the equation is knowing the most effective ways to share the information; always consider the type of information, its relevance to your staff and their preferred mode of receiving information.

• **Be honest to build trust.** If you don't know the answer, say so. If you have a tough question, ask it. If you think employees are mulling a question that they're unsure of how to raise, bring it up yourself. If you say you're going to do something, do it, or provide an update as to why the schedule has changed. Such behavior will encourage your employees to submit questions, ideas, problems and difficulties.

• **Help employees make commitments.** Provide employees with calendars to help keep track of commitments and plans, and consider sending them to a good time management workshop. Ask for deadlines for task completion, and clearly identify priorities. If planning is a new area for some employees, talk them through those tasks they think will move their assignment from start to finish (don't give them the answers, help them find the answers). Check with employees on their accomplishments and possible information needs.

• **Invite participation.** Hold meetings that include employees from different groups and try to encourage everyone to speak. If someone is a bit shy or unsure, simply start with a question such as, "John, we'd love your perspective as well. What do you think of what we've talked about so far?" This will provide the group with different perspectives of the issues discussed, and help ensure that a few individuals don't dominate every discussion. It will also help the more reserved participants get comfortable sharing their views.

• **Create diverse teams.** Create teams across levels and divisions to improve the communication flow and to demonstrate your commitment to effective communication. Another benefit of pairing employees who don't usually work together? Increased awareness for the responsibilities and contributions of others in the organization. It's harder to perpetuate the "Us versus Them" gossip mill when you know that "Them" is really Jim, Ann and Ryan.

• **Welcome (and ask for) suggestions.** Get suggestions from employees on a regular basis, either through widespread communication vehicles or by asking them individually. When you follow up on a

suggestion, complaint, idea, or question, be sure to let the person who brought up the issue know that you addressed it. Don’t just let the issue drop, or you'll teach employees that it's not worth participating.

• **Keep information flowing.** Use multiple avenues of communication to help ensure you’re keeping people informed. Don't assume that everyone knows what's going on, even in a small group. Also, remember that not everyone processes information the same way, so face-to-face, electronic, print and other formats allow more people to really tune in to your message. For example, follow up memos with a check-in voicemail message, open discussions at staff meetings or during one-on-one meetings. Don’t assume that just because a memo has gone out, that it's been understood and accepted—instead, ask questions to confirm results.

Ivy Sea Online Leadership and Communication Center (www.ivysea.com)

Identifying Goals for Supervision

"You got to be careful if you don't know where you're going, because you might not get there."

Yogi Berra

One of the first tasks of an effective supervisor is to establish the goals for supervision. Make a list of the competency areas required of the supervisee, clearly describing the content of each area. To accomplish this task, supervisors should look at the requirements described in the job description, professional licensure requirements, needs of the setting, and in general what a person needs to do to practice in an ethical and competent manner.

Important competencies or content areas may include: outreach skills, screening, intake procedures, assessment techniques, intervention strategies, case management, ethics, individual and group skills, crisis intervention, consultation and referral, report writing, record keeping, emotional awareness, autonomy, respect for individual differences, interpersonal skills, ability to work collaboratively on a team, etc.

Activity: Think of a position (not a person) that you currently supervise and the requirements of that position. List the competencies below that you expect a person in that position to demonstrate. Then rank order the competency areas as to importance. For example, ethics 1, assessment 2, etc. Use this list as a foundation upon which to tailor the expectations of individual supervisees regarding what each needs to know and be able to demonstrate in a given period of time. This will vary depending on the professional developmental level of the supervisee.

COMPETENCIES	
Content Area	**Importance**

Providing Constructive Feedback

Providing constructive feedback that can be heard, accepted and acted upon is an essential supervisory skill. Staff members in HCH settings depend on receiving accurate feedback delivered in a useful way to develop their skills and enhance the quality of their work.

Constructive feedback

Provides feedback that enhances job performance

Is fundamentally about quality patient care

Leads to ongoing personal and professional development

Reduces stress and creates psychological security

Helps improve interpersonal relationships

Helps develop a healthy organizational climate

Constructive feedback may be either positive or negative

Positive Feedback (Positive Reinforcement) – helps a staff member understand that what he or she is doing, is working well. The more specific the feedback the more likely the individual will understand and be able to replicate the behavior.

Negative Feedback (Constructive Criticism) – helps an employee understand what behaviors are not working well. The more specific the feedback the more likely that the staff person will understand and avoid non-productive behaviors.

Guidelines for providing negative constructive feedback

Give feedback in private

Give feedback soon after the event

Keep the feedback balanced

Do not sound threatening

Use the "I" mode

Identify and define the issue or concern

Identify and review relevant policies and standards (agency, state, professional)

Stick to one subject - don't address multiple issues at one sitting

Keep the focus on the problem, not on the individual’s personality

Don't overstate the problem by using words such as "always," "never" or "worst"

Elicit possible solution(s) from the supervisee

Offer additional possible solution(s)

As needed…
Create a specific plan of action with a clear timeline

Hold a follow up meeting to address progress

Document all proceedings and decisions

If issue remains unresolved, proceed to a disciplinary response including identifying the “bottom line”

Guidelines for receiving negative constructive feedback

Welcome feedback

Listen to the concern

Maintain eye contact and open body language as you listen

Restate the feedback to make sure you understand it

View the feedback as an attempt to solve a problem, not a personal attack

Focus on possible solutions to the concern

Adapted from Jerusha Arothe-Vaughn, Director of Human Resources, InCA (Nairobi) for the AWMC's Carole Simpson Leadership Institute and the Office of Human Resources Management, US Dept of Commerce

How to make the most of Supervision

1. Make sure you have a supervisor

2. Recognize that a supervisor's foremost responsibility is to ensure quality client care

3. Request regularly scheduled one-to-one meetings with your supervisor

4. Agree upon the format and expectations for supervisory sessions

5. Ask directly for what you need to do your work well, including how you will know how well you are doing

6. Inquire regularly about ways to improve your job performance

7. Inform your supervisor how you learn most effectively – e.g. listening, reading, watching demonstrations, discussion, doing simulations

8. Invite and accept constructive feedback:
   Welcome it Listen to the concern
   Maintain eye contact and open body language as you listen
   Restate the feedback to make sure you understand it
   View the feedback as an attempt to solve a problem, not a personal attack
   Focus on possible solutions to the concern

9. Give priority to exploring one clinical case in-depth in a supervisory session vs. superficially reviewing multiple cases

10. Be willing to bring up awkward or thorny issues in supervision and address them as thoroughly as possible

11. Ask your supervisor to assist in monitoring your stress level and finding ways to enhance your self-care

12. Discuss how the supervisory relationship is working for both of you and make changes as needed

13. Keep a written log of things you want to remember and follow up on from supervisory meetings

14. Learn from your experience – it will help you become an effective supervisor some day

Feedback and advice

Giving feedback

The best time to give advice or feedback is when someone asks for it. When you are observing a colleague, ask what they would like feedback on and focus your attention on this aspect of their performance.

There may be other feedback that you would like to give when you have noticed something important. Ask for permission to give it. Bear in mind that if you ask permission, you have to be willing to be rebuffed. If you regard the advice you want to give as particularly important, don't ask permission: give it, but give permission to disregard it.

Feedback on something as personal as communication skills risks being hard to hear. If given insensitively, it can drain your colleagues motivation to improve and/or provoke them to discount it. So the spirit in which feedback and advice is given also has to be right: before you give advice check that you have (a) elicited your colleague's views on the subject (b) considered the impact of what you are going to say on their motivation.

Give feedback following the mnemonic **CORBS**: **Clear**, **Owned**, **Regular**, **Balanced** and **Specific**. You might want to add reciprocal.

Clear: be clear in your own mind what the feedback is you want to give.

Owned: the feedback you give is your opinion/your perception: it isn't the whole truth. If you can state or imply this in the feedback, it can help the listener, e.g. 'when you [name behaviour] I feel [name feeling]' rather than 'you are…'

Regular: regular feedback is better than saving up problems to be delivered in a package; similarly, for skills based learning, try to give the feedback as soon as possible after the event (delayed feedback may be more helpful for knowledge acquisition).

Balanced: try to balance negative and positive over time.

Specific: focus on particular examples of behaviour. Focus on the task/behaviour and not the person.

Receiving feedback

One of the main purposes of learning in groups is for you to get good quality feedback on how you are doing. Work towards being more open to feedback; to get better feedback, try to share responsibility for the process with the people in your group and ask for the kind of feedback you want on the kinds of issues that are concerning you.

Contract (and if necessary re-contract) for CORBS feedback.

Listen to the feedback all the way through without jumping to a defensive response.

Respond to it as data: the feedback you get is how one other person perceives you. It isn't the whole truth. Don't try to excuse or explain away – or at least, monitor this tendency in yourself. Reflect on the feedback and consider whether it might be useful to you.

Reference

Archer, Julian (2010) *State of the science in health professional education: effective feedback.* Medical Education 2010: 44: 101–108 (53 refs)

Name: ________________________________ **Date:** ____________

What I Want From Supervision

Instructions: People have different ideas about what they want, need, and expect from supervision. This questionnaire is to be filled out as part of a collaborative assessment with your supervisor. It is intended to help you explain what you would like to have happen through your participation in supervision, and to help design your individual supervision plan.

For each possibility listed below, please indicate how much you would like it to be part of supervision. Do this by putting a big **X** in one of the columns. This is what the columns mean:

NO	means you definitely do **NOT** want or need this from supervision.
MAYBE	means you are **UNSURE** you want or need this from supervision.
YES	means you **DO** want or need this from supervision.
YES!	means you **DEFINITELY** want or need this from supervision.

If you have questions about how to use this questionnaire, ask for assistance before you begin.

Administrative **Do you want this from supervision?**	**NO**	**MAYBE**	**YES**	**YES!**
1. Strategies for improving productivity				
2. Review of productivity policies/expectations				
3. Discussing professional standards of conduct				
4. Information about how services are funded and how this affects my work				
5. Review and discussion of strategic plan				
6. Assistance/training in using ELF/EHR				
7. Understanding legal and other risk management issues that impact my work				
8. Assistance with time management				
9. Improving my computer or keyboarding skills				
10. A formal opportunity to evaluate my supervisor				
11. Developing skills to make effective referrals (internally or externally)				

Clinical **Do you want this from supervision?**	**NO**	**MAYBE**	**YES**	**YES!**
1. Discussing the Philosophy of Service and how to apply this to my day to day work				
2. Skills for conducting assessments				
3. How to develop a treatment plan				
4. How to prepare documentation (e.g., progress notes)				

Clinical **Do you want this from supervision?**	**NO**	**MAYBE**	**YES**	**YES!**
5. How to implement harm reduction in my day to day practice				
6. How to implement motivational interviewing in my day to day practice				
7. How to implement trauma-informed services in my day to day practice				
8. How to better manage representative payee/money management services				
9. How to better manage medication monitoring services				
10. Talking about feelings that get stirred up while working with clients (and what to do about them!)				
11. I want to meet in a facilitated group with my peers to discuss clinical issues.				
12. I want supervision hours toward a professional license (e.g., LMFT, LPC, LCSW) or certification (e.g., CAC).				
13. Identifying, considering and managing ethical dilemmas				
14. Role playing client situations that emerge over the course of my work.				
15. Discussing the multicultural dimensions of my work				
16. Examining/exploring values, attitudes, beliefs, interpersonal biases, or conflicts that influence my work				
17. To develop/improve my case presentation skills				
18. Understanding the role of developmental factors in client strengths and challenges				
19. Discussion of personal issues, including transference and countertransference dynamics, as they relate to my work				

Educative **Do you want this from supervision?**	**NO**	**MAYBE**	**YES**	**YES!**
1. Understanding if, when, and how to report abuse or neglect of a program client				
2. Understanding the organizations mission				
3. How to make a case presentation				
4. Becoming a more effective advocate for my clients				
5. Exploring group facilitation and related dynamics				
6. Things to read (e.g., articles, books) about my work				
7. Discussing the theoretical basis of my work				
8. Verbal or written feedback about my work				
9. To use process recordings as a means of examining/evaluating my client interactions				

Educative **Do you want this from supervision?**	**NO**	**MAYBE**	**YES**	**YES!**
10. To use self-evaluation to monitor the progress of my work				
11. To audio- or video-tape interactions with clients as a means of evaluating my work				
12. To develop or improve crisis intervention skills (e.g., when to consider and how to facilitate hospitalization)				
13. To improve my ability to prevent/manage disruptive or violent behavior				
14. Understanding differential diagnoses				
15. Examples from my supervisors professional experiences				
16. Understanding the purpose/process of supervision				
17. A supervisor who is willing to serve as a role model				
18. Constructive criticism and positive reinforcement				

Supportive **Do you want this from supervision?**	**NO**	**MAYBE**	**YES**	**YES!**
1. Strategies for improving relationships with co-workers				
2. Information about professional development opportunities (conferences, workshops, additional schooling, mentoring, cross-training)				
3. Information about EAP or other supports outside the workplace				
4. Mentoring				
5. Someone who will just let me vent				
6. Understanding the impact of our work and developing/expanding self-care strategies				
7. Someone to check-in with when I need to				
8. To meet in a group with my peers				
9. Someone to consult with in an emergency				

Which of the following statements most closely fits your preferences for a supervisor (*circle the number adjacent your response*) (Middleman & Rhodes, 1985):

I prefer a supervisor who:

1. Gives detailed instructions as to how the work should be done, makes the most of the decisions, expects me to learn by watching how he/she does the work, emphasizes the task aspect of the work, gives very specific instructions and feedback for any changes, closely monitors my work, strictly follows rules and procedures, and has extensive personal experience as a practitioner and shares from that experience (successes and failures).

2. Emphasizes the relational aspects of supervision, spends time exploring my personal feelings and responses to my work and to me, and emphasizes the importance of self-awareness, personal thoughts, and personal feelings in my development.

3. Emphasizes the role of the organization and rules in solving problems, challenges me to integrate ideas and information from a number of different sources, evaluates my success based on mutually determined goals and objectives, encourages my independent functioning and decision-making ability, and is able to bend the roles when necessary.

Is there anything else you want from supervision that was not mentioned on this questionnaire?

____

____

____

____

____

____

Thank You!

Supervision Plan

For the period ____________________________

Staff: ___________________________ Supervisor: _________________________

To be completed by staff

Based on “What I Want from Supervision,” my goals for the next six months in supervision are:

1. ____

2. ____

3. ____

To be completed by supervisor

Based on current clinical needs or performance, I am identifying the following additional goals:

1. ____

2. ____

3. ____

I will structure supervision to assist the staff person in meeting the above goals in the following ways:

1. ____

2. ____

3. ____

4. ____

Staff signature: ______________________________ Date: ____________

Supervisor signature: ______________________________ Date: ____________

Supervision plans are reviewed every six months, or sooner if clinical needs or performance warrant it.

Outcome Rating Scale (ORS)

Name _________________________Age (Yrs):____ Sex: M / F
Session # ____ Date: ________________________
Who is filling out this form? Please check one: Self_______ Other_______
If other, what is your relationship to this person? ____________________________

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

ATTENTION CLINICIAN: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

Individually
(Personal well-being)

I---I

Interpersonally
(Family, close relationships)

I---I

Socially
(Work, school, friendships)

I---I

Overall
(General sense of well-being)

I---I

Institute for the Study of Therapeutic Change

www.talkingcure.com

© 2000, Scott D. Miller and Barry L. Duncan

Session Rating Scale (SRS V.3.0)

Name ________________________Age (Yrs):____
ID# _________________________ Sex: M / F
Session # ____ Date: ________________________

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected.	I--	I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.	I--	We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is not a good fit for me.	I--	The therapist's approach is a good fit for me.

Overall

There was something missing in the session today.	I--	Overall, today's session was right for me.

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Child Outcome Rating Scale (CORS)

Name ________________________Age (Yrs):____
Sex: M / F_________
Session # ____ Date: ________________________
Who is filling out this form? Please check one: Child_______ Caretaker_______
If caretaker, what is your relationship to this child? ____________________________

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing*.

Me
(How am I doing?)

I---I

Family
(How are things in my family?)

I---I

School
(How am I doing at school?)

I---I

Everything
(How is everything going?)

I---I

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Child Session Rating Scale (CSRS)

Name _________________________Age (Yrs):____
Sex: M / F
Session # ____ Date: _________________________

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

_____________ did not always listen to me.

I--

_____________ listened to me.

How Important

What we did and talked about was not really that important to me.

I--

What we did and talked about were important to me.

What We Did

I did not like what we did today.

I--

I liked what we did today.

Overall

I wish we could do something different.

I--

I hope we do the same kind of things next time.

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Balint in a Nutshell

An Introduction by Heather Suckling

History of the Balint Group

The name is that of Michael Balint a Hungarian psychoanalyst.
His main work was as a psychoanalyst at the Tavistock Clinic, in London
He started groups for GPs in the 1950s to study the doctor-patient relationship, he described them as "*Training-cum-research*" groups.
He worked closely, and ran groups with his third wife, Enid –a Social Worker and Marriage Guidance Counsellor. Her influence on medical training is probably as great as his.

What is a "traditional" Balint Group?

It consists of 6-12 doctors with 1-2 leaders and it meets regularly.
Meetings usually last for 1-2 hours and the group continues for 1 or more years.
The method is that of case presentation without notes.

What happens in a Balint group?

The leader asks "Who has a case?"
The presenter who volunteers tells the *story* of a consultation, this is not a standard case presentation, but a description of what happened between the doctor and the patient.
It need not be long, complicated or exciting but something that is continuing to occupy the presenter's mind. It may be puzzling, or has left the presenter feeling angry, frustrated, irritated or sad.
The group discusses the relationship between the doctor and patient and tries to understand what is happening that evokes these feelings.
The feelings which the patient evokes are significant and may be reflected in the presenter or in the group. This facilitates the understanding of the patient.

All discussions within the group are confidential.

What can a Balint group do?

It provides an opportunity for doctors to reflect on their work
It can provide an outlet for anxieties and frustrations generated by their work
It can arouse a doctors' interest in patients whom they have previously found upsetting, annoying or "difficult"
It can open minds to other possibilities, both of diagnosis and day to day management
The group provides support and improves communication with patients and other professionals
It can improve job satisfaction, the patient's perception of care and help to prevent burn-out.

What does a Balint group not do?

It does not tell the doctors "how to do" their work
It does not provide easy answers
It will not solve all doctors' problems with patients

Who was Michael Balint?

He was born in Budapest in 1896, the son of a GP

He became interested in psychoanalysis after first hearing Freud speak in 1918 and when he met his first wife, Alice, who was an analyst.

He obtained his Doctorate in medicine in 1920 and initially worked as a biochemist.
Later he undertook psychoanalytic training, his analyst was Sandor Ferenczi.
Balint worked as a psychoanalyst in Budapest during the Fascist regime, but in 1939 came to Manchester (UK) as a refugee.
In 1945 he was appointed as a Psychoanalyst at the Tavistock Clinic.
In the early 1950s he began his work with GPs- the Balint Group was born.
In 1957 “The Doctor, his Patient and the Illness”, his seminal work, was published.
The founders of the Royal College of General Practitioners were profoundly influenced by Balint’s ideas; they formed the basis of modern postgraduate training for general practice.
He used the term “patient-centred medicine” in his description of the group he ran at University College hospital for medical students in 1969

“Perhaps the essence of Balint Groups has always been to share experiences and enable people to observe and rethink aspects of their relationships with patients andtheir work as doctors.”

Enid Balint (1992) The Doctor, the Patient and the Group

HCS Jan 2006 (amended Feb.2007)

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