A CSA Conference 2018 Book of Abstracts

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Clinical Wisdom

Clients facing crucial life dilemmas want their therapists to be “wise” as well as technically skilful – to have qualities beyond technique. Such qualities include insight, timing, knowledge, deep understanding of human development, and judgment. As applied to therapy, they form the basis of ‘Clinical Wisdom’. We will view a supervisor’s prime task as nurturing their supervisee’s Clinical Wisdom through development of the consultancy role in supervision.

We will first address roles and focus (“how to be and where to look”) in supervision, and then on enabling participants to increase their repertoire by switching from verbal to visual formats. Here we use magnetised evocative images to show relationships, distance, and alliances in the therapeutic system.

The workshop will be a highly participative experience, designed for experienced supervisors, as members deal with baffling supervisor/supervisee/client problems. Practical handouts and workshop notes will be included. Participants are asked to bring to the workshop a “case” or an issue that is puzzling them.
Skill Check Your Clinical Supervision Practice

Clinical supervision is an important part of mental health practice. There are a variety of different models, beliefs and assumptions in relation to what clinical supervision is. Consequently, many different forms of training and preparation to become a clinical supervisor exist. However, there are fewer opportunities to revisit, refresh, affirm and restore clinical supervision skills.

The Metro North Mental Health Service (MNMHS), as part of a statewide initiative in Queensland, has developed and further adapted a nursing clinical supervisor’s 8-hours refresher workshop. The aim of the workshop is to provide participants with the opportunity to revisit, strengthen and rejuvenate their clinical supervision practice through experiential learning. It further provides a space to consider individual clinical supervisor development as well as support the normative aspects of clinical supervision.

Current clinical supervisors at this conference are invited to attend our workshop. Participants will be provided with an overview of the MNMH nursing clinical supervision refresher workshop content and relevant evaluations. Further, it will provide workshop participants the opportunity to reflect on, develop and affirm their own clinical supervision practice through the same processes of practical learning that the MNMHS clinical supervisors have undertaken in the refresher workshop.

Although this clinical supervision refresher workshop has been developed to meet the needs of mental health nursing clinical supervisors, the workshop content and activities are transferable across all disciplines.
Creative and Collaborative Resources for Energising Supervision

Youth workers tend to be energetic and active participants in supervision who need to experience practical and relevant conversations – this is a positive parallel process of the work with young people directly! As such, professional supervisors need to create and gather resources that stimulate and motivate practitioners, during and beyond the session. In this highly interactive workshop, you’ll be introduced to a handful of exercises and rotate around in small groups.

Together we will:

- Write a collaborative contract using a deck of cards.
- Play with Mr and Mrs Potato Head to explore power.
- Organise post-it notes to tackle an issue in a strengths-based way.
- Respond to a dilemma with components of ethical maturity.
- Find direction with an ethical compass.
- Prepare for a future supervision session with the ‘kete’ framework.
- Send your future self a message that strengthens your supervision.

This is a session that requires an open mind and heart for discovery. The activities and exercises in this session have been successfully explored in workshops and training with supervisors and supervisees-practitioners alike over the past twelve years, and they’re still evolving. Your participation in this session will continue to shape the exercises. In Te Reo Māori (the indigenous language of Aotearoa New Zealand), the word for teaching and learning is the same: ako. Ako essentially reflects the inherent reciprocity in educative relationships, entirely appropriate for supervision. If you can, bring a USB stick and walk away with a few new resources!
The Energy of a Clinical Supervision Conversation

There is magic all around us – not the “fairy” kind of magic, but the real and grounded magic of a transformation that happens in a clinical supervision conversation. Dancing with this magic is what we all aspire to in our work.

But what is it really?
And what gets in the way of it?

Magic happens when it is allowed to unfold. What we have to do is to know what is going on in our own energy system so we can deeply be in tune with our clients, enabling us to notice more, and reflect more clearly. And then, the magic happens.

In this interactive presentation, we will explore the dynamics of the energy of a conversation and how to manage your own energy in all situations. We’ve all had those challenging moments in our work when we get struck and we wish we could hit ‘pause’ and go speak with our supervisor. But what if you had a simple tool that would help you come back to centre, be aligned and remain calm in the uncertainty?

Come journey with me and explore the magic of energy exchanges and what you can do, to bring your best to your clients, by managing yourself better. Walk away with a simple practice, which you can use today, in your clinical supervision sessions and in your life, to help you stay present and focused.
New Age Supervision: Supervision for the 21st Century

Supervision is changing across the globe to reflect the changing needs of supervisees in their chosen field. Many professional and academic courses are being delivered across online digital platforms, where often students do not have any physical contact with their teachers or academics anymore. This, in turn, impacts on the industry we work in.

Our clients and potential supervisees can find us, and book in to see us, with a few clicks!

As a result, much of humanity is changing due to the way we relate across the internet, social media and other disruptive technologies. Supervision must rise to meet these challenges.

The intention of this presentation is to gaze towards a positive future where we can utilise the latest technology for the benefit of our supervisees. Rather than look to the bleak future predictions that some have made, regarding humanity and technology, this presentation reflects on the positive, passionate, purposeful supervisory path that could be paved out in our new digital age.

This is an interactive discussion and masterclass, including reflections of digital technologies, experiences of online educational supervision, online individual supervision and online group supervision.

All participants are encouraged to consider their current supervision - whether it's online or in person, and what the ethical implications of technology are on the supervisory relationship.

Attendees will be encouraged to ask questions and bring their experiences using technology. The workshop provides new insights into the “how to's” of online supervision, as well as discussions around possibilities of future frameworks of digital, supervisory practice.
An Experiential Workshop on Reflective Practice

Contemporary mental health nursing practice is complex and fast paced and it leaves little time for reflection on the impact of clinical practice on the self or on our interaction with others. Nurses are encouraged to be reflective and clinical supervision is frequently seen as a safe and reflective space to engage with the nurse’s reflective processes. The very act of coming into a clinical supervision session increases a nurse’s expectation about being reflective and through this approach, they have a sense that they will get the most benefit out of clinical supervision.

Clinical supervision also speaks to being in a designated reflective space that is helpful; however, reflection takes some time to achieve. How does reflection happen? Nurses cannot ‘turn on’ reflection instantly, as the intensity and the drama of their practice is carried over into the reflective space and has the potential to derail reflection. It takes time to quieten the busy mind and settle into a reflective way of being. Is something more needed? The aim of this workshop is to demonstrate a method of reflection that works intrinsically and extrinsically and which could add value to the clinical supervision session.

Accordingly, this workshop will demonstrate a structured method of in-depth reflection which can assist participants to access their reflective processes and gain insight and understanding about their practice through using this method. This workshop will benefit nurses and all healthcare professionals who want to improve their reflective skills and those who facilitate reflective practice groups. The workshop will also provide a reflective technique for participants to take back to their individual and group clinical supervision sessions.
Creative Approaches to Reflective Supervision in Groups

Hospitality is not to change people, but to offer them space where change can take place (Henri Nouwen). Counsellors understand the benefits of creating hospitable spaces for clients. As supervisees, performance anxiety can mediate against the creation of such hospitable spaces, can lead to a certain inauthenticity of experience and can devalue supervision.

Using images, poems, stories and journalling as supervision tools can free supervisees to awaken deep, original and personal insights into themselves and their practice, and can provide a way for them to listen for the genuine in themselves and in others. Using even one creative reflection exercise can provide a useful and dynamic addition to a supervision session.

This workshop offers examples of ways to implement creative reflection in group supervision. Participants will be invited to experience several creative approaches during the workshop.
More Than Words Can Say: Using Constellation Processes in Supervision

Supervisors sometimes require skills that go beyond conventional forms of dialogue. Some situations may be difficult to grasp, contain, or convey in words, or there may be elements that remain unspoken, intangible or invisible. In the complex overlap of client, practitioner and supervision systems, it can sometimes be difficult to verbalise exactly who or what is involved. Sometimes it is easier to show than tell.

Systemic Constellation Work is a creative experiential resource for illuminating such situations and helping to resolve them. Adapted from family and organisational consulting, constellation work brings to the fore visual, kinaesthetic, intuitive and relational information that can be missed in talk. Its methodology involves the physical and spatial representation of key elements in a supervision dilemma.

In group supervision, actual group members are used to represent these elements, while in individual supervision, the “representatives” are either small physical objects placed on a table top or flat markers placed on the floor. Using a variety of verbal and non-verbal methods, the relevant elements are rearranged in ways that offer the practitioner new perspectives, insights, and options. Constellation work has been likened to a systemic X-ray showing what cannot be conveyed in words. It can reveal hidden dynamics, unconscious patterns, and insights that are not accessible through discussion alone.

This workshop will outline a generic structure for constellation work and some practical guidelines for supervision. Audience members will then be invited to present “live” supervision issues and to participate in demonstrations of both individual and group formats.

Constellation processes offer a distinctive set of tools that can enhance the skill set of any supervisor. They can be used alongside more conventional approaches to enrich and enliven the supervision experience.
Stress and Burnout: Strategies for Supervisors and Supervisees

We know that a supervisor's role is to support and empower their clients, but what happens when the supervisor gets stressed, anxious and burned out? They can consult their own supervisor of course, but stress is something that can be present every day, so we need solutions and strategies to identify and manage it every day.

The term 'self-care' is a buzz word in many communities right now, with people rushing to book the latest yoga class or spa experience, but true self-care begins with knowing yourself, your triggers, your warning signs and your responses – and having a toolbox of strategies to help you manage them.

This workshop demonstrates how to look after the people, the passion and the purpose of supervision – those who provide supervision and those who receive it – helping to rekindle the passion for the profession, and provide renewed purpose and resolve for the important work of being a health and helping professional.

The workshop will guide participants through exercises intended to increase self-awareness, followed by taking a look at attendees’ own experience with stress, their strengths, coping skills, and learning new ways to cope. Definitions, personal stories and examples will be shared, and a workbook will be provided for attendees to use and take away.

This workshop involves group discussion, information sharing and strategy building components. Participants will be provided with strategies and processes to take away that will enhance their ability to know themselves, their own personal stressors and coping strategies, and help them move forward with confidence in their supervisory relationships.

The workshop is suited to professional supervisors both for their own needs in stress management, and as a tool to share with their supervisees and clients. It is also suited to supervisees, clinicians and students.
Enhancing the Supervision Process: With Non Linear, Right Brain Interventions

Clinical supervision is largely understood to be a collaborative process in which the supervisor works with the supervisee to explore their work reflectively. Traditionally, the techniques employed by supervisors to promote supervisee competence and reflection centre predominantly on the use of questions both direct and awareness raising, with supervisors largely operating in an intuitive and implicit manner.

During the past decade, there has been an increasing body of supervisory literature focusing on creative activities that shift the focus from the supervisor as teacher/instructor to the supervisee as learner. The literature promotes creative activities as being a vehicle that enables the supervisee’s self-directed and transformative learning to take place. This emphasis is consistent with the literature that supports that adults are generally most at ease working within the andragogic model, which values the process of learning as distinct from the more didactic, teacher-directed instructional approach, although within clinical supervision, there needs to be room for both.

This experiential workshop will introduce a range of nonlinear, right brain interventions that bypass the rational and logical, and which may be used by a clinical supervisor to act as a catalyst to further promote supervisees’ self-reflection and self-directed problem solving.

In utilising such activities, the supervisor takes on the role of facilitator in support of the supervisee being an active participant in their own learning. Being an experiential workshop, please come prepared with client or supervisee issues to inform your participation.
The Power of Peer Supervision: Using Structured Tools for Peer Group Supervision

Peer supervision combines the benefits of one-to-one supervision with the power of peer-to-peer learning. It differs from more traditional forms of supervision in that it does not rely on the presence of an expert in the room – a supervisor.

There are a number of things that can, and do go wrong, if individuals are left to lead their own supervision process while maintaining the quality and effectiveness over time is a challenge.

This workshop introduces participants to a structured tool kit for peer supervision that taps into the inherent knowledge, experience and wisdom within the group. The tools present a simple, structured process that builds the high levels of trust and synergy necessary for good supervision to take place.

The workshop will:

- Define peer supervision.
- Identify common pitfalls for peer supervision groups and how to avoid them.
- Provide opportunities for participants to experience the power of peer supervision by using the tools in small groups.
- Enable conference participants to build significant learning connections with each other.

The workshop will draw on our experience of introducing peer supervision to over 15,000 people from a wide range of disciplines including coaches, counsellors, doctors, allied health professionals, nurses, managers and HR professionals in New Zealand, Australia and the United Kingdom.

Peer group supervision is an excellent tool for ‘supervising the supervisors’. The workshop includes a copy of the Power of Peer Supervision Toolkit for each participant.
Creating an Enlivening Encounter: Using the Role Development Model and Play of Life® in Group Clinical Supervision

**Aim**
To extend supervisor knowledge and skills through introduction to a theoretical framework and experience of group clinical supervision using a 3D concretisation technique.

**Background and rationale**
The Role Development Model was created by Mike Consedine based on the earlier work of psychiatrist JL Moreno on Role Theory and others in the mental health arena. Consedine, a mental health nurse and psychodramatist from New Zealand, always thought supervision should be an enlivening encounter. It is said that a picture can paint a thousand words, and visual representation through use of 3D ‘Play of Life®’ (Raimundo) can be highly effective in supervision to engage both the supervisee/s and supervisor.

The supervisee lies at the heart of clinical supervision, and participation in a group clinical supervision session is central to the experiential nature of the workshop. A guided exercise will be used to demonstrate the concretisation technique within a safe and respectful learning environment. Learning as a supervisee contributes to supervisor development and the workshop will have a clear focus on participant questions and discussion.

**Target group**
Intermediate and advanced supervisors who have not already completed ‘Clinical Supervision for Role Development Training’.

**Workshop outline**
The workshop will occur over two hours, with most of the time allocated to interactive discussion and group clinical supervision using ‘Play of Life®’ with a guided exercise (2 groups). Participants will have the opportunity to reflect on the session and their learning and contribute to group learning.
Day 1 Conference Abstracts

Honing our Talent for Seeing Blind Spots

If clinical supervisors really do have ‘powers of observation heightened beyond the normal’, what is it that we look for or see?

Certainly, we do look for the blind spots in those we supervise so that these can be brought into the light for the benefit of others. And we also hone our talent for ‘seeing’, ‘hearing’ and ‘feeling with’ the client/patient/consumer, who is not in the room, in order that the supervisee might work more effectively with her.

What do we see, though, when we shine these same observational powers on ourselves and on the emerging profession of clinical supervision in this country?

In this talk I'll explore this theme, aware, though, that shining a light on blind-spots brings us so close to shaming and being shamed and that we live in a wider culture in which there is such a close link between shining and shaming. Yet, I believe we must, for doing so allows our particular talent to shine and frees our work from the ordinary.
Looking after the Mental Health Nursing Workforce: A Collaborative Approach to Producing Victoria’s Clinical Supervision Framework – Our Story so Far…

The “Office” in Victoria, Australia (Office of the Chief Mental Health Nurse) provides practice leadership and evidence-informed directions and recommendations for mental health nursing practice, policy and service design that has an impact on the workforce, in order to promote continuous improvement in client outcomes.

These include:

- Leadership and promotion of collaboration between the Victorian Government and the mental health nursing profession.
- Representing the profession at all levels of government and across all health service sectors, and promoting recognition of the mental health nursing profession.
- Supporting education and training initiatives, promoting best practice standards, workforce planning and development, and professional leadership.
- Providing leadership to, and advocacy for, consumers, the mental health sector and mental health nurses.

In response to our workforce needs, the Victorian Chief Mental Health Nurse decided to develop a framework for clinical supervision for Victorian mental health nurses. Although there were examples of good practice and training models within Victorian mental health services, there remained a lack of uniformity or standards in Victoria that could support the nursing workforce to have a regular safe space to reflect on practice.

Despite industrial support through Enterprise Bargaining Agreements (EBA), there remains difficulty with statewide support and widespread uptake of the practice within services.

The following areas will be discussed in relation to the evolvement of the framework:

- Literature review.
- Absence of emergence of an evidence base for outcomes of effective clinical supervision.
- Expert Reference Group.
- Difficulties in gaining consensus among the expert reference group about any single mode and model of clinical supervision.
- Identification of five (5) principles critical to the provision of effective clinical supervision.
- Articulation of modes and models.
- Implementation and sustainability challenges addressed.
Implementing a Clinical Supervision Guideline for Allied Health Professionals in a Public Health Setting

The aim of this presentation is to share the learning from a project within ACT Health (Australian Capital Territory, Australia) to develop a clinical supervision (CS) guideline for Allied Health Professionals (AHPs).

The Chief Allied Health Office (CAHO) in ACT Health has funded a project to support the development and implementation of a guideline to ensure best practice CS across over 30 Allied Health Professions.

In three phases, the project has consulted widely with AHPs about their current understanding of and uptake of CS; developed a guideline for all AHPs; and begun support of implementation of these guidelines across each profession, tailored to specific needs and limitations.

This presentation will describe the process of the development of the guideline, the implementation so far of the guideline, including staff and supervisor education; resources developed; and the trial of an inter-professional group CS model for staff using experienced supervisors as volunteers to support new and inexperienced supervisees. It will also outline the current and future plans for evaluation, and the insight gained from implementation so far including the barriers and enablers identified by participants in CS.

ACT Health has been innovative in keeping all of the AHPs in scope, rather than excluding those traditionally not considered part of implementation of CS; as well as trialling an inter-professional model of CS not often used outside of mental health services. The project undertaken in the ACT is of interest to clinical supervisors, educators and policy makers within the public health setting, looking to learn more about how to promote and support the implementation of universal CS for AHPs.
Supervision Online: Reflections on a Web Based Supervision Practice

This presentation provides a reflection on several years of providing supervision in a mainly online setting, through a private practice. Background will be provided on the development of a practice designed to be operated mainly in the online space, the technology and systems required to do so, and how relationships are formed and maintained under this structure.

Information will be provided under the three themes of the conference – people, passion and purpose.

People – the professional story of the presenter will be used as a background to the online supervision practice development story.

Passion – the presenter’s passion for supervision, creative and innovative use of technology and supporting clinicians will drive the content, allowing attendees to come away with information and resources, should they feel inclined to pursue their own practice in the online space.

Purpose – the presentation will maintain the purpose of providing reflection, insight and analysis of supervision provided in a novel way, and will consider the effectiveness and appropriateness of this way of working, while providing information on how it was done and what the experience of the supervisor has been.

The presentation will include insights and feedback from both the presenter (supervisor) and supervisees who have experienced receiving supervision online.

An appropriate audience for this presentation includes health care professionals, supervisors, supervisees, administration professionals and students.

Time permitting, input from the audience will be sought on the topics presented, and brief discussion facilitated.
Bringing the Body into Reflective Supervision: Essential for Trauma Informed Care and Practice.

This paper will describe reflective supervision and the supervisory working alliance in the context of trauma informed care and practice (TICP) mental health. TICP fosters collaborative practice, client and staff safety, a strengths based approach and a trauma-informed lens that views ‘symptoms’ as adaptive coping strategies. A trauma informed supervisor encourages supervisees to reformulate their daily work practice and ask “what happened to you?” and work with rather than ‘do to’ clients.

However, little attention is given to the specific issue of supervising trauma work. Vicarious trauma (VT), secondary trauma and compassion fatigue are an occupational hazard inherent in this work. This is particularly challenging in light of evidence that those entering helping professions have elevated levels of trauma exposure. Bringing the body into reflective supervision will help address and prevent vicarious trauma.

Over the past decade, there has been an exciting merging of trauma, mindfulness, positive psychology, and neuroscience research that integrate brain-based trauma intervention approaches into clinical practice. Neuropsychological models highlight the role of mirror neurones in empathy and in the therapeutic relationship, as a somatic communication of the other’s experience. Noticing fundamental neurological markers in supervision, facilitates understanding of the neurobiology of the relationship, and has a critical role of establishing safety: essential for TICP.
Clinical Supervision: People, Passion and Purpose – My Lived Experience

My understanding of clinical supervision has been strongly shaped by my own lived experience as a supervisee and as a supervisor. These positive relationships, over many years, have contributed toward a passion and style of clinical supervision, which supports a working relationship that is both empowering and reflective in action. However, the term “lived experience” has been mainly used in the mental health arena to describe the first-hand accounts and impressions of living as a member of a minority or oppressed group.

I would like to suggest that my experience of clinical supervision as a supervisor has a hidden element, where the rhetoric and the reality can be very different, and where an increased focus on throughput becomes the dominant influence rather than quality treatment and a skilled and valued workforce.

Rising above what can seem like powerful influences requires passion, purpose and like-minded people to help navigate the yellow brick road of clinical supervision.
Facilitated Reflective Practice Groups for Nurses: A Potential Bridge across Barriers to Clinical Supervision

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Background
For clinicians working in acute mental health inpatient units, access to clinical supervision (CS) is fundamental for staff wellbeing and effective consumer care. Despite recognition of the value of reflective practice, including CS, this study's setting has experienced challenges in implementation for inpatient nurses, including the reluctance of participants. Local barriers likely represent a microcosm of broader challenges reported within the CS literature. Implementing facilitated Reflective Practice Groups (RPGs) has been suggested as one potentially effective means of introducing nurses to formalised reflective practice where uptake of CS has proved challenging, with previous research indicating improved perceptions of CS and enhanced uptake of CS.

Aims
To trial the feasibility of implementation of facilitated RPGs for frontline nurses in an acute inpatient mental health setting in Sydney, New South Wales, and to explore the experience of nurses engaging in formalised reflective practice.

Methods
A mixed-methods feasibility study was undertaken in 2016 – 2017 evaluating a formal program of 24 regular facilitated RPGs implemented in a single unit. Data collection methods encompass pre- and post-implementation questionnaires, session evaluation questionnaires, unstructured field notes completed by the facilitator, and semi-structured interviews with participants. Ethics Committee approval was obtained.

Key findings
Findings demonstrate logistical and cultural challenges in implementing RPGs in this setting. However, the perceived benefits suggest promise in using an RPG structure to initially engage busy nurses in facilitated reflection with an aim to transition to prioritisation of accessing CS.

Implications
The findings contribute to knowledge on the practical implementation of reflective practice in reluctant contexts – including how to go about it and the implications of its intertwined relationship with CS. The study also highlights challenges in researching processes of reflective practice and supports the need for triangulation of multiple sources of data.
Mentoring VS Monitoring – An Argument for Integration

There has been considerable debate in the supervision literature about whether the traditional tasks of line management should be divorced from the tasks of clinical supervision. In contemporary Australian workplaces, however, the tasks get very merged in practice. Supervisors are increasingly being asked to appraise, assess, monitor and performance manage the work of their supervisees, and to carry other line management delegations.

While often seen as a detractor from practice, there is an argument to be made for an integrated approach that can improve the supervision experience, and lead to greater learning for the supervisee.

This plenary paper builds on work Elisabeth has published around the mentoring VS "monitoring” debate, offering a challenge for supervisors to explore the potential of a broader mandate in the service of improved outcomes.
How Critical are We? Revitalising Critical Reflection in Supervision

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Globally, professionals who work with people struggle to critically consider how dominant managerial discourses impact on practice. Additionally, reflective practice and critical reflection have become problematic terms in how they have been adopted and implied by educators and practitioners alike. In order to effectively support service users and improve practice, practitioners need to understand power relationships, navigate oppressive structures and support disadvantaged groups in society. Supervision provides the space for critical analysis of the wider professional environment.

This paper reports on a qualitative study examining critical reflection of practice in supervision within the current context of community-based child welfare services in Aotearoa New Zealand. Data was analysed from interviews with two participant groups: key informants with considerable academic and practice experience and supervisory dyads from different community-based child welfare social work agencies. Analysis of the key informant data identified reflective practice having different stages of criticality and critical reflection in supervision as a process that illuminated the impact of environmental factors on social work.

Within practice, supervisory dyads utilised the supervision session for reflection on a superficial level, but rarely critically explored the wider contextual issues impacting on practice. Greater examination of the wider socio-political, socio-cultural and structural factors that influence practice and engagement with service users is urgently required. Critical reflection within supervision is essential for all practitioners to develop professional practice and strengthen social justice strategies within their work.
Looking Back – Moving Forward

Participation in clinical supervision is an integral part of mental health practice. The purpose of which is to restore, develop and maintain safe practice. Mental health nursing clinical supervision has had a slow, yet persistent, trajectory in the Australian context. Thanks to key clinical supervision champions, it remains an ever present part of the mental health nursing agenda. In Queensland, and specifically the Queensland Health context, we were fortunate to have a strong clinical supervision influence, champion and internationally recognised authority. In the late-2000s in Queensland, this led to the development of a statewide group who collaborated in driving the clinical supervision agenda by developing networks, clinical supervisor training and creating systems of governance. The training developed gained endorsement from the Australian College of Mental Health Nurses (ACMHN) for 21 Continuing Professional Development (CPD) points, which remains current.

The training developed by this collaboration has slowly been eroded at a statewide level by other competing clinical supervision training also provided by a statewide provider. That statewide provider of clinical supervision training uses a generic model not specifically a nursing clinical supervision model. In Metro North Mental Health Service (MNMHS), it was felt that, to maintain the integrity of the nursing clinical supervision program, it was important that mental health nurses be trained as nursing clinical supervisors in a nursing clinical supervision model.

This presentation will discuss the manner in which the MNMHS has maintained the veracity of the original training and the governance of nursing clinical supervision. A great deal more is required to advance the agenda of nursing clinical supervision for mental health nurses in Australia. This presentation will outline what nurses in MNMHS are currently doing to support, maintain and develop nursing clinical supervision in our area of practice.
The Third Contract: Issues of Employer Expectations and Confidentiality in Funded External Supervision

Individuals and organisations access external clinical supervision for varied reasons and have differing expectations. While confidentiality is both explicitly discussed and expected, these boundaries can be perceived as ‘loose’ by managers who may have an expectation of more than ‘serious risk and harm issues’ being discussed outside the supervisory relationship.

This presentation will explore dilemmas in agency funded clinical supervision for individuals and groups, drawing on both the literature and the presenter’s experiences providing individual and group clinical supervision. It will also reference the adult education concept of the ‘third contract’ as a model to explore the potential triangulation of the clinical supervisor, clinician and funding agency.

In relation to individual supervision, it will explore issues of boundaries – is it ethically acceptable to have supervision conversations that are career planning to leave an organisation, when the organisation is paying? To what degree should the clinical supervisor be aware of and understand the agency context and policies? What about where the clinical supervisor develops concerns about the supervisee’s abilities, insight or practice – when and under what circumstances should this be ‘reported back’? What of the supervisee who is ‘playing games’ in supervision – are there obligations to check the implications on clinical practice?

In relation to groups, it will explore the impact of the Team Leader being in the session; the differing expectations of those from varying professions; and the need for clear contracting. It will consider the dilemma of some agencies perceiving that because they are paying, they should be entitled to feedback.
Engaging Team Supervision to Foster Dialogue and Healing after a Traumatic Event

Critical incidents where aggression and violence are directed at the team pose significant potential for destabilisation and trauma. The viability for future therapeutic engagement with the patient or perpetrator may also be severely compromised. While initial debriefing may occur, and individual team members can seek additional support, the health of the team can, literally, be left to "drinks at the pub"!

This paper asks how do we engage teams and foster resilience? How do we help traumatised teams to regroup? From lived experience, this presentation explores role theory and play of life in team supervision to foster dialogue and healing after a traumatic event.
Reflections and Kindness

My presentation is one of reflections. As a clinical supervisor, I have experienced the privilege of providing clinical supervision to general Nurse Unit Managers in a time-limited quality improvement project.

This presentation is not about project outcomes; rather, this presentation is about the intangibles: my reflections about providing these wonderful nurses clinical supervision; what I noticed in my reflections of the work we had done together – the lived experience of developing relationships and engagement; expectations and ambition; safe space making; the making of meaning of work roles and advanced practice support.

The supportive statements about professional development, increased self-awareness and emotional self-expression was new for some people. Validating and respecting the feelings that arise from nursing practice was also prominent in my reflections.

Among the other reflections were the validations of people who were feeling stressed, elated, vulnerable and tearful. The other areas of interest was acknowledging belief systems and bringing them into awareness in relation to nursing care.

My reflections also include the work we did supporting the exploration of work role and functions, which, in turn, enhanced the learning. The making of safe spaces and the energy put into valuing the individual was also a highlight of my reflections. The lack of organisational structural support and scaffolding for the nurses’ emotional selves was also a large part of the work reflections.
Finishing Well: Stories of Parallel Process in Clinical Supervision

When the provision of clinical supervision is finishing, no matter what the reason, everyone wants to “finish well”. This includes the client, the supervisee, the supervisor and whoever else is affected. An understanding of the phenomenon of parallel process in clinical supervision can be a significant component in arriving at the finishing line “well”.

For the purposes of this paper, parallel process is defined as the unconscious replication of the therapeutic relationship in the supervisory situation. It has its origins in the psychoanalytic concepts of transference and countertransference. This paper shares some stories of the use of recognising parallel process in the facilitation of group clinical supervision with multidisciplinary caseworkers in Sydney, New South Wales whose clients are refugees and asylum seekers.

The paper outlines the impact of ending the program on the clients of the service through the eyes of the caseworkers, the caseworkers themselves, and their managers. It examines the role of the external clinical supervisor in assisting all parties to finish well and, in doing so, likens the supervisory role to that of the paraclete, or the advocate, helper and comforter.

Parallel process interventions in clinical supervision will be highlighted by how they can enhance the supervisory process, address the restorative and formative functions of clinical supervision, and in this context, help the organisation to finish this service well.
Using Narrative Practices in Supervision: Some Stories and Reflections on What These Practices are Making More Possible

When I came across narrative approaches to practice some years ago, I had a sense of coming home. I loved being invited into stories of people, politics and community, richly woven in deeply grounded and meaning-rich ways. These stories were full of possibilities, of hope and of adventure – including work with people, groups and communities pushed around by very significant problems. Possibilities were also opened for clinical supervision practice. I felt invigorated and keen to know more!

In this presentation, I plan to share some of what I have been discovering since that time about using narrative practices. I will tell some stories from my practice in a non-government organisation (NGO) here in New South Wales, Australia. I have noticed, that since using that approach, the conversations have changed as a result of taking a more decentred influential stance. Here, supervision shifts from problem-solving to collaborative exploration and meaning-making.

I will also talk about the ways I have found narrative practices bring a renewed focus on power and privilege and collaborative efforts toward social justice including anti-oppressive, inclusive and culturally responsive supervision. This includes shifts away from individualised notions of self-care, toward what, collectively, sustains us in the work we do, highlighting the history of the meaning of human service work.

Through telling these stories, I hope to invite your curiosity, including questions like: What might narrative practices make it more possible to see? What becomes less in focus? What is invited in to supervision conversations? What is valued? What is given meaning? As well as, importantly, how does all this resonate with your experience as a supervisor and / or supervisee, or what your preferred experience could be.

My intention is to invite reflection and generative conversations about the possibilities in your supervision contexts.
Mandatory Clinical Supervision for Nurses – Fantasy or Reality?

Introduction
Clinical supervision (CS), for nurses has been identified as a means of improving clinical practice, ensuring their accountability and to assist in reducing the emotional burden of nursing practice. There is much literature, over the last decade, concluding that there are many challenges for organisations attempting to implement CS for nurses. Evidently, the most successful implementation of CS has been commitment to an ongoing structured process over a period of time.

Within Sydney Local Health District (SLHD) mental health services, mandatory CS was introduced within acute services at a local health unit, approximately four years ago. The intention was that all nurses (including casual staff) would engage in group clinical supervision.

Summary
This discussion paper will briefly discuss the implementation process of CS within the named hospital. The process will be described in its full entirety. It will focus on current policy, leadership, the challenges (from the perspective of clinical supervisees and clinical supervisors) and a current update.

There will also be an opportunity for audience participation.

Conclusion
Mandatory clinical supervision for all nurses has many challenges. The experience of attempting to enforce it within SLHD mental health services is no exception. It, therefore, poses the question: Is clinical supervision, for all mental health nurses, realistically possible with the given circumstances within the nursing profession in SLHD?
“Unscrambling what’s in Your Head”: A Mixed Method Evaluation of Clinical Supervision for Midwives

People
Midwives aim to provide high quality maternity care, however exposure to emotional stress has been identified as impacting on midwives’ health and well-being, and contributing to burnout and attrition. Supportive strategies are needed to sustain and develop the midwifery workforce. Clinical Supervision for Role Development, a reflective model of supervision, is one such approach that may have merit. Midwives, have had very little exposure to clinical supervision. When introduced as a concept; the connotations associated with the word ‘supervision’, as well as time, and some sense that attending clinical supervision was a ‘luxury’, are perceived barriers to implementation.

Passion
Trained in the skills of clinical supervision, and experiencing the benefits in their own practice, a group of midwives introduced clinical supervision into a Local Health District in New South Wales, Australia.

Purpose
Research was conducted to identify understanding, uptake, perceptions of impact, and the experiences of midwives accessing clinical supervision.

Method
Mixed Methods. In phase one, 225 midwives were invited to complete a self-administered survey. Descriptive and inferential statistics were used to analyse the data. In phase two, 12 midwives were interviewed. Thematic analysis was used to deepen understanding of midwives’ experiences of receiving clinical supervision. Ethical approval was granted.

Results
Findings from both phases were complementary with midwives reporting a positive impact on their work, interpersonal skills, situational responses and career goals. ‘Safe reflection’ was the central theme to emerge from the qualitative analysis process.

Implementation and conclusion
Clinical supervision can positively support the emotional work, health and wellbeing, and professional development of midwives in a range of settings, irrespective of their level of experience. Health organisations need to design, implement and evaluate strategies that support the embedding of clinical supervision within midwives’ clinical practice.
Quality or Quantity? The Challenges of Supporting Access to Nursing Clinical Supervision within a Large Metropolitan Mental Health Service

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The process of supporting staff access to good quality nursing clinical supervision within a large mental health organisation is fraught with challenges. The Metro North Mental Health Services (MNMHS) in Queensland, Australia has identified a number of issues that impact on supervisor and supervisee experiences of clinical supervision, including:

- Access to appropriate clinical supervisor training.
- Maintaining clinical supervisor competency.
- Supervision of supervision.
- Finding a balance between the pressure to increase supervisor numbers and the obligation to maintain a high standard of clinical supervision.

In the absence of a practical clinical supervisor competency tool, organisations need to consider mechanisms that protect and support supervisees and supervisors as best they can.

This paper will describe a range of governance, education and support strategies that have been implemented across MNMHS in an attempt to address these challenges. It will describe some of the successes, learnings and ongoing challenges from the organisation’s journey over the past decade.
Our society is becoming increasingly aware of the presence of threat in everyday life given the context of factors such as global climate change and political instability. Major events such as natural disasters or terrorist attacks present the prospect of trauma, but also the enhancement of resilience for the people who experience them. Local health professionals are likely to provide key assistance in such circumstances but are faced with the dilemma of living and working in the same environment as their clients, otherwise known as a ‘shared traumatic reality’.

The New Zealand Canterbury earthquakes in 2010 – 2011 provided a unique opportunity to explore this phenomenon in the aftermath of a community level trauma. Two focus group interviews were held with the same group of Canterbury-based psychologists to explore how they maintained and built their resilience. Qualitative methodology utilising thematic analysis highlighted the importance of community valuing of psychologists, feeling connected and supported by professional and personal networks, and of having sustaining spiritual or philosophical perspectives. Furthermore, themes reflected the value of self-reflection to maintain realistic expectations in the face of continuous adaptation and staying grounded and tuning in to the positive emotions in relation to client growth. Supervision was reported as one of the important practices, which enabled these processes thus, supporting resilience.

These psychologists ultimately described post-traumatic growth in terms of spiritual and philosophical growth, as well as a greater sense of self-efficacy, adaptability and improved relationships. The themes are discussed in the light of conceptualisations of the resilience process and the implications for supervision practice.
Témoin à Deux: An Experience of Paired Reciprocal Peer Clinical Supervision

When establishing a clinical supervisory relationship, it is commonly advised to avoid dual relationships wherever possible. This paper will explore the lived experience of two peers engaging in a reciprocal peer clinical supervision space. Where access to clinical supervisors with suitable skills, knowledge and attributes is limited, participants necessarily exercise flexibility with their accepted norms of the supervisor-supervisee relationship. Participants assume accountability in consciously engaging in the establishment of clear structures and processes, especially boundaries that support the safety of the relationship and the quality of the supervisory work.

Our supervisory relationship developed from the challenge we faced to find a clinical supervisor that utilised the model we were seeking (role development model), had the knowledge and skills within our area of practice (mental health in the general hospital setting), and with whom we could develop a supervision space with a balance of trust and challenge. We have known each other as work colleagues for 20 years and alongside this, our friendship emerged.

This paper will summarise the presenters’ experience of Paired Reciprocal Peer clinical supervision. It will describe how a clear, consistent and supportive structure underpinned the development of an alternative peer process to richly explore the challenges of provision and access to a supervisory space.
Day 2 Conference Abstracts
The Outcomes of Clinical Supervision: What 50 Years of Research has to Say

Research into supervision has long been criticised as lacking and it is claimed that the existing research lacks rigor. As a result, supervision has been defined as the “poor cousin” of psychotherapy research which, by comparison, has provided an enormous amount of evidence of effectiveness.

As a result, it has become popular wisdom that supervision does not have an evidence base and little is known about its effectiveness across multiple domains of therapist development or the capacity to influence practice. This presentation will challenge the perception of supervision research not making any meaningful contribution to the evidence based argument.

Approximately 50 years of supervision research will be reviewed to identify the impact on multiple domains of practice and outcomes. While it is true that a lot more systematic effort needs to be put into supervision research, there is good news. The argument is made from the existing evidence that supervision can positively impact therapist development and quality of practice, although the mechanisms by which it achieves these outcomes are not particularly clear.

Practitioners and supervisors alike should be encouraged that they are not wasting their time by receiving and providing supervision and, in fact, it is an important professional activity with many benefits.
The Evolution of Clinical Supervision in Social Work within Aotearoa New Zealand 1994 – 2018

This presentation explores the evolution of clinical supervision in the social work profession within Aotearoa New Zealand by reviewing its development from 1994 to the present day. Three distinct periods of development will be discussed.

The first is a period of managerialist dominance (1994 – 1997) in which supervision was focused on organisational imperatives. The second period (1998 – 2007) concerns a professional resurgence that was characterised by supervisor education and training programs, the professionalisation of social work through voluntary state registration of social workers and the support provided by both the Aotearoa New Zealand Association of Social Workers and the Social Workers Registration Board.

The most recent period (2008 – 2018) reveals an evolving professional culture in an environment of lean management, calls for mandatory social worker registration, the widespread use of organisational and professional supervision policies, and variability in the quality of supervision across fields of practice.

The presentation concludes by reviewing the journey to 2018 and discussing the importance of an historical perspective in the development of clinical supervision within a country. The challenges ahead in regard to improving the quality of clinical supervision in Aotearoa New Zealand in order to enhance practitioner development and best practice with clients are also canvassed.
A Singapore Community-based Organisation’s Endeavour to Uncover Essential Practice Behaviours in Clinical Supervision

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The practice environment today holds great uncertainty within a contested climate that demands a high level of professional accountability to meet the evolving complex needs of the families we serve. In this climate, clinical supervision remains as one of the key safeguards in ensuring good practice, thereby justifying the increasing investment of effort in its development. Drawing parallels to the extensive literature on the therapeutic subsystem, where relationship is core, Viriya Community Services, Singapore seeks to undertake an exploratory study to investigate the state of supervisee satisfaction, quality of supervisory relationship, and the relationship between these two elements within the organisation through practice research. The findings would highlight key attention areas in the provision of supervision, and would support the organisation in identifying essential practice behaviours underpinning these areas.

The practice research would leverage upon validated questionnaires – Supervisee Satisfaction Questionnaire, Supervisory Relationship Questionnaire and Supervisory Relationship Measure in the provision of quantitative data, administered at stipulated points. This would involve practitioners and supervisors within the context of individual clinical supervision. Statistical analysis will be utilised to explore the relationships between the data. This project is currently in progress. Findings will be shared subsequently.

In identifying the evidence-based factors that might contribute to greater supervisee satisfaction and better supervisory relationship in Singapore, the provision of supervision could then be carried out in a more deliberate manner by focusing on the essential practice behaviours residing within these factors. This will direct resources more effectively toward competency building and developmental training for supervisors that could contribute to better client outcomes. This research holds potential in informing further studies that could delve deeper into the relationship between the identified factors and different levels of supervisors.
The Cognitive Behavioural Supervision Framework: Efficacy and Delivery

Cognitive behavioural therapy is one of the most frequently utilised and evidence-based models of intervention for psychological issues. Despite this, it is one of the lesser known approaches to clinical supervision, compared to models such as reflective and strength-based supervision. While cognitive behavioural models share certain elements with such supervision approaches, it is a particularly relevant clinical framework for cognitive behavioural therapists due to similarities in content and structure with cognitive behavioural therapy. Good supervision will model the therapy that is being learnt and practised.

The following presentation discusses the utility of the cognitive behavioural approach to supervision. Evidence in support of this psychotherapy-based approach to supervision will be summarised, together with illustrations highlighting its structure. The collaborative relationship between supervisee and supervisor is discussed, along with the process of increasing awareness of how the supervisee’s own thoughts and emotions impact on the therapeutic process. Illustrative case examples from the presenter’s supervision practice aim to demonstrate engagement and professional development.

This approach is relevant for practitioners within a wide range of mental health professions: its focus on therapeutic competencies supports ready evaluation of supervision effectiveness.
Clinical Supervision: Voice of Supervisees

Clinical supervision is an essential facet of development for novice professionals. Supervisees are expected to provide quality service when they are in the field. Clinical supervision is considered one of the most pivotal systems for developing the effectiveness of novice professionals. Counselling, like in many fields, depends on the use of supervision for training new professionals and for continued professional development.

A purposive sample of five counselling students who had completed their internship period at the University of Botswana was interviewed. The purpose of the study is aimed at establishing supervisees’ experiences of clinical supervision. Data collection was done and the transcripts assumed a phenomenological approach. The study established that while all the participants acknowledged the value that clinical supervision has on their professional growth and development, there is clear evidence to suggest that their actual experience was filled with challenges, most of which hinder their overall learning. Chief among these challenges is cultural and relationship concerns between supervisors and supervisees. Therefore, to ensure that quality supervision is realised, these concerns have to be addressed.
Consumer Perspective Supervision: Supporting Change ‘From the Inside’

Consumer perspective supervision is a form of supervision that has been developed by consumers. We think of this as a distinctive discipline in the mental health landscape. A combination of first-hand experience, connection with the consumer movement and working closely with people using a diverse range of services results in a strong focus on and sensitisation to issues surrounding autonomy, human rights and coercion. These are the hallmarks of what makes consumer perspective supervision a unique practice.

Principles underpinning consumer perspective supervision include sitting with uncertainty, refraining from jumping to solutions and recognising the value of making mistakes in the development of practices. These principles have salience for consumers because of their lived experience, which underpins the discipline.

The presentation traces the development of the consumer perspective supervision discipline in Victoria with reference to local pioneering examples. We will discuss the underpinning values of our work with the expectation that participants can reflect on similarities with their own supervision practices and how they might incorporate unique elements of consumer perspective supervision within their own practice.

This presentation will explore both the provision of consumer perspective supervision in the context of the consumer/peer workforce and in the context of the clinical workforce including nurses, psychiatrists and allied health.
Word Power: Rethinking Language within Supervision

The words we use to describe the environment around us and the people who exist within it will help articulate the values we hold, play a role in developing beliefs and, consequently, determine the actions we take as human services professionals. Critically reflective clinical supervision will revolve around the values and beliefs held by practitioners and explore the implications of enacting those values and beliefs through direct service.

Great clinical supervision acknowledges the ethical imperative of practice reflection and that unexamined practice can lead to poor, or even unethical, practice on the ground. Our language and our skill in its use remains the key ‘tool’ in any human services worker’s ‘toolbox’. Using the right tool at the right time can determine a ‘job done well’ or not at all.

Consequently, it is contingent upon both supervisor and supervisee to examine how practice language can determine not only how supervision discussions evolve, but also how practice is experienced by the people with whom we work. If we can acknowledge that labels can disempower, stigmatise and discriminate, then we can also accept that the words we use can create conditions for genuine social inclusion, self-determination and empowerment, not only for supervisees, but for the people they support.

This presentation looks at the dominant language of human services supervision and proposes an alternative founded on person-centred, strengths-based practice principles. It will discuss the role of supervision in reflecting on practice language and explore the opportunity for supervisees and supervisors to lead a paradigm shift in service provision.
Supervision for Sign Language Interpreters

The practice and purpose of clinical supervision is alien to many Sign Language interpreters (SLIs) in the United Kingdom (UK) and throughout the rest of the world. In the context of the UK specifically, this is not helped by the primary registration body (The National Registers of Communication Professionals working with Deaf and Deaf/blind People: NRCPD.org.uk) defining the role of supervision related to trainee interpreters as:

- Monitoring progress of the trainee and their development plan throughout the year.
- Acting as a point of contact if the NRCPD needs to discuss a trainee’s performance.
- Informing the NRCPD immediately if the trainee suspends their training or they cease to supervise the trainee.

These responsibilities appear to be mentoring and not clinical or professional supervision as it is sometimes referred to in the UK, hence the confusion when discussing the need and benefits of supervision with SLIs.

The Association of Sign Language Interpreters (ASLI), however, recognises the purpose of supervision for SLIs as ‘designated time, often monthly, with their supervisor to reflect on their practice… the opportunity to take a step back and explore issues that arise in their work… focus is often very much on the dynamics of interpreted interaction, including the emotional and psychological issues which can arise’, which is reflective of the more traditional form of clinical supervision outlined by the Australian Clinical Supervision Association (ACSA), and undertaken by its members.

360Supervision offers a bespoke Diploma in Supervision taught by experienced practitioners in psychotherapy, supervision and interpreting. SLIs with a minimum of two years’ interpreting experience are eligible to undertake the diploma and, upon successful completion, become qualified to supervise SLIs and practitioners from other professions.

My presentation highlights the various demands placed upon SLIs and how supervision is supporting the profession to explore dilemmas, increase confidence and skills, reduce stress and burnout and serve clients better.
Forum: What’s Happening in your Neck of the Woods?

Title
Growing a clinical supervision community: What’s happening or could be happening in your ‘neck of the woods’.

Aim
To share information about forming Australian Clinical Supervision Association (ACSA) Local Member Meetings and to encourage interdisciplinary networking.

Relevance
Although clinical supervision is incorporated in a number of professions, discussion and developments are mostly limited to each professional group. Knowledge sharing, networking and support are essential if clinical supervision is to be recognised and sustained as a key component of professional practice. ACSA is keen to establish interdisciplinary Local Member Meetings for this purpose.

Forum content and outline
The facilitated forum seeks to connect and encourage conference delegates through hearing the story of ‘what’s happening’ in a variety of locations as ACSA Local Member Meetings are being or are established. To date, interdisciplinary meetings have occurred in Victoria, NSW and Queensland in a number of locations.

The forum will include an overview of the process of establishing a Local Member Meeting and focus on hearing from a number of ACSA members who have been involved in this initiative. The speakers will share challenges and achievements in their location and time will be allowed for discussion and questions. In addition, there will be the opportunity for those attending to provide an indication of their interest in starting a Local Member Meeting in their area, and support offered to enable connection to other ACSA members.
Blurred Lines: Exploring the Impact of Organisationally-based Vicarious Trauma on Clinicians and Clinical Practice in Supervision

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There is an irony that while non-judgemental and anti-oppressive practice is crucial to clinical work, for some clinicians, the culture in their agency or clinical setting far from demonstrates these values. Sometimes, in seeking out external clinical supervision, clinicians primarily bring issues of team and organisational dynamics that are directly related to their experiences of vicarious trauma and that, over time, start to impact on their clinical practice. These can vary from inappropriate or concerning collegial behaviour through to bullying and oppression.

The presenter will draw on over ten years’ experience as a private clinical supervisor of individuals and groups, and the belief that, where such environments develop, they not only do damage to the professional self, but see clinicians damaged personally, and sometimes have them leave their profession. The presentation will ask questions around the role of the clinical supervisor in acknowledging and / or addressing these issues – how broad do we perceive the role of clinical supervision to be? Where does it cross a line into career advice or personal counselling?

This presentation will explore some theoretical approaches that may assist us to understand how these phenomena come about, including the concept of parallel process, where teams sometimes play out the dynamics of the clients with whom they are working, as well as the importance of good management alongside safe and challenging supervision spaces.

In particular, it will explore the challenges that are raised in clinical practice by the organisationally espoused ‘values on the wall’ not being lived in organisational culture either with clients or clinicians – and how this can impact on the reflective capacity in clinical supervision and clinical work.
A New Approach in Clinical Supervision – Mindfulness and Reflective Practice as a Mechanism of Support for the Nurse-patient Relationship

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Evidence demonstrates that patient experience is positively associated with safety and quality of care irrespective of disease group, study design and outcome measures. Staff wellbeing is integral to positive patient experience. The literature reflects a negative correlation between health care providers who report compassion fatigue, work dissatisfaction and burnout and exhibiting significant sub-optimal diagnostic and intervention decision-making.

Evidence demonstrates that cancer nurses experience significant work-related stress that results in mental exhaustion, compassion fatigue and burnout. There are few proven strategies to promote coping and emotional resilience in cancer nurses, but education and training interventions to develop behaviours that limit intensity of stress, and assist in processing emotion and learning from experiences have shown some potential to benefit.

This paper will describe the author’s experience as a novice nurse researcher undertaking a proof of concept feasibility study of an oncology nursing wellbeing intervention. The intervention is comprised of two established strategies – reflective practice (RP) and mindfulness-based stress reduction (MBSR), both individually or combined, that support the development of behaviours to minimise intensity of stress and assist in processing emotion. This paper aims to inform the development of future competitive research proposals and influence a wellbeing program for cancer nurses with reciprocal benefit within the nurse-patient relationship.
Insights into Developing and Sustaining the Supervision Alliance: The Unique Perspectives and Learning of a Mental Health Consumer Representative, Carer Representative, and their Clinical Supervisor

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Insights into the Supervisory Alliance: The Unique Perspectives of a Mental Health Consumer Representative, Carer Representative, and their Clinical Supervisor

Background and rationale
Consumer Representatives and Carer Representatives are part of the developing mental health workforce, yet little is known about clinical supervision (CS) within their professional practice and development. One mental health non-government organisation in Australia has committed to providing CS for a Consumer Representative and Carer Representative, facilitated by an external supervisor (third author).

CS has routinely occurred monthly for one hour via an individual face-to-face session for two years (Carer Representative) and four years (Consumer Representative), respectively. The Role Development Model is the predominant theoretical framework.

The CS ‘space’ is known to be shared between the supervisees and a supervisor, with roles and responsibilities impacting on the development of the supervisory alliance and potential learning. In this unique instance, both workers have a lived experience of distress and occupy formal roles which not only discloses this, but where their perspective is recognised and valued. The supervisor is a registered nurse and midwife.

The shared presentation will provide a ‘sneak-peek’ of personal reflections from both sides of the supervision coin – what are important factors in sustaining the supervisory relationship? What challenges are faced, and how are they overcome? How is CS beneficial for workers advocating for mental health consumers and carers?

The experience of CS has been positive with mutual respect and purpose underpinning the supervisory alliance, allowing personal and professional development over time.

Implications
Insights gained are expected to be valuable to supervisees, supervisors and organisations interested in the implementation of CS in any work area. A deeper understanding of the supervision experience ‘at the grass-roots’ level also has broader application to contemporary questions raised within the international literature.
Clinical Supervision Training DVD

In the clinical supervision training space, one of the challenges for novice supervisees undertaking clinical supervision training is having limited experience and understanding of clinical supervision and all the components to consider when engaging with this. Anecdotally, the uptake of clinical supervision by nurses is low, with one of the factors contributing to this being misconceptions about what it is.

In consideration of the above, clinical nurse educators who facilitate clinical supervision training within a major health service in metropolitan Melbourne, Victoria, decided to support and enhance their face-to-face training through incorporating the use of multimedia.

In exploring the availability of such a training DVD to meet this purpose, we found limited available to address our local needs and decided to develop a training DVD on clinical supervision.

This presentation includes a viewing of some of the components of the DVD and interviews with staff around demystifying clinical supervision, the issues important to them when considering engaging in clinical supervision and a ‘live’ session, which demonstrates the structures and processes essential to supporting clinical supervision.

The presentation finishes with a review of the use of the DVD and the feedback from participants in having this resource as a complementary training tool within clinical supervision training.
Social Work Students’ Encounters with Group Clinical Supervision during Clinical Placement in Queensland, Australia: Benefits, Challenges and Outcomes

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Aim
To describe undergraduate social work students’ experiences and outcomes of clinical supervision during clinical placement.

Background and relevance
Social workers are highly regarded allied health professionals who are essential to providing a high level of support to healthcare clients and their families at all stages of life. They are known for their passion and purpose in assisting others, yet also need to be mindful of professional boundaries and taking care of themselves when undertaking a role that has the propensity for burnout, stress and vicarious trauma.

Good social work supervision is the cornerstone of the social work profession. Clinical supervision is mandatory for all social workers and protects clients as well as supporting practitioners. It ensures that professional standards and quality services are delivered by competent social workers. Social work students usually participate in their first experiences of clinical supervision while on a university placement.

Method
Between 2014 – 2017, seventy-four undergraduate students from a range of universities in Australia completed clinical placement in a Queensland acute and community health service. The third and fourth year students had supervision by the social work clinical educator, and access to clinical supervision provided by a social work field educator from the health service.

The findings presented in this paper are from student feedback to the group clinical supervision provided by the health service supervisor. The supervision occurred monthly with an open group format. On average, six to 10 students attended.

Outcome
This presentation identifies and discusses factors that influenced students’ positive or negative encounters with group clinical supervision while on clinical placement. Learning from the challenges faced during the implementation process will also be discussed.

Implications
The presentation is expected to further knowledge about facilitating group clinical supervision for undergraduate students of any healthcare discipline.
Clinical Supervision as a Pathway to Enhancing Novice Nurse Development

**Aims and objectives**
The author undertook a project to explore the benefits of incorporating clinical supervision sessions into a Graduate Nurse Program (GNP) in an acute, metropolitan public hospital, with the aim of enhancing novice nurse development.

**Background**
There is a proliferation of literature demonstrating the benefits of clinical supervision in nursing. Clinical supervision is the implementation of a supportive process to assist with a nurse’s professional development, and promoting high clinical standards.

Graduate nurses report experiencing heightened stress, anxiety and challenges when they transition from university to their first work setting. The high acuity and complexity of patient care has been documented as contributing factors to these stressors. Increasing support during a nurse’s first year of employment builds confidence and critical thinking skills, while decreasing turnover rates and resulting in better outcomes for patients. There is a plethora of literature purporting the need for support of novice nurses. However, there is a paucity of literature outlining the benefits of incorporating clinical supervision, as a way of providing support, into generalist GNPs.

**Method**
The clinical supervision sessions were scheduled regularly throughout the GNP timeframe and were conducted by a credentialed clinical supervisor. The sessions were designed to focus on the graduate nurses’ clinical reflections with the aim of supporting them in their professional environment. Attendance at these sessions was not a mandatory component of the GNP.

**Results**
The clinical supervision sessions have been incorporated into the 2016, 2017 and 2018 GNPs. Participant evaluations demonstrate high satisfaction with session content.

**Conclusion**
The inclusion of clinical supervision sessions is a proactive strategy to further enhance novice nurse development. It is critical that graduate nurses are highly supported by a variety of evidence-based approaches to enable them to be confident, competent nurses, who are able to care for patients with complex health needs.
Creative Definitions of Clinical Supervision
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Aim
To promote dialogue about clinical supervision by showcasing creative personal definitions that have emerged during a training program for clinical supervisors.

Background and rationale
During an eight-day foundational training program for clinical supervisors, participants are asked to develop a personal definition of clinical supervision. This activity is a component of the intra-workshop learning tasks, following Day 6 of the program. Participants have 2-3 months to prepare their definition, which is shared among the training group on their return for a final two-day workshop.

The activity assists program participants to further their learning as they reflect on the purpose of clinical supervision and how it might be described or shown. There is no single definition for clinical supervision in the literature, and many of the definitions created by participants stand in good stead amid other definitions used internationally.

Training program participants have given permission for their definitions to be shared with others external to their group for educative purposes and to encourage dialogue about clinical supervision.

Description
The poster will contain approximately 10 definitions displayed in a way that is visually appealing and easy to view to promote interaction. In addition, dialogue about the definitions with the presenters and between conference delegates viewing the poster will be actively promoted.

Implications
The presence of the poster is expected to encourage conference delegates to also reflect and consider how they might define clinical supervision. Further learning and clarity of meaning is also likely to occur during dialogue between delegates from different professional disciplines. The opportunity to connect passionate people through the poster is likely to promote ongoing discussion and supportive networking.
A Safe Space for Reflection

This poster presents a selection of findings from a project commenced in 2015 where four medical-surgical Nurse Unit Managers (NUMs) were provided with monthly individual clinical supervision (CS) over a 12-months period. The clinical supervisor was an experienced mental health nurse from outside the organisation. Approval for the project was obtained through the Quality and Risk Department of the organisation.

At the end of the 12-months period, the principal investigator undertook semi-structured interviews with each NUM. Each 60-minutes interview was recorded and transcribed. The transcripts were analysed by the principal investigator in conjunction with a Nurse Researcher.

Engaging in CS was a new experience for three NUMs who were expecting the supervisor to set the agenda and provide them with advice and guidance. The reflective process was not new to the fourth NUM who had experienced group CS. Each NUM had some reservations about this unfamiliar relationship with someone whom they did not know. However, as their sessions progressed and despite being busy, the NUMs attended all their sessions.

The themes that emerged from the interviews were consistent with previous studies describing the supervisee benefits when a productive working alliance is established between the supervisor and supervisee. Access to “a safe space” within which to explore workplace challenges and consider new ways of understanding their roles and responses to the work environment was central to the positive experiences for these NUMs. The knowledge, skills and attributes within the supervisor were identified as being crucial to the co-creation of this safe space.

The findings of this project add further depth to our understanding of the factors that contribute to the establishment and maintenance of a safe, respectful and trusting supervisory relationship which is particularly applicable to CS training and development.
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The Australian Nursing and Midwifery Federation (Victoria Branch) provided ACSA with a wonderful venue in which to conduct a conference, including workshops. The newly built ANMF House at 535 Victoria Street, Melbourne is ideally located next door to the Victoria Markets and offers a complete range of conference facilities. We would like to especially thank Lisa Fitzpatrick (ANMF Branch Secretary, Victorian Branch), and Bree Taplin (previous ANMF Events Officer) and Kiri Graham (ANMF Events Officer), for their dedicated assistance to ACSA.

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