Pre-conference Workshops

Tuesday 22nd May 2018

Antony Williams
Clinical Wisdom

Kobie Hatch | Cathy Boyle
Skill Check Your Clinical Supervision Practice

Rod Baxter
Creative and Collaborative Resources for Energising Supervision

Julie Skinner
The Energy of a Clinical Supervision Conversation

Renee McDonald
New Age Supervision: Supervision for the 21st Century

Finbar Hopkins
An Experiential Workshop on Reflective Practice

Noela Maletz
Creative Approaches to Reflective Supervision in Groups

Roger Lowe
More Than Words Can Say: Using Constellation Processes in Supervision

Natalie Jack
Stress and Burnout: Strategies for Supervisors and Supervisees
Pamela Brear  
Enhancing the Supervision Process: Non Linear, Right Brain Interventions

Aly McNicholl  
The Power of Peer Supervision: Using Structured Tools for Peer Group Supervision

Paul Spurr | Sue Harvey  
Creating an Enlivening Encounter: Using the Role Development Model and Play of Life® in Group Clinical Supervision

Please note:
For a variety of reasons, not all speakers and presenters wished to share their papers in the ACSA Conference 2018 Book of Proceedings, while some provided both a PowerPoint presentation and a paper. We hope you enjoy the format.

Acknowledgment
ACSA formally thanks all speakers, presenters and delegates for making our inaugural Conference 2018 the success it was. Let’s Meet in Melbourne again!
Skill check your clinical supervision practice...

Ms Kobie Hatch and Cathy Boyle
22nd May 2018
Clinical Supervision Refreshers

- First introduced 2010
- 12 workshops conducted since 2010
- 71 participants overall
- MNMH procedure requires supervisors to attend refresher every 3 years
<table>
<thead>
<tr>
<th>Session Title</th>
<th>Content Overview</th>
<th>Session length (minute)</th>
<th>Evaluation score (Likert scale 1-7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Welcome participants. Each participant invited to share a positive clinical supervision story. Group rules developed collaboratively.</td>
<td>30</td>
<td>N/A</td>
</tr>
<tr>
<td>The Working Alliance in Clinical Supervision</td>
<td>Each participant completes the Working Alliance Inventory (Horvath, 1994). Data is used to explore strengths and weaknesses in the Working Alliance (Bordin, 1983). Provides opportunity for participants to revisit the importance of the 3 domains of the Working Alliance.</td>
<td>75</td>
<td>6.76</td>
</tr>
<tr>
<td>Proctor’s Skill Domains and Working Alliance</td>
<td>Participants explore the supervisor skills that are used within each of Proctor’s Skill Domains (Proctor, 1986).</td>
<td>30</td>
<td>6.69</td>
</tr>
<tr>
<td>Learning Challenges in Clinical Supervision</td>
<td>Using a vignette, participants examine some of the learning challenges that exist within the supervisory relationship and explore skills that can be used to manage these.</td>
<td>90</td>
<td>6.33</td>
</tr>
<tr>
<td>Challenges in Developing and Maintaining the Alliance in Clinical Supervision</td>
<td>Participants share and explore their experiences in developing and maintaining the alliance in clinical supervision within a group supervision session</td>
<td>90</td>
<td>6.91</td>
</tr>
<tr>
<td>Ethical and Legal challenges in Support Supervision</td>
<td>Participants are provided with a scenario containing ethical and legal challenges. Together the participants explore the challenges within the scenario. Considerations include the legal and ethical responsibilities as well as potential impacts on the supervisory relationship.</td>
<td>60</td>
<td>6.72</td>
</tr>
<tr>
<td>Supporting Supervision</td>
<td>Overview of current clinical supervision resources and supports. Group discussion on clinical supervision support issues.</td>
<td>45</td>
<td>7</td>
</tr>
<tr>
<td>Evaluation and close</td>
<td>Verbal and written evaluation and workshop close</td>
<td>30</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Activity 1

• The Working Alliance in Clinical Supervision
Activity 2

- Learning Challenges in Clinical Supervision
References

• Australian College of Mental Health Nurses. (2018, May 1). Clinical supervision and mental health nursing position statement. Greenacres, South Australia, Australia. Retrieved from Australian College of Mental Health nurses: http://www.acmhn.org/career-resources/clinical-supervision#backg


Creative and Collaborative Resources for Energising Supervision!

Abstract: 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-its to tackle an issue in a strengths-based way.
• Respond to an 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.
<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
<th>With</th>
</tr>
</thead>
<tbody>
<tr>
<td>8am</td>
<td>Register and set up space</td>
<td>Readiness</td>
</tr>
<tr>
<td>8:30</td>
<td>Karakia timatanga and introduction</td>
<td>Powerpoint</td>
</tr>
<tr>
<td>8:35</td>
<td>Whakawhānaungatanga: pass by 3?</td>
<td>Postcards</td>
</tr>
<tr>
<td>8:40</td>
<td>Have You Ever?</td>
<td>HYE cards</td>
</tr>
<tr>
<td>8:45</td>
<td>Post-it hopes/expectations: How come you chose this workshop?</td>
<td>Post-its</td>
</tr>
<tr>
<td>8:55</td>
<td><strong>Resource 1: deck of cards</strong></td>
<td>Cards</td>
</tr>
<tr>
<td></td>
<td>Quickly intro resource. Silent line up and into pairs. Shuffle the</td>
<td></td>
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<tr>
<td></td>
<td>decks and answer a question or two. Ignore questions 18-28, focus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>on ‘Purpose’ and ‘Processes’.</td>
<td></td>
</tr>
<tr>
<td>9:05</td>
<td>Reportback: insights into contracting conversations</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Materials</td>
</tr>
<tr>
<td>-------</td>
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<td>----------------------------</td>
</tr>
<tr>
<td>9:15</td>
<td><strong>Resource 2: Potato Head negotiation</strong></td>
<td>Potato set 4 role slips</td>
</tr>
<tr>
<td></td>
<td>Another silent line up and divide into four groups.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Each group has the same set of Potato Head pieces</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and a unique role descriptor requiring a certain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>addition to their sculpture. Present sculptures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>repeatedly until all four are in harmony.</td>
<td></td>
</tr>
<tr>
<td>9:30</td>
<td><strong>Resource 3: Strengths Columnning with Post-its</strong></td>
<td>Post-its Guideline sheets</td>
</tr>
<tr>
<td></td>
<td>Groups debrief the Potato Head negotiation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>following the Strengths-Based 5 Column guidelines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>with post-its on the wall or table.</td>
<td></td>
</tr>
<tr>
<td>9:45</td>
<td>Regroup. Check in?</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Notes</td>
</tr>
<tr>
<td>-------</td>
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<td>---------------------</td>
</tr>
<tr>
<td>9:55</td>
<td><strong>Resources 4+5: Ethical Maturity and Ethical Compass</strong></td>
<td>Tools printed</td>
</tr>
<tr>
<td></td>
<td>Introduce Ethical tools. Split group again.</td>
<td>Scenarios</td>
</tr>
<tr>
<td></td>
<td>Two groups (or maybe 4 or 6?) consider an ethical scenario using</td>
<td></td>
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<tr>
<td></td>
<td>different tools to reflect.</td>
<td></td>
</tr>
<tr>
<td>10:10</td>
<td>Reportback on scenarios and reflect on usefulness of tools.</td>
<td></td>
</tr>
<tr>
<td>10:20</td>
<td><strong>Resource 6: Kete preparation</strong></td>
<td>Kete sheets</td>
</tr>
<tr>
<td></td>
<td>Think ahead to a future supervision session. How will you integrate</td>
<td>Felts</td>
</tr>
<tr>
<td></td>
<td>what you’ve discovered today? Write a letter to your future self</td>
<td>Envelopes</td>
</tr>
<tr>
<td></td>
<td>using the kete framework.</td>
<td></td>
</tr>
<tr>
<td>10:30</td>
<td><strong>Thanks!</strong></td>
<td></td>
</tr>
</tbody>
</table>

Clinical ‘SUPER’vision – people • passion • purpose
Creative and Collaborative Resources for Energising 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.
What else is going on when we interact with clients?
What do we understand as ‘energy’?
Being a reflective practitioner

Namaste
How clear and conscious are the energy dynamics in your conversations?

And what can do about it?
Are you ready for some magic?

Where the magic happens

Your comfort zone
Everybody should be quiet near a little stream and listen
Where to from here?
A great mentor will not need to impress you with their greatness, rather seek to help you know and feel your own greatness.
New Age Supervision: Supervision for the 21st Century

Renée McDonald
Grad Dip Counselling, M App Soc Sc, PACFA Reg., ACSA Member
Butterfly Courage, Wollongong, NSW Australia
Australian Online Therapy Training (AOTT)
Australian College of Applied Psychology (ACAP) Contract Academic Educator
(Online and Blended)
Hi! I’m Renée McDonald.

I’m a counsellor, psychotherapist, coach, mentor and supervisor.

I have a Graduate Diploma of Counselling, a Masters of Applied Social Science and a Certificate IV TAE40110 (Training & Assessment).

Prior to working in therapy, I worked in film, television and entertainment industry. With the advent

I have worked as a counsellor/psychotherapist for over 16 years and have been providing Supervision over the past 12 years.

It has been an interesting journey, where I continue to receive supervision for my own practice and give supervision to other counsellors in the field.

This ongoing reflexive practice has led me to work in education and has allowed me to be exposed to new and emerging technologies in education – as education continues its expansion into the digital age.

I take this same philosophy into my supervision practice.

Clinical ‘SUPER’vision – people • passion • purpose
Today, I’d like to take you on a journey into digital, online Supervision…
Online Supervision – the way of the future

Let’s gaze towards a positive future where we can utilise the latest technology for the benefit of our supervisees. Rather than look at bleak future predictions of humanity with technology, this workshop is about the positive, passionate, purposeful digital supervisory path that could be paved out in our new digital age (McDonald, 2018c).
Online Supervision – the way of the future
Providing Clinical Supervision online

Being digitally ready, having digital literacy and connecting online is important in today’s global, ambiguous world.

This presentation is about how to maintain flexibility in the workforce, ‘holding space’ for supervisees and the skills required for you to provide online supervision.
Online Supervision – what is it?

- Clinical supervision is “an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice” (Royal College of Nursing, 2018).

- Online Clinical Supervision, therefore, is Clinical Supervision using digital means, where supervisors and practitioners still come together – though it is a ‘virtual coming together’ – in the space between – which can involve email, video conferencing, or phone consultations, in a similar manner to online therapy (McDonald, 2018a; McDonald, 2018c).
Online Supervision

This definition mentioned here is important to set the scene of what this discussion is about.
Online Supervision: discuss

What have your experiences of online supervision been?

We will break up into groups of 3 or 4 with the people sitting next to you.
Online Supervision – what it isn’t?

• Here I am not talking about Skype.

• Skype personal accounts are not professional enough to provide group supervision and private, encrypted online supervision.

• Skype for Business, Zoom, Doxy.me or Vsee are recommended, for professional online Clinical Supervision, due to their encryption and professional platforms if becoming a DIY digital-based online supervisor (McDonald, 2018c).
Online Supervision – technology

• We can ‘virtually meet’ with our supervisees online.
• Technology is now advanced and flexible.
• It can be the next best thing to meeting in person.
• It can replace the need to meet in person.
• We can connect to supervisees that we wouldn’t ordinarily.
• Online supervision can be provided through email, video conferencing, telephone or instant messaging (McDonald, 2018a; McDonald, 2018c; Mulhauser, 2005).
Technology and technicalities

• In recent years we have seen the potential for our Supervision practice to expand as we can support remote practitioners, or those who live far away. Some therapists and health professionals can be supervised, or be the supervisor for practitioners across the world! (McDonald, 2018c).

• You can meet in individual or group sessions online – though it’s all about which system you use (McDonald, 2018a; McDonald, 2018c).
Online Supervision – technology

DIY Platforms

Note: When using a DIY platform ensure it is HIPAA compliant.
Online Supervision – technology

Have you used any of these platforms?

- zoom
- doxy.me
- skype
- GoToMeeting
- Google Hangouts
- vSee

Clinical ‘SUPER’vision – people • passion • purpose
Online Supervision – encryption

Encryption is now essential with online privacy laws, so we can attend to the new Office of the Australian Information Commissioner (OAIC) data breach provisions, the GDPR and the HIPAA (OAIC, 2018; EU GDPR, 2018; Rouse, Biscobing & Sutner, 2017).
Online Supervision – advantages

• Viable, cheaper alternative
• No need for rent, catering or room fees at all.
• Only cost is related to the online platform (if any fees).
• No need for travel for the supervisor or the supervisee.
• Allows supervisee to take responsibility for their own self-care – they need to ensure they’ve been to the toilet, got a drink of water, coffee, tea or whatever they like, as we are not in the same room and it can’t be done for them (McDonald, 2018c).
Online Supervision – disadvantages

• Technological problems – supervisees surveyed said ‘it is what it is’ (with their technology problems).
• ‘Not being able to get on’.
• Not being able to see all of their body language.
• Being a long way away to make an accurate assessment.
Examples of **serviced platforms**

Note: When using a serviced platform, ensure it is HIPAA compliant.
Serviced platforms

What might the advantages and disadvantages of serviced platforms be?
Working individually in online Supervision

Individual online supervision can be provided across all DIY and serviced platforms.

Some of the benefits of individual work are....
Working individually in online Supervision:

Benefits of individual online supervision

• There’s only two calendars to manage
• No travel time to the appointment
• Individualised support
• All mandatory and compulsory issues can be attended to thoroughly.
Working individually in online Supervision:

Limitations of individual online supervision

- Not being able to see all of the non-verbals, only seeing the supervisee’s torso
- Not being able to see the whole picture of yourself or the supervisee
- For the supervisor; it can be difficult to respond immediately to an imminent crisis if you are not local.
Working in online Supervision groups: Benefits of online group supervision

- Cost effective and no travel.
- Feedback received from colleagues and supervisor.
- Multiple people can be ‘on’ at the same time.
- Participants can all be in different places around the world.
- Can be used for educational or practice-based supervision.
- Despite being in your own home, you can feel less isolated.
Working in online Supervision groups: Limitations of online group supervision

- Can be tricky to get a mutual time for a group.
- Must be run by someone well-versed in running groups.
- Must be run by only certain DIY platforms.
- Like individual, hard to see the whole picture of the supervisee.
- For the supervisor; it can be difficult to respond immediately to an imminent crisis if you are not local.
Contracting

• Contracting is essential to the online environment. If there is no meeting in person, then there needs to be another way of supervisees taking responsibility for their work.

• It has been found that formalised contracting is essential in individual online supervision, though even more in online group supervision (McDonald, 2018c).
Ethics: Supervision online

• Be aware and follow your professional association guidelines.
• Attend to the new OAIC (2018) privacy data breach legislation.
• Stay up-to-date with the EU GDPR rules.
• Be HIPAA compliant (McDonald, 2018c).
Ethics: Supervision online

- Be aware and follow your professional association guidelines.
- Stay up-to-date with the EU GDPR rules.
- Be HIPAA compliant (McDonald, 2018c).
Research findings: Online Supervision group survey
Research findings:
Online Supervision group survey summary

• All group participants had positive feedback from the online supervision groups that have been held.
• Each group member acknowledged feeling ‘heard’, ‘understood’ and ‘respected’.
• Group participants recognised the importance of no travel time.
• Everyone in the groups ‘felt’ the support, despite not being in the same room as each other – and in different parts of the country.
Research findings:
Online Supervision group survey summary

So, all in all, based on this research the future is looking very positive for online supervision groups. It is yet to be determined, though it appears it is essential – from the small survey completed – that the supervisor is trained in group process in order to run online groups in a successful manner.

The main task for the future is maintaining positive group structures and to pay attention to group phases.
Research findings:
Online Supervision group survey summary
Research findings: Online Supervision group survey summary

In the group supervisee’s words… it’s important to be “invested in the process, part of the group, and feel understood by others as a result of having sufficient time to explain themselves”.

If we allow the time in online supervision to be patient with our supervisees, allow the time for process and attend to their needs, the online environment can be similar if not ‘virtually’ better!
Research findings:
Online Supervision group survey summary

In the group supervisee’s words… it’s important to be “invested in the process, part of the group, and feel understood by others as a result of having sufficient time to explain themselves”.

If we allow the time in online supervision to be patient with our supervisees, allow the time for process and attend to their needs, the online environment can be similar if not ‘virtually’ better!
Conclusion

Pay attention to the process, allow supervisees the time to progress, be patient with technology and we can ‘virtually’ overcome anything!

Remember your own self-care, mindfulness practice and ground yourself in order to work online!
Questions…

Clinical ‘SUPER’vision – people • passion • purpose
Thanks for listening…
Contact details

For more information, you can contact me:
Website: www.butterflycourage.com or
Email: butterflycourage@gmail.com
References


New Age Supervision: Supervision for the 21st Century

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Abstract

Supervision is changing across the globe to reflect the diverse needs of supervisees in their chosen field. Many professional and academic courses are being delivered across online digital platforms, where students may 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 transforming 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. Key words: Digital technology, clinical supervision, disruptive technology, social media, supervision, online supervision, online clinical supervision group, online individual supervision, digital literacy, educational online clinical supervision, ethics, digital age.

Providing Clinical Supervision Online

This workshop will discuss the importance of being ‘digital ready’ and having ‘digital literacy’ in today’s global, ambiguous world.

For us to maintain flexibility in the workforce, Renée McDonald discusses within this presentation about the importance of acknowledging the new skills required to ‘hold space’ for supervisees in the online environment.

Over the past few years, Renée has been providing online therapy, coaching and clinical supervision to counselling and psychotherapy practitioners in her private practice and to trainee counsellors, in educational institutions.

Providing supervision in an online manner has been an extension of Renée’s online therapeutic practice and has been offered at the demand of supervisee clients.
What Renée has found is a growth area for her business, as many people become time poor due to work, family, travel and time constraints of trying to attend supervision appointments. Online supervision has grown in her practice out of a need and a demand from therapy practitioners.

**What is Online Clinical Supervision?**

Clinical supervision is “an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice” (Royal College of Nursing, 2018). Online Clinical Supervision, therefore, is Clinical Supervision using digital means, where supervisors and practitioners still come together – though it is a ‘virtual coming together’ – in the space between – which can involve email, video conferencing, or phone consultations, in a similar manner to online therapy (McDonald, 2018a). This is important to set the scene of what this discussion is about.

Technology is coming of age and we can ‘virtually meet’ with our supervisees. Technology is so advanced and flexible, it now is the next best thing to meeting in person. Online Clinical Supervision can be provided through several different means; whether it be email, video or web-based conferencing platforms, or over the telephone. Mulhauser (2005) suggests that there are limitations to email Clinical Supervision and that therefore email Clinical Supervision cannot apply to some clinical scenarios, consequently, the focus here within this work is on video and web-based conferencing platforms, rather than telephone or email.

When providing online supervision, it can be a viable, cheaper alternative to holding face-to-face sessions. There is no ongoing rental cost, no need to book a room, no need for catering or providing anything to a supervisee, aside from our time. It is up to the supervisee to be fed, watered and ready to go when they attend online supervision, therefore online supervision provides a potential for standalone supervision, or as an adjunct to other supervision that a supervisee receives from other supervisory relationships.

**Technology and Technicalities: Is Online Supervision just Skype?**

With the advent of Skype in recent years, we have seen the possibilities for our practice in the Supervision realm expand, where we can provide support remotely for our potential supervisees, wherever they may be across Australia, or indeed the world. Beyond holding a personal Skype account, there is now a whole new world of video conferencing.

The proposal of this paper is that it’s possible for practitioners to meet with online supervision sessions – with individuals or groups- in a timely, even more professional manner and still obtain similar outcomes in such a similar manner, like we have met in person. The author of this paper has been participating and delivering individual and group Online Supervision sessions across a few years and the reflections and outcomes will be discussed further here as well.

There are now countless web-based online video conferencing platforms (McDonald, 2018a). To name a few; Zoom, Doxy.me, VSee, PlusGuidance, Talkspace and Supportive, and there are many others.

**Serviced Platforms**

Serviced platforms, come at a fee and are managed by an organisation. Generally, they can be accessed by counselling and therapy clients and practitioners, through websites for example; Lifeline, BeyondBlue, MensHelpline, BetterHelp, Talkspace, PlusGuidance and Supportive (McDonald, 2018a).
Serviced, consumer paid for, platforms often cost money to become a ‘member’ or an ‘online practitioner’, along with a client requirement to become a member of an online serviced platform as well, ensuring all who use the system to work within the serviced platforms’ organisational contractual guidelines. Often these serviced platform guidelines may not care for our clients in a nurturing manner.

Generally, serviced platforms don’t align with online video-based Supervision, due to the limitations in service provision. Many platforms, like PlusGuidance, can’t have multiple people on at the one time and are only designed for one-on-one counselling and/or psychotherapy, not Supervision. The set up isn’t quite right for supervision.

**Do It Yourself (DIY) Professional Platforms**

This is where new, DIY professional, encrypted, platforms come in. DIY platforms include; Skype for Business, Doxy.me, Zoom and VSee and many more. There are others like Skype, Google Hangouts and GoToMeetings that have hit and miss signal, drop outs and professional capabilities (McDonald, 2018a). It is proposed by the author, based on her work at a tertiary college, and within her own practice, that online Supervision is best when we can see the supervisee, so email or real-time chat-based Supervision isn’t best (Mulhauser, 2005).

Encryption is essential with online privacy laws, so we can attend to the new Office of the Australian Information Commissioner (OAIC) data breach provisions, the GDPR and the HIPAA (EU GDPR, 2018; OAIC, 2018; Rouse, Biscobing & Sutner, 2017).

When providing DIY online supervision, through an encrypted platform like Zoom or Skype for Business, single practitioner supervisees, or multiple people can be on the screen at the one time. This can include the Supervisor, Supervisee and the rest of a Supervision group if need be.

The writer of this paper has provided both adhoc and ongoing Individual and Group Supervision to Supervisees all over Australia, and through educational programs and has found online supervision can suit a variety of needs from the supervisee group participants.

**Individual Online Supervision**

Individual online supervision can be provided across any DIY platform and is able to provided in a nurturing, supportive way, like online counselling and psychotherapy can be. Some of the strengths of individual online supervision is that 1) there is only two calendars to manage (that of the supervisor and the supervisee), 2) individualised support and care can be delivered, 3) any mandatory reporting issues can be attended to immediately.

There are, of course a number of limitations of individual online supervision. Some of which include; 1) Not being able to see whole body non-verbals 2) Not being able to see the whole picture of yourself or the supervisee(s) 3) For the supervisor; it can be difficult to respond immediately to a crisis if they supervisor doesn’t know all the local services to assist the supervisee with.

Regularly, individual online supervisees have provided positive feedback that they have found the individual online supervision is beneficial for them, they have a voice, they get undivided individual attention and don’t have to travel to their appointments.

**Group Online Supervision**

With individual online supervision being a viable option, group online supervision is a new possible venture with the introduction of platforms like; GoToMeeting, Zoom, Skype for
Business and other multiple-user web-based conferencing platforms.

Online Group Supervision offers a unique experience beyond the standard Skype one-on-one session. It tends to be more cost effective for time and valuable input can be received from colleagues, not just the supervisor. Skype personal accounts tend to be limited, where it becomes more difficult to have multiple participants on at a given time.

Zoom video conferencing platforms are used by the author, instead of Skype, where multiple participants can be present on the platform at any given time. In addition, Zoom tends to be the preferred training and educational platform for many online educational institutions. Zoom, therefore, is the platform of choice for group supervision in the academic space.

Providing Online Group Supervision has been an interesting process, whereby there has been trial and error and experiences had, to learn from them. There aren't many Online Group Supervision mentors, or Clinical Supervisors, in the field to ask questions. Therefore, there have been several findings from the online supervision groups that have been run by the presenter.

**Contracting for Supervision**

As a result of running groups and individual sessions in Clinical Supervision for practitioners, there has been a large amount of experiential learning from the author of this paper, related to working with ‘the space between’ (Bradbeer, 2016). Working in a virtual space, like online supervision, means we need to work with our instincts, the space between and rely on visual, as well as insightful cues from participants in the process. It is therefore a proposal here within this work that there is a new generation learning environment (NGLE) when it comes to online supervision of any kind (Bradbeer, 2016).

Whilst not being in the same room as a supervisee, we can still attend to ‘the space between and ‘feel our way through’ in a mindful way to attune to each other, despite not sharing the same physical space.

Bradbeer (2016) encourages a collaborative space when working online in an educative manner, though it is proposed that this collaboration process can be extended to online Clinical Supervision, whether it be individual or group sessions.

Formalised contracting, along with informal session-by-session contracting has been used in the online supervision space and this seems to work well to the shared goals and contracting that a group may participate in. Therefore, online supervision contracting in a joint way could be beneficial (Bradbeer, 2016; McDonald, 2018b).

**Ethical Implications of the Online Space**

Obtaining new members within the online group supervisory experience has been enhanced by being able to utilise social media to freely advertise and promote online supervision services to possible supervisees. The nature of publicly and freely advertising a Clinical Supervision group online, raises new ethical implications, regarding confidentiality and privacy for Supervisees and their clients.

There are other ethical problems and predicaments, that relate to using online Supervision. For example; whether to use Skype or not, which online notetaking platform to use, what professional association ethical guidelines may be of groups, the HIPAA, GDPR and the new privacy data breach laws (EU GDPR, 2018; McDonald, 2018a; OAIC, 2018 Rouse, Biscobing & Sutner, 2017).
With the recent launch of the new Australian data breach privacy legislation, this has been a change in how privacy matters need to be handled both in person and online (OAIC, 2018). The OAIC has been set up to deal with privacy breaches, along with inappropriately releasing private and sensitive data (OAIC, 2018). The OAIC data breach changes have come through as at 22 February 2018, to come in line with the changes in Europe (EU GDPR, 2018).

Our Supervisees in our care, regularly have sensitive data at their disposal, so if we work in an online manner, we need to be particularly careful of our management of private and sensitive data. It is for this reason; the author here acknowledges the importance of keeping client and supervisee data private and keeps only hardcopy notes, rather than digital notes.

This also reflects changes to the European data protection legislation, that is the General Data Protection Regulation (GDPR) that comes into effect at the end of May (EU GDPR, 2018).

**Online Supervision Group Findings**

Because of holding many Online Supervision Group sessions, across a private practice business and online educational institutions, some trends have been observed and noticed, even in anecdotal ways by the author. Further to this, there has been a survey conducted by Online Supervision Group participants, in the presenter’s private practice Online Supervision Group. The findings from these groups are remarkably positive. The formalised feedback received so far has produced positive results, whereby Online Supervision could stand on its own as a viable delivery of Clinical Supervision.

One qualitative response from the Online Group Supervision survey is as follows:

> There was an optimal balance between structure... on one hand, and open opportunities to contribute on the other...People (in the group) had a sense of being invested in the process, part of the group, and feeling understood by others as a result of having sufficient time to explain themselves.

The table below gives an indication of other benefits and limitations of Online Group Supervision:

<table>
<thead>
<tr>
<th>Question</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The most helpful aspect of the online supervision group?</td>
<td>• 66% suggested – Using the Supervision cards, getting to know the group members, Hearing about a client case and being a participant (observer).</td>
</tr>
<tr>
<td>2. What could be improved for next session?</td>
<td>• 33% believed not enough time for further discussion, though this was understandable. • All other participants did not answer this question.</td>
</tr>
<tr>
<td>3. How did you find being in an online group?</td>
<td>• 100% said that they ‘loved it’ and thought it ‘was great’.</td>
</tr>
<tr>
<td>4. What else were you hoping to gain from online group supervision?</td>
<td>• 66% mentioned they wished to learn more from the different perspectives of other therapists.</td>
</tr>
</tbody>
</table>
5. Were your supervision goals met?
- 100% confirmed that they ‘felt heard, understood and respected’.
- 66% mentioned the supervisor’s approach was a good fit for me

6. What are the strengths of being able to hold supervision groups online?
- 100% of responders agreed having ‘no travel time’ for the appointment ‘was a bonus’.
- 100% of the feedback received asserted hearing from a wide-variety of practitioners was beneficial, as was being able to ‘feel’ the support, despite not being present in the same room with everyone.

7. What do you find the limitations of online group supervision are?
- 33% claimed technology was a limitation.
- 66% purported that they didn’t see having online group supervision as being limitations, it is what it is.

8. Any other comments or suggestions?
- All survey participants responded positively that they were happy with the session and were looking forward to their next online session.


These results imply that online supervision can and is a viable alternative to face-to-face, where participants in online supervision groups can ‘feel heard’, ‘respected’ and ‘understood’, along with loving the experience and feeling happy to be part of the online group, whereby no travel was an extra bonus.

It is the proposal of the writer that having a structure to online group supervision sessions, contracting (as mentioned above), having a proper assessment or onboarding process, online booking system and platform, can all enhance the online supervision experience for both individual and group sessions.

Ultimately, if we are able to ‘hold the space virtually’, we can allow our supervisees – no matter what their industry – to feel heard, understood and supported, despite the actual distance, travel and other work constraints that a supervisee may have from having adequate supervision in person. Isolation of practice can therefore be lessened by meeting virtually.

It is essential that supervisors, when practicing online, adopt an digitally educated, technologically calm, circumspect approach when working online. From this point, reflective and reflexive supervision can occur. It is thought by the researcher that a process-driven way of working is essential in the digital space, in order to make the technological divide more human-like.

In the human side of supervision, immediacy has been found to be effective where supervisees have given feedback that in dealing with the phenomenological moment-to-moment experience of online supervision where the author, who was the supervisor, was:

Matter-of-fact and helpful about technical difficulties the supervisee was having, and helped to avoid a sense of panic and instilled a clear feeling of confidence in the logistical steps that were provided and advice was given in the moment.
Conclusion

To sum up, this paper discussed the importance of considering adopting online supervision within your supervision practice. There were some of the essentials and advantages of the online space discussed within this work that are unlike providing supervision face-to-face.

Some benefits when working online are no need for rent, catering or room hire, beyond the initial cost of the online platform. There is also no need for travel from supervisees and the ability adopt the reflective skills in the moment and get immediate feedback that would be received in an in-person session.

Some other crucial aspects of online supervision are; dealing with the task and process of technology. Discussed above was also the ability to deal with technology in a composed, human and patient manner.

In addition, having an educated and practiced approach when holding online supervision sessions is important. There may need to be additional methods and matters for supervisors to attend with – having a web-based platform being imperative, when working online. It’s essential for a supervisor to not be flustered or frustrated with supervisees who have technological problems. Part of the onboarding online supervisory process must have a contract to cover such frustrations.

The ethical implications of online supervision, new national and international data laws and the setup of online supervision are all imperatives.

Finally, supervisee feedback has been invaluable to inform the practice of the author in order to see the way forward to the new technological, human-driven digital ready future for supervision.
References


Experiential Workshop on Reflective Practice

Dr. Finbar Hopkins
The Centre for Psychiatric Nursing
The University of Melbourne

Reflection only leads to learning if it leads to transformation

(Mezirow et al.2009).
My name is:

I am a ....

How am I feeling today?

My connection reflective practice ...

What do I want to learn today?

Introductions
House Keeping
Abstract

• 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, but also all health professionals who want to improve their reflective skills and 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.
What can you expect from today’s workshop?

• To become aware of the importance of Deep Listening
• To engage with the power of Reflective Reading

How will we do that?

• Through engaging in the stages of the Gibb’s Reflective Cycle
Quote

We do not learn from experience... we learn from reflecting on experience.

- John Dewey
Soothing

• 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 the reflective process.
Three major emotions systems

Drive and resource-seeking
Directed by emotions e.g. Excitement Pleasure

Soothing and affiliation
Directed by emotions e.g. Contentment Safeness, Connection

Threat and self-protection
Directed by emotions e.g. Anger, Anxiety Disgust

Directly drawn (+ simplified) from neuroscientific studies of emotion (Panksepp, 1998) Longden & Heriot Maitland, Compassion Focused Therapy 2018

Clinical ‘SUPER’vision – people • passion • purpose
Whiteboard Activity…
What is reflection?
Etymology of Reflection
Definition of reflection

Reflection is the active exploration of personal experiences, consciously employed for the purpose of making sense of those experiences.

(Stein-Parbury, 2017, p.61)
Definition of reflection

Reflection is an important human activity in which people recapture their experience, think about it, mull over and evaluate it. It is this working with experience that is important to learning.

Boud et al. (1985, p19).
Touching: Found Objects Activity

Take a found object from the table and spend some time examining it and speak about what it invokes in you with the person sitting on your right.

Each person share their partner’s experience of one thing that they remembered with the whole group.
Deep Listening
DADIRRI

https://youtu.be/pkY1dGk-LyE
Gibb’s Reflective Cycle

- Description: What happened?
- Action Plan: If it rose again what would you do?
- Feelings: What were you thinking and feeling?
- Evaluation: What was good and bad about the experience?
- Analysis: What else can you make of the situation?
- Conclusion: What else could you have done?
Reflective Reading Exercise:
See Handout
References


More than Words Can Say: Using Constellation Processes in Supervision

Dr Roger Lowe, Counselling Psychologist and Family Therapist, Brisbane.

rogerlowe12@gmail.com
“Would you Like to Look at Things in Another Way?”

• When we use constellations we can stop talking about a situation and instead make it visible, tangible and three-dimensional.

Systemic Constellations

• A general name used for a distinctive experiential way of working with issues in human systems.

It typically consists of:

• A facilitated event featuring the physical and spatial representation of important figures in a client’s relationships, and emphasising somatic and relational knowledge.
A “Somatico–Systemic” Approach

• SCW has been described as a “somatic-systemic approach” (Jane Peterson, http://www.humansystems-institute.com):

• Constellation work is a way of bridging what your "gut" knows about your issues with your story-making mind so that you can gain a holistic perspective on your situation (Jane Peterson http://www.human-systems-institute.com).
A “Somatico–Systemic” Approach

• There is a deliberate attempt to sidestep the explicit content or story of the presenting issue and to embrace somatic knowledge based in its ‘natural’ language of gaze, directionality, touch, posture, and gesture.

• We move from a story-based concept of our problems to a full three dimensional representation of our relationship field.
Constellation Work Invokes Three Dimensions of Experience


• A systemic constellation is a spatial, relational model of the invisible dynamics within an issue or challenge in a system of relationships. It’s a kind of ‘living map’ of your client’s inner image of their issue or challenge, an x-ray of the system dynamics.

Constellation Work

Useful for:

- Illuminating.
- Disentangling.
- Resourcing.
Different Formats in Constellation Work

• Group constellations (group members act as representatives).
• Individual – figure constellations (using small objects placed on a board or table top).
• Individual – floor marker constellations (using sheets of paper or cut-outs placed on the floor).

Clinical ‘SUPER’vision – people • passion • purpose
Key Practice Assumptions

• We carry within us an unconscious inner map or image of our various relationships, including the dynamics of our presenting issue.

• This inner image can be externalised as a three-dimensional constellation or ‘living map’, using people or objects to represent important elements.
A General Structure for all Formats

• Both group and individual formats use a similar sequence of phases.

• The sequence involves clarifying the topic, mapping an *initial* image, then guiding the Practitioner through a series of *transition* images, toward a *resolution* image which is then internalised and integrated.
A General Structure for all Formats

The four phases are:

• 1. Clarifying the topic.
• 2. Mapping the constellation.
• 3. Restructuring the constellation.
• 4. Integrating the constellation.
Clarifying the Topic

• The Supervisor invites the Practitioner to briefly outline their main issue or dilemma, to situate it in the various systems involved, and to outline their hopes for the session.

• A decision is made about which elements to represent.
Restructuring the Constellation

- The Supervisor invites the Practitioner to briefly outline their main issue or dilemma, to situate it in the various systems involved, and to outline their hopes for the session.
- A decision is made about which elements to represent.
Mapping the Constellation

- The emphasis here is on externalising the inner map and arriving at an initial image of the present situation.
- This illuminates the ‘hidden relational architecture’ of the situation.
Constellation Processes in Supervision

As a supervisor, offering a constellation to a practitioner can help to refocus and re-energise

• Supervision in circumstances where…
• You have become preoccupied with content (e.g., information-gathering, hypothesising, problem-solving, etc.), yet there seems no clear path to a solution,
Constellation Processes in Supervision

• There has been a narrow and evaluative focus on what the practitioner could have/should have done, or could/should do.
• You have reached the limits of verbal analysis and reflection (‘analysis paralysis’) and want to try a different kind of experience.
• You need to achieve an emotional distance from a situation.
Constellation Processes in Supervision

• There has been a narrow and evaluative focus on what the practitioner could have/should have done, or could/should do.

• You have reached the limits of verbal analysis and reflection (‘analysis paralysis’) and want to try a different kind of experience.

• You need to achieve an emotional distance from a situation.
Constellation Processes in Supervision

• You wish to search for broader systemic elements and entanglements that could be impacting the practitioner’s work.

• You wish to simplify a complex situation by clarifying the main relational issues.

• You sense that there is something hidden, missing, unspoken or ambivalent, but the reason isn’t clear.

• You wish to search for additional resources for the practitioner.
Enhancing the Supervisory Process through nonlinear, right brain interventions

Dr Pamela Brear
Consultant Clinical Supervisor

www.supervisionalliance.com.au : enquiries@supervisionalliance.com.au
Clinical Supervision: a Reflective Space

in which to become students of our own experience

Zachary, 2002:xv
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.

James et al (2008, p.35)
During the past decade there has been an increasing body of supervisory literature focusing on non-linear, right brain activities

Bernard 2010
LEFT & RIGHT BRAIN

Left Brain
Seat of logic (linear thinking)

Right Brain
Seat of creativity (non-linear thinking)

Buzzle.com
Creative Techniques

Involve

• the intentional engaging of any or all senses, and
• an invitation into a focused state

which can give access to ‘sub-verbal intelligence’.

Inskipp & Proctor, 2001
Creative Techniques

The ability to play and explore freely,
like you did when you were a child.

Schuck & Wood, 2011, p.20
Play is necessary because it enables us to suspend facts long enough to allow the brain to do what it is so capable of doing – to weave the facts into a tapestry that makes sense to us.

Theresa Kestley, 2009
The literature promotes creative activities as:

- facilitating a shift in focus from the supervisor as teacher/instructor, to the supervisee as learner;
- being a vehicle that enables the supervisee’s self directed and transformative learning to take place.

Schuck & Wood, 2011
Designed to increase capacity for reflection, self awareness, case conceptualization skills, and processing of countertransference. Deaver & Shiflett, 2011

Captured supervisees ‘elusive experience’ and facilitated greater self-understanding. Letts, 1995 p.322

Helped get past rigidity, the pressure to be right and insecurity about being themselves. Power, 2013 p.v
Risks

Because creative activities can cut so quickly through surface presentation to ‘raw’ material, they are innately anarchic and unpredictable.

Inskipp & Proctor, 2001

Benefits

Supervisees are predominantly amazed and gratified by the discoveries made in such a short time.

Inskipp & Proctor, 2001
References


Using structured tools for peer group supervision

Aly McNicoll
Director - New Zealand Coaching & Mentoring Centre
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No one knows as much as all of us

Proverb
The Plan

3.30pm Getting started

Peer Group Supervision
- What is it?
- What can go wrong?

The Peer Supervision Toolkit
- Tool: Good News Analysis
- Creating psychological safety within groups
- More tools - demo and have a go
- Reflective rather than evaluative responses

5.30pm
Getting started
Form peer groups of 5 and do a round...

- Name & role
- Choose a picture that says something about how you have been in your role lately
- What is your interest in peer group supervision?
“Life is too short to make all your own mistakes yourself.”

Winston Churchill
Getting Beyond Busy
Bringing leadership back into every day

With
Loretta Brown and Aly McNicoll

www.CoachingMentoring.co.nz
The Wisdom of Crowds
James Surowiecki

Collective intelligence - large group of peers can be better at problem solving than small numbers of experts.
Under the right circumstances groups are remarkably intelligent.

James Surowiecki *The Wisdom of Crowds*
Why?

- Multiple perspectives
- Diversity of perspectives
- The value of local knowledge
- Just in time learning
- Free from consequence – take the managers out of the mix
You don’t get harmony if everyone sings the same note.
Group supervisor supervises each person in turn. Group members are mostly observers.

AUTHORITATIVE

Group supervisor supervises the supervisee and coaches group members to co-supervise.

CO-OPERATIVE

Peer supervision group where all members share responsibility for the quality of the supervision and take a turn in each role.

AUTONOMOUS
Supervision

- An exchange between practising professionals to enable the development of professional skills and competence.  
  
  Butterworth

- A formal process of professional support and learning that involves reflecting on practice in order to learn from experience.  
  
  Kohner

- Regular, dedicated time for in-depth reflection on professional practice.  
  
  Bond & Holland
Functions of Supervision

Educative function
- Development of practice - skills and capabilities to work with clients in a person centred way
- Development of practitioner

Accountability function
- To account for choices of interventions and the logic behind those choices
- To enable people to work to organisational policies, standards of practice, ethical codes...

Supportive function
- Supporting workers to sustain themselves in the role
- Making connections between the personal and the professional

Kadushin
Peer Supervision Group

- A group that meets on a regular basis to review their practice in order to develop professional competence
- A system for supervision that doesn’t rely on the presence of an identified expert in the process - a supervisor
- Resource-full group
- All equals
Together
Everyone
Achieves
More
Together

Everyone

Annoys

Me
Peer Supervision Groups

What could go wrong? What might make you hesitant to talk about some of the challenges you face with a group of peers?
People do the best they can with the resources they have.
Voluntary Principle

✓ People are self directed
✓ Motivated from within
OK to make mistakes

Learning Edge

- Unskilled
- Incompetent
- Vulnerable
STRUCTURE
Structure

- Structure provides safety
- Always have a facilitator
- The more structure you have, the less group skills people need
- Keep it simple
- Structure avoids ‘task drift’
In peer supervision...

- Learn as much as you can
- Help as much as you can
“The affirmation and analysis of success is extremely potent in generating further growth and development.”

John Heron
Use the power of positive feedback

3-5 positives to 1 negative
IT'S ALWAYS 'GOOD DOG'—NEVER 'GREAT DOG.'
Giving everyone a turn increases the intelligence of a group
Clarifying Questions

• Elicit more detail about the situation, the approach, the actions...
• Fill in the missing bits
• Help the supervisee move around their story and view it from different angles
Clarifying Questions

In what way?
What specifically...?
What makes you say that?
Can you give an example?
How do you know that?
What do you mean by...?
Which ones particularly?
Who exactly? How does...?
Devil’s Advocate

Notice your concerns, doubts, unease, question marks about the approach, actions, thinking or attitudes of any party in the story including organisational factors that may have had an impact.

I’m a bit uneasy about the practice of asking the parents to help during even minor procedures on their own children. I’m wondering about the wisdom of asking everyone to input in a decision that seems to have already been determined. My concern would be that the client was not fully aware of what the consequences would be if they chose not to attend that session. It seems to me that you have a bit of ‘either or’ thinking going on when there may be options between those 2 extremes. I don’t think the organisation has taken enough care in communicating that change to staff.
Offer compassionate, encouraging yet truthful responses.
Allow sufficient reflective space for the supervisee.
Finishing sessions

Closing round to...

- check how people are left at the end of the session and if anything else needs to be said or done to finish up for now
- check the quality of the supervision and the group process
Creating an Enlivening Encounter: Using the Role Development Model & ‘Play of Life’ in group clinical supervision

Paul Spurr & Sue Harvey
ACSA Pre-conference Workshop
22 May 2018

Clinical Supervision Consultancy
Outline

• Welcome & introductions
• Definition of clinical supervision
• Clinical supervision as a creative and enlivening encounter
• Role Theory (Moreno), Role Development Model (Consedine) & ‘Play of Life’ (Raimundo)

Brief break

• Group guided session using Play of Life
• Processing & discussion
• Learnings
• Conclusion
Clinical supervision provided by CSC is regular and dedicated time for reflective practice, rather than supervision of a clinical encounter/procedure or managerial oversight.
Clinical Supervision is an enlivening encounter between colleagues whose primary aim is personal development in the service of one’s profession.

Mike Consedine, 2004
Role Theory – Dr Jacob Levi Moreno

- A psychiatrist who developed Role Theory as a way of understanding personality and relationships.
- Role Theory is a language to describe a person’s behaviour in an observable and non-judgmental way.
- For Moreno, behaviour was generated in the ‘social atom’ - the network of significant relationships in our lives at any particular moment. The original ‘social atom’ might be the family of origin.
- Moreno also ‘discovered’ psychodrama.
Role Analysis

‘Role’ is the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved.

Role has elements of thinking, feeling, acting/doing.

Role analysis helps make sense of what happened. It gives structure to the experience.

Gaining understanding of the supervisee’s ‘roles’ provides an opportunity for deeper insight.

The supervisee has the final ‘say’ in the development of a role.
The Role Development Model

• Mike Consedine, Mental Health Nurse & Psychodramatist

• Role Development Model
  - non-judgemental strengths-based approach
  - a focus on being curious and understanding what is happening ‘in the moment’; exploring, loving the questions
  - use of role theory & role analysis
  - identification of the supervisee’s role in a situation leads to creation of a more progressive/developed role

• Concretisation - 2D & 3D aids exploration and identification of role, and a springboard for integration of learning/action
Play of Life – Dr Carlos Raimondo

- Derived from psychodrama and action methods created by J L Moreno and Dr Jamie Rojas- Bermudez.

- Allows one-dimensional information to be explored in a three-dimensional form - can transform intangible feelings to visible

- Promotes deeper reflection on interactions and situations through gaining a greater understanding of what happened

- Enables us to have access to areas of the brain that have been neglected by an over-emphasis on verbal language

- Engages supervisees and supervisors – provides a focal point for exploration & reflection; can be photographed or videoed for ongoing reflection
Sustaining practice and practitioners
Before Clinical Supervision...
After Clinical Supervision...
The elephant symbolises peace, prosperity, pragmatism, power and reflection.

They have obviously been practicing supervision for a long time......
Michael James Consedine (1940-2008) is acknowledged for creating and teaching the ‘Role Development Model’ and allowing his ‘gift’ to be shared.

Mike is remembered as a challenger, teacher, lover of life, and visionary.
For more information, contact:

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