

Aronui

Supervision guide for addiction practitioners,
supervisors and managers



dapaanz

Addiction Practitioners' Association Aotearoa-New Zealand

Aronui *Haramai, e mau tō ringa ki te kete aronui*

Come, grasp in your hand the kit of pursuit of knowledge

Kete aronui; refers to the basket of pursuit. Māori Marsden has suggested that the basket is the pursuit of knowledge humans currently seek.

E nga mana, e nga reo, e nga hau korero o nga matua he mihi
Tēnei au te hōkai nei o taku tapuwae
Ko te hōkai nuku ko te hōkai rangi
Ko te hōkai a tō tupuna a Tānenui-a-rangi
Ka pikitia ai ki te rangi tūhāhā ki te Tihi-o-Manono
Ka rokohina atu rā ko Te Matua-kore anake
Ka tīkina mai ngā kete o te wānanga
Ko te kete-tuauri
Ko te kete-tuatea
Ko te kete-*aronui*
Ka tiritiria ka poupoua
Ka puta mai iho ko te ira tangata
Ki te whaiao ki te ao mārama
Tihei-mauri ora!

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Table of contents

Acknowledgements.....	4	Choosing a supervisor.....	32
About <i>dapaanz</i>	4	What happens in supervision?	35
About Matua Raki.....	4	Preparation for supervision sessions	36
About Te Pou o Te Whakaaro Nui	4	Managing challenges that may arise	37
Introduction	5	Review of the supervision relationship	39
Purpose of this Supervision Guide	5	Ending a supervision relationship	39
How to use this		<i>Dapaanz</i> supervision assessment	
Supervision Guide	6	reports: supervisee role.....	40
Development of this Supervision Guide.....	6	3. Guidance for supervisors	41
1. Supervision.....	7	Rights and responsibilities	41
Understanding supervision	7	Developing a supervision relationship.....	42
Defining supervision.....	7	Record keeping	43
Supervision within the context of		Supervision reports: supervisor responsibilities	44
the Treaty of Waitangi.....	7	<i>Dapaanz</i> supervision assessment	
Tuakana-tēina relationship.....	8	reports: supervisor's role	44
Key functions of supervision.....	8	Dual relationships and boundary	
Clinical, professional and		issues: supervisor's role	45
inter-professional supervision	10	4. Guidance for managers	46
Professional development, clinical		Manager's responsibilities in	
oversight and line management.....	11	supporting supervision	46
Supervision and Māori	13	Overview of addiction practitioner competencies ...	47
Māori models of practice and supervision.....	14	Finding, supporting and monitoring supervisors.....	47
Takarangi Competency Framework	14	Policy	50
Reflection on contributing to whānau ora	15	Contracts: managers responsibilities	50
Benefits of supervision	17	Preventing and managing challenges in	
Fundamental expectations of		supervision: manager's role.....	50
supervision for addiction practitioners	18	5. Appendices	52
Supervision and culture	19	Appendix 1: Reference group members.....	52
A broad interpretation of culture	19	Appendix 2: References	53
Cultural competence and supervision.....	22	Appendix 3: Supervision contract.....	56
Cultural supervision.....	24	Clinical supervision agreement	60
Other ways of developing cultural competence	24	Abacus Group Supervision Contract.....	62
Choosing the right form of supervision	25	Group Supervision Contract	63
Models of supervision.....	28	Appendix 4: Supervision session notes.....	64
The supervision contract.....	29	Appendix 5: Supervision attendance record	65
Supervision records, reports and		Appendix 6: Routine supervision report	66
information sharing	29	Appendix 7: Supervisee worksheet	
Confidentiality in supervision.....	30	Strengths and areas for development	67
Dual relationships and boundary issues.....	30	Appendix 8: Reflective practice worksheet	68
2. Guidance for supervisees	31	Appendix 9: Issues to discuss at	
Rights and responsibilities	31	your next supervision session	69
		Appendix 10: Supervision feedback form.....	70

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About *dapaanz*

The Addiction Practitioners' Association, Aotearoa-New Zealand (*dapaanz*) represents the professional interests of its members, including practitioners and others working in addiction treatment. Membership of *dapaanz* confers the belonging to a professional organisation that contributes to the development of the addiction¹ treatment workforce.

In addition, members who are qualified practitioners can apply to *dapaanz* to become registered addiction practitioners. This attests to their ability to work with addiction at an independent clinical practitioner level and to their competence in relation to the *Addiction Intervention Competency Framework*.

Dapaanz has a Code of Ethics/tikanga matatika to which all its members, including registered practitioners, are accountable.

About Matua Raki

Matua Raki is the National Addiction Workforce Development Centre within Te Pou o Te Whakaaro Nui. Matua Raki contributes to the development of New Zealand's addiction workforce through developing a broad range of evidence-based workforce development solutions that contribute to welcoming, hopeful and effective services.

About Te Pou o Te Whakaaro Nui

Te Pou o Te Whakaaro Nui is the National Centre for Mental Health Research, Information and Workforce Development. Te Pou o Te Whakaaro Nui works to support and develop the mental health, addiction and disability workforces in New Zealand and incorporates Disability Workforce Development and Matua Raki.

¹Addiction is a generic term to denote dependence upon alcohol and other drugs and/or problem gambling.

Introduction

“He waka eke noa”

A canoe which we are all in with no exception

Supervision is widely acknowledged as an essential component of professional practice for the addiction practitioner. The primary purpose of supervision is to promote and protect the interests of taura/clients² by supporting practitioners to develop and maintain safe, effective and accountable practice.

All clinical practice in Aotearoa New Zealand sits within the context of the Treaty of Waitangi.³

The Addiction Intervention Competency Framework (dapaanz, 2011) and *Let's get real: Real Skills for people working in mental health and addiction* (Ministry of Health, 2008) require that practitioners engage in supervision as a practice competence and a practice skill.

Purpose of this Supervision Guide

Aronui: Supervision Guide for addiction practitioners, supervisors and managers (Supervision Guide) is tailored to **dapaanz registered addiction practitioners and those supervising and managing dapaanz registered addiction practitioners**. Guidance on supervision for other professional groups can be found via their respective professional bodies and associations.⁴

Dapaanz registered addiction practitioners are required to demonstrate competency as specified in *The Addiction Intervention Competency Framework*

(dapaanz, 2011). Supervisors must have the required knowledge and skills to enhance practitioner skill, support practitioners and ensure accountability in relation to the competency framework. The aim of this Supervision Guide is to outline accepted good supervision practice relevant to addiction practice. It supports consistent quality of practice that minimises addiction-related harm while allowing for flexibility to enable application in a wide range of practice contexts. These contexts include Māori services, specialist Pasifika services, services for young people, problem gambling services, community-based services, therapeutic communities, prison settings, court settings, help-lines, primary health and hospital based services. The intention is that the guidance provided is sufficiently inclusive to apply across these various contexts.

This guidance is not intended to be prescriptive. Rather it is acknowledged that circumstances can differ widely and professional judgements must be made within contextual realities. This Supervision Guide sets out expectations in line with what is considered to be good practice in the supervision of addiction practitioners. Practitioners, in their role as supervisee, supervisors and managers are encouraged to assess their own performance and practices against the guidance provided.

²The term taura/client is used in the Guide. Other common terms used include tangata whaiora, service users etc. Taura refers to a person as not only being a student but also as a skilled person. Hence, the practitioner can also learn from the student.

³The use of 'Aotearoa New Zealand' in preference to 'New Zealand' is in recognition of the bicultural relationship inherent in the Treaty of Waitangi.

⁴See Te Pou o Te Whakaaro Nui, 2011a; 2011b; 2011c for mental health and addiction nurses and Te Pou o Te Whakaaro Nui, 2014 for mental health and addiction sector managers. Guidance is also available from bodies representing or providing professional oversight of groups such as social workers, psychologists and counsellors.

Development of this Supervision Guide

This Guide was developed using the following processes:

- 1 A Reference Group comprising experts drawn from various roles in the addiction sector throughout New Zealand provided input and direction. A list of members is provided in Appendix 1.
- 2 Key supervision guidance documents were reviewed with particular reference to publications developed by Te Pou o Te Whakaaro Nui⁵ and Kina Trust⁶ to align the guidance with professional groups in the mental health and addiction sector. Other international publications relevant to the supervision of addiction practice also provided important reference material. A list of documents is available in Appendix 2.
- 3 Feedback was gathered via a series of focus groups held in February and March 2014 around New Zealand comprising addiction practitioners, supervisors, team leaders, managers and educators. In total 88 people attended these groups. Key themes from the focus groups were used to inform the development of this publication in order to ensure its relevance to the various practice contexts in the addiction sector. Quotes from the focus groups have been used to illustrate points where relevant.
- 4 A Draft Supervision Guide was distributed to *dapaanz* members and was revised on the basis of the feedback they provided.

How to use this Supervision Guide

This Supervision Guide is divided into five sections as follows:

- » Sections 1 applies to supervisees, supervisors and managers.
- » Section 2 is for supervisees.
- » Section 3 is for supervisors.
- » Section 4 is for managers.
- » Section 5 are appendices which provide further information and templates. Templates are available on the *dapaanz* website www.dapaanz.org.nz

⁵Te Pou o Te Whakaaro Nui, 2011a; Te Pou o Te Whakaaro Nui, 2011b; Te Pou o Te Whakaaro Nui, 2011c; Te Pou o Te Whakaaro Nui, 2014.

⁶Kina Trust, 2011.

1. Supervision

Understanding supervision

Defining supervision

In this Guide the term supervision refers to a formal alliance, defined within a contract, between an addiction practitioner, a supervisor and their organisation. The alliance focuses on the practitioner's professional practice in order to support:

- » high quality, safe and effective service for tauira, their families/whānau
- » accountable and ethical decision making in all aspects of practice
- » facilitation of learning and professional development
- » promotion of the practitioner's mauri and wellbeing.⁷

Supervision involves regular, protected time for facilitated, in-depth reflection on practice.

Some organisations specifically include clinical oversight within supervision.

"...all practice sits within the context of the Treaty."

Addiction practitioner

Supervision within the context of the Treaty of Waitangi

In Aotearoa New Zealand the health disparities between Māori and non-Māori are well documented, as is the role of the Treaty of Waitangi in health. All practice therefore sits within the context of the Treaty of Waitangi, particularly articles II and III. Accordingly, addiction practitioners are required to continually develop and demonstrate their competence to work with Māori in line with the principles set out in the Treaty. This requirement is embedded within the *Addiction Intervention Competency Framework* and *Let's get real: Real Skills for people working in mental health and addiction* and is firmly within the scope of supervision. For example the following competencies are required of all addiction practitioners:

- Applies the principles of the Treaty of Waitangi/Te Tiriti o Waitangi in professional practice.⁸
- Demonstrates an understanding of the principles of tino rangatiratanga (self determination) and mana motuhake (autonomy) for Māori and actively protects client rights.⁹

⁷Adapted from Clinical Education and Training Institute (CETI), 2011: 4.

⁸dapaanz 2011: 19.

⁹Ministry of Health, 2008 cited in dapaanz 2011:19.

Manaaki is a concept which both underpins and encompasses the functions of supervision. It implies a duty to care for others, in the knowledge that at some time, others will care for you.¹⁰ Hence, this ensures the practitioner will be hosted and cared for in a mana enhancing and mana protective manner.

Development of clinical practice is an ongoing process and effective supervision supports the practitioner to reflect on progress in terms of awareness, knowledge, skills and responsiveness. Supervisors need to clearly demonstrate their ability to honour the Treaty of Waitangi within their practice and to support practitioners to do so. For example:

- **Honouring te reo** Māori by, for example, correctly pronouncing and using basic te reo Māori as part of practice and providing space for whānau and others to communicate in te reo Māori.
- **Incorporating tikanga** (protocols, traditions and values) appropriate to place and people when meeting and working with Māori. For example, understanding the significance of mihimihi, karakia, waiata and manaaki and incorporating these into practice.
- **Acknowledging Mana Whenua** (the home people/peoples of the area). This may include knowing who are Mana Whenua, developing understanding of their values, roles, responsibilities and tikanga. It may include developing relationships, consulting and/or working with them.
- **Understanding whakawhanaunga** (relationships and connections, particularly between whānau and hapū). For example, taking time to know who people are, who they are connected to and what is held in common.

Tuakana-tēina relationship

Māori supervision builds on concepts of identity and values. For example, the supervision relationship is based on: “*Whakawhanaungatanga, whanau, whakapapa and a Māori worldview that includes tikanga Māori (i.e. karakia, whakataukī, kai)*” (Baxter and Mayor, 2008: 14).

For Māori, identity (whether they identify mostly as iwi, hapū or community) is central to wellbeing and ideas of self are entwined in the group or the collective rather than the individual. Māori often place value on relationships within their whānau or their significant others; obligation to and responsibility for others. Hence, what is important is *who* someone is, not *what* someone is.

Tuakana-tēina relates to principles of whanaungatanga and ako.¹¹ Ako has a dual nature, to teach and to learn. Within the tuakana-tēina relationship there is an acknowledgement of reciprocity whereby the tuakana-tēina roles may be reversed at any time so the tuakana learns from the teina depending on what is to be learned. One way of describing a tuakana-tēina relationship is that an older or more experienced relative (traditionally an older or the eldest sibling or cousin) helps, nurtures and guides a younger or less experienced relative (traditionally a younger sibling or cousin). Tuakana-teina relates to principles of whakaaroaro (deep and thoughtful consideration) and mana.¹²

Key functions of supervision

The functions listed below are well supported in literature across a range of professional disciplines.¹³

Educative/formative: enabling the practitioner’s development of expertise and skills through ongoing education and experiential learning relevant to practice.

Supportive/restorative: providing support to enable the practitioner to work effectively in a

¹⁰Barlow, C., 1991.

¹¹Tangaere, 1997 cited in Matua Rakī, 2012.

¹²Baxter and Mayor, 2008.

¹³Inskip & Proctor, 1995; McKenna et al, 2008; Kina Trust, 2011.

sustainable way, managing reasonable stress and developing professional resilience.

Administrative/normative: assisting the practitioner to maintain established standards of professional practice and to work in alignment with the requirements of their profession and tikanga

of their organisation, including practice standards that support a Māori world view.

A summary overview of supervisee, supervisor and manager/leader tasks and responsibilities across these key functions is set out in Table 1 below.

Table 1: Key supervision functions: tasks and responsibilities

Educative/formative		
Supervisee	Supervisor	Manager/leader
<ul style="list-style-type: none"> • Understand own learning style • Identify learning goals • Link theory to practice • Develop competence as per <i>Addiction Intervention Competency Framework</i> • Develop critical self-reflection relevant to practice • Problem solve in relation to clinical/case issues • Develop innovative and creative practice. 	<ul style="list-style-type: none"> • Understand how the supervisee learns • Ensure supervision matches supervisee's developmental level • Support development of learning goals • Support integration of theory and practice • Foster addiction practice competence as per <i>Addiction Intervention Competency Framework</i> • Foster competence in working to support whānau ora • Foster cultural competence • Support reflective practice • Guide problem solving • Provide guidance in relation to innovation in practice. 	<ul style="list-style-type: none"> • Support culture of professional learning • Ensure supervision policy and contracts reflect expectations re the formative aspects of supervision • Reference <i>Addiction Intervention Competency Framework</i> in supervision policy and contracts • Reference the role of supervision in supporting cultural competence in organisational policy and contracts • Ensure supervision arrangements are appropriate to the supervisee's developmental level • Monitor the effectiveness of supervision.
Supportive/restorative		
Supervisee	Supervisor	Manager/leader
<ul style="list-style-type: none"> • Contribute to a safe supervision relationship • Monitor and develop strategies for maintaining wellbeing • Develop strategies for addressing and resolving work-related conflict • Explore and manage impact of personal issues on work. 	<ul style="list-style-type: none"> • Establish and maintain safe supervision relationship • Monitor and manage impact of power differences in the relationship • Provide support and encouragement • Co-monitor and support management of supervisee wellbeing • Support development of resilience • Support exploration of impact of personal issues on work; refer on as appropriate. 	<ul style="list-style-type: none"> • Provide leadership to ensure an organisational culture of support for practitioner wellbeing • Ensure supervision policy and contracts reflect expectations re the restorative nature of supervision • Monitor the effectiveness of supervision.

Administrative/normative		
Supervisee	Supervisor	Manager/Leader
<ul style="list-style-type: none"> • Develop and maintain clarity re role and responsibilities • Manage workload • Raise and resolve ethical practice issues as per <i>dapaanz</i> Code of Ethics • Link practice to organisational and professional requirements • Protect, promote and develop competence to work with Māori. 	<ul style="list-style-type: none"> • Support clarity re supervisee roles and responsibilities • Explore impact of workload on practice; support workload management • Explore and monitor ethical practice issues as per <i>dapaanz</i> Code of Ethics • Support linkage of practice to organisational and professional requirements • Ensure accountabilities are clear. 	<ul style="list-style-type: none"> • Provide leadership to ensure an organisational culture of accountability • Reference <i>dapaanz</i> Code of Ethics in supervision policy and contracts • Ensure supervision policy and contracts reflect expectations re accountability • Monitor the effectiveness of supervision in relation to accountability and address issues that arise • Protect, promote and develop competence to work with Māori.

Clinical, professional and inter-professional supervision

“Supervision” can have different meanings for different professional groups and generalisations across professional lines are open to challenge. There can be particular confusion between what is meant by the terms “clinical supervision” and “professional supervision”, whether they be within the frameworks of Pākehā, Māori, Pasifika, or others.

Clinical supervision can occur within a supervision relationship between a supervisor and supervisee from the same or different professions (inter-professional) where the focus is on clinical practice be it Pākehā, Māori, a combination or based on another kaupapa altogether.¹⁴

Professional supervision occurs within a supervision relationship between a supervisor and supervisee from the same profession, where there is a focus on developing the supervisee’s skills, understanding, abilities and the ethical requirements of practice in their profession.¹⁵

Inter-professional supervision is common

in addiction practice. It can be defined as ‘...supervision with a different professional to one’s own group as opposed to supervision with the same profession’ (Howard et al, 2013:28). Key advantages of inter-professional supervision, identified in research, include exposure to other professional perspectives, increased creativity in supervision, exposure to wider knowledge, guarding against complacency in supervision, promotion of critical thinking, wider choice of supervisor and improved understanding of different professional groups’ approaches and contributions to taura/client care. Disadvantages include misunderstandings in the supervision relationship, differences in role, differences in content and level of training, absence of shared theories and language, lack of empathy for organisational issues, increased anxiety and fear of revealing weaknesses.¹⁶ Among their recommendations, Howard et al (2013) suggest it is important to clarify the purpose of inter-professional supervision as part of the supervision contracting process. They also recommend that inter-professional supervision is not used as a standalone supervision procedure for inexperienced practitioners.

¹⁴Te Pou o Te Whakaaro Nui, 2014.

¹⁵Te Pou o Te Whakaaro Nui, 2014.

¹⁶For further discussion see Howard et al, 2013.

Some will view the definition of supervision in this Supervision Guide as “clinical supervision” some will view it as a definition of “professional” or “inter-professional supervision” and some as simply “supervision”. The key defining point is that supervision, as the term is used in this Guide, has a foundation in and a focus on supporting the clinical competencies set out in the *Addiction Intervention Competency Framework* and the *dapaanz* Code of Ethics and tikanga which underpins professional and clinical practice for addiction practitioners.

Regardless of whether the supervision is clinical, professional or inter-professional, in the Aotearoa New Zealand context there is an expectation that both the supervisor and supervisee continually review cultural safety and cultural competence to work with Māori.¹⁷

Professional development, clinical oversight and line management

Supervision is one component of the infrastructure that supports manaakitanga, quality improvement, risk management, sustainability, professional governance and managerial oversight of addiction

practice and practitioners. There are other components (listed in Table 2 below) which provide important mechanisms for learning and development, support and monitoring. However, they are not supervision as defined in this Guide and do not replace supervision. They are complementary to supervision in supporting and overseeing addiction practitioners.

Line management oversight (sometimes called supervision) in particular is often confused with supervision. Line management that does not include formative/educative dimensions of supervision (i.e. development of practice knowledge and skills) is not included within the meaning of supervision as the term is used in this Guide. Where possible, supervision (other than line management supervision) is best provided by a supervisor who is not also the supervisee’s manager. This allows for a completely open reflective process for the supervisee without concern for judgement or reprimand from a line manager.¹⁸

Definitions of other components that may be part of the quality and risk infrastructure and their relationship with supervision are outlined in Table 2 below.

Table 2. Other components of organisational quality and risk management infrastructure

Component	Definition	Relationship to supervision
Administrative/line management oversight	<p>A process focused on monitoring and evaluating practitioner performance on issues such as attendance, time keeping, documentation, work allocation and productivity, and workplace goals and issues</p> <p>Occurs within the workplace, typically within a clear hierarchical relationship</p>	<p>Issues identified in administrative supervision may be taken to supervision for reflection and development</p> <p>Issues of incompetence or risk that are identified and unable to be satisfactorily resolved in supervision may be reported and referred to line management supervision</p>

¹⁷For further discussion see Ramsden, 1996.

¹⁸Te Pou o Te Whakaaro Nui, 2014.

Component	Definition	Relationship to supervision
Performance appraisal processes and professional development planning	<p>An evaluative process aimed at assisting a practitioner to meet the expectations of the organisation relevant to their role</p> <p>Monitors performance in relation to role and organisational goals</p> <p>Sets performance goals for the following year</p> <p>Identifies training and development needs to support effective performance</p>	<p>Supervision assists with identifying and meeting development needs</p> <p>Supervision has an evaluative focus in relation to professional standards, i.e. addiction competencies, professional ethics</p> <p>Supervision reports can be considered in performance appraisal processes</p>
Professional education and training	<p>Learning opportunities to meet identified development goals and professional requirements</p>	<p>Supervision assists with identifying training and education needs</p> <p>Supervision supports the integration of new learning into practice</p>
Clinical and case review meetings; team meetings	<p>Routine processes to support safety and quality of service to taurira and learning for those participating</p>	<p>Practitioners may take issues or questions from meetings to explore further in supervision or vice versa</p>

Supervision and Māori

All practitioners are required to continue to develop and monitor their competence to work with Māori. Thus, all practice sits within a context of the Treaty of Waitangi and within the context of *Whānau-centred practice*. Whānau-centred practice is derived from Māori concepts of health and wellbeing (which are applied in clinical practice) and the identified relationship between health and whānau wellbeing. Whānau-centred practice encompasses more than just the inclusion of Māori values and practices. It also includes the use of a wide range of therapeutic tools and approaches, both Māori and non-Māori.¹⁹

Supervisors and supervisees need to adopt a systems approach to wellbeing that shifts focus from individual symptom relief to sustainable change which contributes to strengthening whānau wellbeing. Whānau-centred practice requires understanding how different systems interact, influence and potentially interact with each other to effect change and make a difference for whānau. Supervision is a key tool in supporting and developing practitioners to be responsive to Māori and able to effectively contribute to whānau ora for Māori and others.

It is important for supervisors to have an awareness of the requirements of effective practice in relation to Māori and to ensure they understand Māori clinical practices and how these impact on supervision relationships. Supervisors need also to continue developing their own knowledge, experience and clinical skills in relation to contributing to whānau ora for Māori and others.

Organisational leaders must ensure that supervision incorporates competence in working with Māori. Successful implementation of bicultural practice and competency development also requires organisational support and commitment, including attention to appraisal systems, workforce planning and support of whānau centred practice.

When supervising practitioners are working with Māori, or where practitioners are Māori, there are essential understandings and considerations that need to be reflected in supervision. This also applies for supervisors who are Māori. As discussed above, supervision should support practitioners to develop their ability to honour the Treaty of Waitangi and tikanga Māori within their clinical practice. For example:

- **Honouring te reo Māori** by, for example, providing space for whānau and others to communicate in te reo Māori, correctly pronouncing and using te reo Māori as part of clinical practice.
- **Incorporating tikanga** (protocols, traditions and customs) appropriate to place and people when meeting and working with Māori. For example, understanding the significance of pōwhiri (formal welcome), mihihihi (greet, pay tribute), karakia (prayer), waiata (song), haka and kai (food) and incorporating these into clinical practice.
- **Acknowledging Mana Whenua** (the home people/peoples of the area). This requires building a relationship with the Mana Whenua and developing an understanding of their values, roles, responsibilities and tikanga.
- **Acknowledging Taurahere** (Māori from other tribal areas). This requires having an understanding of ngā iwi Māori o te motu.
- **Understanding whakawhanaunga** (relationships and connections, between whānau, a hapū, iwi and other whakapapa connections) for example, taking time to know who people are, how they are connected to us and others and what we have in common.

¹⁹Adapted from draft Te Hau Mārire: Māori Addiction Workforce Plan, 2014.

Other Māori concepts that are applicable in clinical practice include:

- **Aroha:** love, empathy, compassion
- **Kai:** food, eat, dine; using kai to whakanoa (free things from tapu as appropriate)
- **Karakia:** incantation, prayer, ritual chant, the means of clearing spiritual pathways
- **Koha:** contribution, donation
- **Mana:** status, integrity, charisma, prestige, jurisdiction
- **Mauri:** vital essence, life essence
- **Pono:** true; honest
- **Tapu:** sacred, forbidden, confidential, taboo
- **Tika:** correct, accurate, valid, reliable
- **Mate Māori:** illnesses attributed to transgressions of tapu or to mākutū (harm through spiritual powers)
- **Muru:** wipe out, plunder
- **Waiata:** song, sing; appropriate song/s for occasions
- **Wairua:** spirit, soul; using wairua to discern and to seek guidance and support from atua and/or tīpuna
- **Whakapapa:** genealogy; knowing how to use whakapapa to connect with tauira/whānau.

Additional elements include:

- acknowledgment and acceptance of the importance of **turangawaewae** (place where one has rights of connection and belonging through whakapapa), particularly in terms of identity, whakapapa and mana
- acknowledgment and acceptance of historical, cultural and socioeconomic deprivation and trauma that may impact on collective and individual wellbeing for Māori
- understanding and acceptance of Māori concepts of health and wellbeing as well as Māori practice models (see below)
- frameworks that may guide practice for working with Māori, e.g. the Takarangi Competency Framework, Mauri ora.

Māori models of practice and supervision

Models of practice and wellbeing articulate a way to see and make sense of the world. A supervisor should be able to show they understand Māori clinical models of practice and wellbeing and how to safely use these kaupapa/tikanga with integrity.²⁰

Some Māori models of practice include Te Wheke (Pere, 1994); Te Whare Tapa Wha (Durie, 1994); Dynamics of Whanaungatanga (Tate, Peri and Puku, 1997); Pōwhiri Poutama and Rangi Matrix (Te Ngaru Learning Systems, 1998); Mauriora Conceptual Framework (Kruger et al, 2004); Ngā Takepu Principles (Pohatu, 2004); Toi a Matariki (Iwikau, 2005); Meihana (Meihana et al., 2007) and He Korero Korari (Eruera, 2007).

Supervision of Māori by Māori not only requires understanding of the essential elements of these models but also understanding of the processes, metaphors and stories that these models might be delivered in. Kaupapa Māori supervision enables safe and accountable professional practice from within this world view. Models developed in social work, nursing and psychology (Webber-Dreadon, 1999; Masters-Awatere, 2002; Wahanui & Broodkoorn, 2005 and Eruera, 2007) all have one common component, that is, working with tauira/clients that are Māori.

Takarangi Competency Framework

The Takarangi Competency Framework is a Māori competency framework developed in the Māori addiction and mental health sector that privileges Māori thought and practice. The Framework supports ongoing development of practice based on the idea that competency is the fusion of clinical and cultural elements. It challenges practitioners to explore paradigms of Māori knowledge and apply them in their practice. The Takarangi Competency Framework can apply across roles, disciplines and sectors.

²⁰Adapted from Eruera, 2005 available at: <http://www.moaintheroom.maori.nz/#!about-us/aboutPage>

Māori working within the Takarangi Competency Framework are best served by a supervisor who is able to demonstrate competency within the terms of the Takarangi Competency Framework (i.e a minimum of five competencies at Mātau Papatuarua level). Non-Māori supervisors working with Māori or non-Māori who are engaged in the Takarangi Competency Framework would ideally be able to demonstrate competency on the framework at Mōhio Papatuarua across five competencies.

Reflection on contributing to whānau ora

For the *supervisee*, useful questions to explore in supervision can include:

- » How do I honour te reo Māori in my practice?
- » How do I ensure that I acknowledge whakawhanaungatanga in my practice? How do I know when I achieve whanaungatanga?
- » How do I acknowledge wairua when I work with Māori and others?
- » What is my knowledge of and relationship with the Mana Whenua?
- » What are the ways in which my practice reflects and supports principles of tino rangatiratanga (self-determination) and mana motuhake (autonomy) for Māori?
- » How well do I understand Māori health and practice models?
- » Are there areas of my practice that I need to develop? How can I achieve this? What is the role of supervision in this?
- » Do I need additional supervision, training or other support?
- » How well does my service support my practice when I work with Māori? What does this mean for me as a professional?

For the *supervisor*, useful considerations for discussion with the supervisee can include:

- » In what ways do I incorporate tikanga Māori in my supervision practice?
- » How do I honour te reo Māori in my supervision practice? How do I support supervisees to do this?
- » How do I ensure I acknowledge whakawhanaunga in my supervision practice? How do I support supervisees to do this?
- » How do I acknowledge the significance of wairua when I am working with Māori supervisees and others? How do I do this when my supervisees are working with Māori? How do I support the development of my supervisees?
- » What is my knowledge of Mana Whenua and taurahere (groups that are away from their traditional rohe/district)? What relationship do I have with Mana Whenua and taurahere? How do I support supervisees in this?
- » What are the ways in which my practice and service reflects and supports principles of tino rangatiratanga (self-determination) and mana motuhake (autonomy) for Māori?
- » How well do I understand Māori models of health and practice and Māori supervision models?
- » What are my strengths and limitations as a supervisor? How do I respond when my knowledge is limited?
- » Are there areas of the supervisee's competence that need to be addressed? What are some options for achieving this (if needed)?
- » What are the options for accessing further learning and support for my supervisees if they need this?

For the *organisational leader*, useful considerations can include:

- » How do our supervision policy and supervision practices support the Treaty of Waitangi and whānau-centric practice?
- » What are our systems for ensuring supervision develops, supports and challenges practitioners and supervisors to continue to develop their skills to support Māori?
- » What is my knowledge of Mana Whenua and taurahere? What relationship does our service have with Mana Whenua and taurahere?
- » Are there areas that require attention?
- » To what extent are there broader needs to address within the organisation in order to ensure practitioners can practice competently in relation to the principles of the Treaty?

Benefits of supervision

“I have gotten so much out of my external supervision. It grows my passion for the work and I have become much more secure in my professional identity.”

Addiction Practitioner: Youth Community Service

There are a number of benefits to organisations and their employees in developing a positive supervision culture and the evidence supporting the effectiveness of supervision is growing.

Supervision is associated with:

- job satisfaction, commitment to the organisation and staff retention
- staff perceptions of being supported by their organisation
- Reduced rates of absenteeism and enhanced wellbeing
- increased accountability and levels of motivation
- perceived worker effectiveness
- improved practice (clinical skills and quality practice)
- increased practitioner confidence
- improved communication between colleagues.

Supervision also:

- supports organisations to meet workforce development objectives
- supports organisations to meet staff related health and safety objectives and obligations
- supports practitioners to comply with their code of ethics and tikanga
- supports practitioners to maintain and develop competence and achieve professional standards
- provides a forum to discuss clinical issues, whether they be Pākehā, Māori or otherwise
- helps attainment and enhancement of complex clinical skills
- supports practitioners to implement agency policies and procedures
- supports practitioners to contribute to continuous improvement of agency policies and procedures
- supports continuous improvement of service
- reduces professional development and administration costs.

Fundamental expectations of supervision for addiction practitioners

Supervision is expected to be:

- **a formal relationship** between the supervisee or group of supervisees, the supervisor and the supervisee's employing organisation (unless the practitioner is self-employed). The roles and responsibilities of all parties should be explicit and agreed in a supervision contract
- **focused on providing best practice services to people accessing the service the supervisee provides.** This is a fundamental purpose of supervision
- **reflective of commitment to the Treaty of Waitangi:** partnership, protection and participation. All supervision practice sits within the context of the Treaty
- **responsive to the culture** of both the practitioner as supervisee and the people they are providing services to
- **focused on the practice and the learning needs of the supervisee or group of supervisees**
- **inclusive of the key elements in the supervision framework: formative/educative, normative/administrative; restorative/supportive.** These elements should be strongly referenced to the *Addiction Intervention Competency Framework* and the *dapaanz* Code of Ethics
- **based on agreed values,** for example, respect, honesty, openness, compassion, support, tika, pono, aroha and willingness to challenge and be challenged, and other values, as appropriate to and agreed by the supervisee and supervisor
- **confidential** to the supervisee and supervisor as defined and agreed within a safe, ethical framework. The limits of confidentiality must be clearly defined to protect the interests of taurira, clients, supervisees, supervisors and organisations
- **relevant to the supervisee's developmental level** such that their level of experience and learning needs in their role, in the context of their overall career are taken into account
- **regular, structured and protected.** Supervision should occur regularly; as a guide, a structured, uninterrupted 1-1½-hour supervision session should occur at least monthly for all practitioners whether working full or part time. This represents a minimum standard and consideration should be given to providing supervision more regularly in certain circumstances, for example, for practitioners who are early in their career, new to a role, managing complex practice issues or managing high workloads. Critically, when a practitioner signals a requirement for more frequent supervision, it is likely to be in the interests of all for this to occur if possible
- **regularly reviewed.** Regular review of the supervision relationship is best included in the supervision contract. A minimum formal review period is 12 months, however more frequent review is encouraged to ensure that the supervision relationship remains effective
- **part of the organisational service improvement and risk management framework.** To be most effective supervision must be supported by the organisation. Links to other components of quality assurance and risk management such as administrative supervision and performance appraisal should be clearly outlined in organisational policy and procedure.

Supervision and culture

A broad interpretation of culture

In this Guide culture is interpreted very broadly and encompasses ethnicity, gender, age religion, sexual identity, ability and location or 'place'. An individual, or a collection of individuals, may define themselves, or choose to be defined by identifying themselves as being part of a culture. Some people view culture as community and define their cultural identity from the context of the communities they belong to. Culture is dynamic rather than fixed.

As specified in the *Addiction Intervention Competency Framework* and the *dapaanz* Code of Ethics, addiction practitioners are required to be responsive to all taurira in a manner that will manaaki/support them and ensure that their mana/status, mauri/essence and tapu/sacredness will be upheld.

There is an expectation that competence in relation to cultural responsiveness is subject to and part of supervision in the same way that all other competence requirements are subject to and part of supervision. This means that if there are areas for development the supervisee, supervisor and the organisation all have responsibilities in identifying these and finding ways to address them. As one example, Burkard et al (2009) argue that there is a requirement for supervisors to be knowledgeable about and provide adequate supervision in relation to lesbian, gay and bisexual (LGB) concerns to support the wellbeing of both LGB practitioners and taurira/clients.

“Culture can be about what people share – what brings/ keeps them together: language, values, customs, rites of passage, kinship, community, food, spirituality, gender, sexual orientation, age, ability, street culture, rural, urban.”

Supervisor

Key requirements are:

- practitioners must continue to develop and monitor their competence to work with people from cultures other than their own
- supervisors must monitor their own competence and support supervisees in maintaining competent practice when working with people from cultures other than their own
- organisational leaders must endeavour to ensure that supervision of competence occurs and that additional support is available if there is a need.



Pasifika peoples and supervision

The *Addiction Intervention Competency Framework* mandates the requirement for addiction practitioners in Aotearoa New Zealand to demonstrate competency in working with Pasifika peoples as follows: “A competent addiction professional demonstrates responsiveness in providing intervention and support to Pacific peoples”. Competencies in specific domains of family, language and tapu are specified. This has important implications for supervision.

Whether working with Pasifika supervisees, supervising practitioners who are working with Pasifika peoples or managing Pasifika practitioners and supervisors, it is important to be mindful of diversity. Pasifika peoples encompass a wide range of cultures, beliefs and practices. Many identify with multiple cultures and ethnicities, the complexity of which must be acknowledged, valued and supported.²¹ It is important to encourage and support Pasifika supervisees, supervisors and taura/clients to strengthen their ties with their culture/s, maintain connection or reconnect with appropriate cultural networks, develop their cultural knowledge and understanding and learn or use their language/s.

While acknowledging diversity, there are shared elements such as the “*holistic collective approach grounded in notions of spirituality, connectedness and a complex set of inter-relationships between individuals, their families and their communities*” (Le Va 2010:15).

In practice, within a supervision relationship it is important to attend to the basics such as:

- being aware of and comfortable with the importance of spirituality and religion for many Pasifika
- awareness of the importance of connectedness, roles and responsibilities
- greeting people in their language and using correct pronunciation of names and other words
- demonstrating appropriate hospitality
- taking time to establish rapport.

Pasifika Matua can provide a link between practitioners, services and Pasifika families, demonstrating strong cultural identity and cultural fluency (including language fluency) in one or more Pasifika cultures and are a key source of guidance for Pasifika peoples. The status of Matua enables them to provide advice and education, advocate for Pasifika peoples and challenge practices that are inappropriate. Supervision can support the practitioner to integrate guidance from Matua with clinical knowledge and practice.

Pulotu-Endemann K. et al (2009). *Seitapu Pacific Mental Health and Addiction Clinical and Cultural Competencies Framework* and Le Va Pasifika Real Skills Plus Seitapu provide information and guidance to support supervisors, supervisees and managers to ensure competency in working with Pasifika peoples. The latter provides “...an outline of the considerations that should be taken into account by New Zealand’s mental health and addiction workforce when working with Pacific people. It is intended to infuse Pacific knowledge, skills and

attitude throughout the mental health and addiction sector, empowering services and people to become more responsive and accessible to Pacific service users”(Le Va, 2009:7).

Another helpful concept is the ‘negotiated space’ model.²² The model presents different world views, being Pasifika indigenous world views and Western world views, suggesting there is an interface which can be termed the negotiated space. This space can represent shared knowledge and understanding or it can be the place where differences are discussed and reconciled. “*The negotiated space is a place of balancing, weighing, sifting and deliberating. It is a conceptual site where traditional knowledge bases are potentially expanded, innovated and adapted*” (Le Va, 2009:10). The negotiated space can be used by supervisors and supervisees to explore and integrate differences in understandings of health, wellbeing, addiction and clinical practice as these relate to Pasifika tauira/clients, practitioners and supervisors.

“I need supervision from someone who knows my culture. Someone who knows me as a PI, someone that respects me and my values.”

Addiction practitioner

²¹See for example Le Va, 2010 p14.

²²Mila-Schaaf and Hudson, 2009.

Cultural competence and supervision

The aspects of competence discussed below are important considerations in all supervision relationships where the practitioner, supervisee, supervisor and manager are ensuring practice is responsive to culture.²³

Reflection on the impact of the practitioner's values and principles is part of practice

Addiction practitioners are required to reflect on their own values and principles, whether they be Pākehā, Māori, Pasifika or other, and how these impact on their work with taurā/clients. They must be aware of and responsive to the beliefs and practices of their taurā/clients, whānau/families and iwi/communities. Supervisors are required to support and encourage this reflective process in collaboration with the supervisee.

For the *supervisor*, useful considerations for discussion with the supervisee can include:

- » What are my values and practices? How do these impact on my work with my supervisee? What might my strengths and limitations be?
- » How aware is the supervisee of their values and practices? What are their strengths and limitations?
- » How aware is the supervisee of the impact of their values and practices on their work with clients?
- » What are their areas for development in supervision?
- » What are the areas of the supervisee's clinical competence that need to be addressed? How could this be supported?

For the *supervisee*, useful questions to explore in supervision can include:

- » What are my values and practices?
- » How have these values developed?
- » How do I ensure my values are not discriminatory to those from cultures other than my own?
- » How do my values influence my practice with taurā/clients? What might my strengths and limitations be?
- » What are the potential areas of bias, prejudice and stereotyping?
- » How might taurā/clients see and respond to my values?
- » Are there issues I could explore further in supervision to improve my clinical practice?

For the *organisational leader*, useful considerations can include:

- » What are my values and practices?
- » How do these impact on my role in developing and monitoring our supervision programme? What might the strengths and limitations be?
- » How do we demonstrate that diverse values/practices are acknowledged and respected in our organisation?

²³Note: the following subsections are adapted from Te Pou o Te Whakaaro Nui, 2011a; 2011b; 2011c.

Reflection on practice as responsive to the world view of every taurā/client

Addiction practitioners are required to have positive regard for and develop skills to ensure they are responsive to the values, beliefs and practices of every taurā/client, including those who are of a different culture to themselves. As one example, practitioners working in a service for young people must understand the needs of rangatahi/young people and supervision should support this requirement. Furthermore, they should also demonstrate that they have an understanding of the needs of the rangatahi they see and whānau they come from.

For the *supervisee*, useful questions to explore in supervision can include:

- » In my practice am I competent to work clinically with rangatahi from Pākehā, Māori, Pasifika and other cultures other than mine? Are there questions or issues I need to check out?
- » How effective is my kōrero/communication overall? How much do I understand, how much am I being understood? What might my taurā/clients say if I asked them these questions?
- » Are there things I am missing? Are there assumptions I need to check out?
- » Are there areas of my clinical practice I need to develop? How can I achieve this?
- » Are there complex issues I need to better understand?

For the *supervisor*, useful considerations for discussion with the supervisee can include:

- » In my supervision practice are there interactions between me and supervisees I need to explore further? Are there questions or issues I need to check out in my own supervision?
- » Are there taurā/client groups my supervisees work with that I need to better understand?
- » How does my supervisee respond to taurā/clients from cultures other than their own? Are there areas for development? Can these be addressed in our supervision?
- » Are there areas of the supervisee's competence that need to be addressed?
- » Are there complex issues that require specific input in relation to understanding culture?

For the *organisational leader*, useful considerations can include:

- » How do our supervision policy and practices reflect the need for competence with Pākehā, Māori, Pasifika and other cultural groups?
- » What is our approach to supervision? What is our policy?
- » What steps could we take to ensure our practitioners are accessing effective supervision in relation to working with Pākehā, Māori, Pasifika, and other cultural groups?
- » Are there areas that require attention?
- » What options do we have available for those who need clinical supervision in regard to Pākehā, Māori, Pasifika and other cultural groups?
- » To what extent are there broader needs to address within the organisation in order to ensure practitioners can clinically practice competently with Pākehā, Māori, Pasifika and other cultural groups?

Cultural supervision

The term ‘cultural supervision’ is understood in different ways and most often associated with working with Māori and or Pasifika peoples. The purpose of cultural supervision is to enhance awareness, knowledge and skills for working with and within the cultural context of taurā. This supervision is for Māori and non-Māori practitioners alike and is ‘clinically’ focused.²⁴

Cultural supervision can be a part of professional and clinical supervision, however it is also a type of supervision in its own right.²⁵ Cultural supervision enables safe and accountable professional practice, cultural development and self-care based in the philosophy, principles and practices derived from a culture. It involves the application of cultural values, knowledge and skills and is focused on cultural accountability and cultural development.²⁶

Cultural supervision is provided by a person who has extensive lived experience within the culture and is knowledgeable about factors such as cultural values, beliefs, roles, practices and language. Ideally the supervisor will also have knowledge and experience relevant to addiction practice. Depending on the expertise of the supervisor, cultural supervision may be integrated with clinical supervision. If this is not the case, cultural supervision is typically provided in addition to, rather than instead of clinical supervision.

In discussing the value of cultural supervision for Pasifika, Su’a-Hawkins and Mafle’o (2004:19) state: “Like the sea connecting, rather than separating, islands of the Pacific, culture is the sea connecting components of practice. Cultural supervision is a process whereby cultural connections between components are scrutinised to make a resourceful whole.”

Autagavaia (2000) provides a supervision model for Pasifika social work comprising personal, cultural and professional domains. Pasifika practice models may also provide a basis for supervision for example, the Samoan Fonofale model (Pulotu-Endemann 2007 cited in Te Pou o Te Whakaaro Nui, 2010), the Tongan Kakala model (Thaman cited in Te Pou o Te Whakaaro Nui, 2010) and the Cook Island Tivaevae (Maua-Hodge, cited in Te Pou o Te Whakaaro Nui, 2010).

Other ways of developing cultural competence

It is important to note that supervision is not the only mechanisms for supporting cultural competence. Education, training, case review, organisational policy and procedures and cultural consultation can be useful ways of developing and supporting cultural competence.

Cultural consultation is frequently used by practitioners to develop their understanding of cultural issues. Typically this involves requesting information in relation to a taurā/client or taurā/client group from a person or group with relevant knowledge and expertise. Cultural consultation can include support for the practitioner and can occur over a period of time or intermittently as required. Cultural consultation is generally an effective method of developing practice, ensuring responsiveness to taurā/clients and gaining support for a practitioner. However, unless the relationship is formalised as a supervision relationship with supervisors’ responsibilities, cultural consultancy should not be seen as an alternative to supervision.

²⁴Department of Corrections, 2002 cited in Masters-Awatere et al., 2002; Macfarlane, 2010.

²⁵Te Pou o Te Whakaaro Nui, 2014.

²⁶Adapted from Eruera, 2005 available at: <http://www.moaintheroom.maori.nz/#!/about-us/aboutPage>

Choosing the right form of supervision

Common forms of supervision include one-to-one supervision, group or rōpu supervision and peer/whānau supervision. These can be provided by supervisors who are employed by the organisation, termed “internal supervision” and those who are contracted by the organisation, termed “external supervision”.

One-to-one supervision is the most commonly used and involves one supervisee and one supervisor. Typically supervision is provided face-to-face but it can also be provided via video conference (e.g. Skype) or via the telephone. Focus group feedback indicates that one-to-one supervision is viewed as essential by most practitioners.

Group or rōpu supervision is supervision provided by a supervisor to a group of supervisees. Skilled facilitation is critical to the effectiveness of group or rōpu supervision as group or rōpu dynamics and processes must be understood and managed as part of the supervision process to ensure safety and effectiveness. Group or rōpu supervision is not a cost saving measure. Generally it is not regarded as a substitute for one-to-one supervision, rather it is considered as an addition to one-to-one supervision. Where group or rōpu processes and a team approach are central to the mode of practice it is recommended that group or rōpu supervision is provided in practice concepts, for example in Drug Treatment Units, kaupapa Māori or other therapeutic community contexts.

Supervisors and managers need to be aware that group or rōpu supervision may not work well for all practitioners for a range of reasons including: lack of focus on individual learning needs; feelings of vulnerability to disclose practice issues; team issues (refer to team supervision below) and personal issues that may be impacting negatively on work; inability to focus on wellbeing and support needs at an individual level; and other concerns that

“It’s important that everyone is working together as a team on the same page, so this is good, but it would also be good to have one-to-one supervision.”

Addiction practitioner

individual practitioners may have. There are also questions about the effectiveness of group or rōpu supervision provided by team leaders or managers. It appears likely that this arrangement has some significant limitations due to perceptions of the power and authority held by the team leader or manager. This typically leads to constraints on openness and disclosure in supervision.

Sometimes a distinction is made between group or rōpu supervision and team supervision. The purpose of ‘team’ supervision is to focus on the group members’ relationship to each other. The comments above regarding supervision by the team leader or manager are also applicable here.

Peer/Whānau supervision is conducted by two or more practitioners within a peer/whānau relationship. It is typically used by those with similar levels of clinical experience and skills. It allows the participants to share clinical skills and experiences and learn from one another, and is a self-directed activity. Peer/whānau supervision is not considered to be an alternative to supervision with a supervisor, rather it is a complementary process.

The choice of form of supervision will depend on a range of factors including the nature of the service provided by the supervisee and their

clinical practice models, the organisational context, the needs of the supervisee at a given time and the needs of the organisation taking into account the available resources.

There are some over-arching considerations for supervisees, supervisors and organisational leaders when choosing forms of supervision. These are:

- all supervision arrangements should be formalised in a supervision contract. Group supervision and peer supervision are not exempt from this
- supervisees strongly value choice of supervisor.²⁷ It is good practice within organisations to support choice where possible. Where this cannot be supported there may be limitations to the effectiveness of the supervision relationship

- separation of line management supervision and supervision of professional practice is strongly advocated as best practice in the literature and was overwhelmingly confirmed in feedback gathered to support the development of this Guide
- *dapaanz* registered addiction practitioners are required to be supervised by a *dapaanz* accredited supervisor who is qualified to attest to the practitioner's competence in line with the *Addiction Intervention Competency Framework* and the *dapaanz* Code of Ethics tikanga.

To assist supervisees and managers to determine the best form of supervision for their purposes a summary of commonly used forms of supervision²⁸ and relative advantages and disadvantages of each is set out in Table 3 below.²⁹

Table 3. Forms of supervision: advantages and disadvantages

One-to-one - Internal to the supervisee's team		
Advantages	Disadvantages	Best for
<p>Focus on the individual supervisee</p> <p>Context, service user population, role requirements are well understood by supervisor</p> <p>Organisational policies and procedures and models of practice are understood</p> <p>Role related and organisational issues can be readily addressed</p> <p>Supervisor is "on hand" between formal supervision sessions to assist with guidance as needs arise, e.g. crisis management</p> <p>Organisational requirements are supported, e.g. organisational imperatives are well known to the supervisor, supervisor expertise is known to the organisation</p>	<p>Requires sufficient trained supervisors within the team; can create difficulties ensuring supervision time is regular and protected</p> <p>Can mean there is limited choice</p> <p>Dual/multiple relationships require skilled management</p> <p>Actual or perceived problems maintaining boundaries and/or confidentiality within the supervision relationship can limit the effectiveness of supervision, e.g. supervisee feels unwilling to disclose struggles or errors</p>	<p>Newly qualified supervisees, provided disadvantages are mitigated</p>

²⁷This is evident in literature and was a strong theme in focus groups convened to support the development of this Guide.

²⁸This is not an exhaustive summary and additional, though less common, formats are found in practice.

²⁹Adapted from Te Pou o Te Whakaaro Nui, 2011a.

One-to-one - External to the supervisee's team but within the same organisation		
Advantages	Disadvantages	Best for
<p>Focus on the individual supervisee</p> <p>Context, service user population, role requirements are well understood by supervisor</p> <p>Organisational policies and procedures and models of practice are understood</p> <p>Organisational requirements are supported (as above)</p>	<p>Requires sufficient trained supervisors within the organisation; can create difficulties ensuring supervision time is regular and protected</p> <p>Supervisor may not have sector specific clinical knowledge and skills</p>	<p>Newly qualified supervisees</p> <p>Supervisee whose learning needs match available supervisors skills/experience</p>
One-to-one - External to the supervisee's organisation		
Advantages	Disadvantages	Best for
<p>Focus on the individual supervisee</p> <p>Likely to be choice for supervisee</p> <p>Likely to be perceived as confidential and therefore supervisee may feel safer and more able to disclose practice issues</p> <p>Dual relationships and associated issues less likely</p>	<p>Cost (fee, transport, travel time)</p> <p>Supervisor may not readily understand context, taura/client population, role requirements, organisational policy and procedure, i.e. can be a 'disconnect' between supervisor approach and organisational requirements</p> <p>Greater reliance on self-report from the supervisee</p> <p>Issues of safety for those using the service and performance issues may be harder to address</p>	<p>Supervisees with experience in their role and organisation who are able to practice at a more autonomous level</p>
Peer one-to-one		
Advantages	Disadvantages	Best for
<p>Shared roles supervisee / supervisor</p> <p>Self-selected; likely to involve a safe and trusting relationship</p> <p>Likely to be strong in support and development components of supervision</p>	<p>May be less challenging than a hierarchical relationship (depending on the supervisees involved)</p> <p>Supervisor accountabilities may be unclear</p>	<p>Experienced practitioners</p> <p>As a complementary process to other supervision</p>

Group supervision - Supervisor-led internal to team		
Advantages	Disadvantages	Best for
<p>Time efficient in terms of supervisor time</p> <p>Multiple perspectives can provide rich learning experience in both clinical work and supervision practice</p> <p>Supports coordinated and cohesive team approach</p> <p>Can enhance team functioning</p> <p>Other advantages of internal supervision apply</p>	<p>Supervisor needs additional training in group supervision</p> <p>Requires review when new group participants are introduced</p> <p>Limited time for covering the issues/developmental needs of individual supervisees in the group</p> <p>Limited or no choice of supervisor for group members</p> <p>Dual/multiple relationships require skilled management</p> <p>Supervisees can be unwilling to disclose limitations or errors</p>	<p>Contexts where a team approach is important (e.g. therapeutic community) AND where one-to-one supervision is also available</p>
Group supervision - Supervisor-led internal to organisation		
Advantages	Disadvantages	Best for
<p>As above, however likely to be greater level of trust in the safety of supervision and supervisor is less on hand</p>	<p>As above, however less concern with boundary issues etc</p>	<p>Contexts where a team approach is important (e.g. therapeutic community) AND where one-to-one supervision is also available</p>
Group supervision - Supervisor-led external to organisation		
Advantages	Disadvantages	Best for
<p>Greater level of trust</p> <p>Plus advantages listed above</p>	<p>As above, but less concern with dual relationships</p> <p>More opportunity for team input in selecting supervisor</p>	<p>Contexts where a team approach is important (e.g. therapeutic community) AND where one-to-one supervision is also available</p>

Models of supervision

Dapaanz acknowledges there is a range of supervision models. Generally models of supervision can be categorised into the following:

- Developmental: move the practitioner from novice to expert/tuakana-tēina model.
- Functional: include supportive, educative and/or managerial components/manaakitanga.
- Training: focus on the experience of learning.

- Therapy models: use therapeutic techniques such as Motivational Interviewing, Cognitive Behavioural Therapy, Whakawhanaungatanga, Pōwhiri, Te Whare Tapa Whā.

For further discussion of models refer to Kina Families and Addiction Trust. (2010). *The Supervisor's Guide: Integrating Family Inclusive Practice into Clinical Supervision for the Addictions Workforce*. Wellington: Matua Raki.

“Managers should meet with external supervisors, there should be a clear feedback loop – the pathways for conversations about practice issues or support needs for the supervisee should be clear.”

Addiction Service Senior Manager

The supervision contract

A written supervision contract is essential to support all supervision relationships to protect the rights of taurira/clients, supervisees, supervisors and organisations.

The contract should specify:

- parties to the agreement: supervisee, supervisor and organisation (unless the supervisee is an independent private practitioner)
- the purpose of supervision
- roles and responsibilities
- practical arrangements such as duration, frequency, location, postponement and cancellation agreements and payment methods (unless provided internally to the organisation)
- confidentiality and its limits
- recording responsibilities
- reporting requirements including content, format, frequency
- review period and methods of review
- processes for resolving problems in the supervision relationship
- processes for ending the supervision contract.

Two examples of supervision contract templates

are provided in Appendix 3. These are provided on the understanding that they may be a useful starting point for developing a contract tailored to the practice context.

Supervision records, reports and information sharing

The supervisor is responsible for keeping supervision records. Examples of templates for record keeping are provided in Appendix 4 and more detail is provided in the Guidance for supervisors, (see page 41). It is good practice for the supervisee to be provided with a copy of the notes for each session if they find this useful.

Sometimes the supervisor and supervisee will write the supervision session notes together as a way of summarising the session and ensuring there is agreement on any key actions.

Some supervisees keep their own brief notes in addition to the supervisor's notes.

Supervision records are confidential to the supervisee and the supervisor. The supervisee should always have access to these notes on request.

Supervision reports

Most organisations require some form of report. It is important that reporting requirements are specified in the supervision contract. The frequency, format, purpose and broad parameters of the report content should be specified.

Supervisees need to know the scope of what will be included in reports, what the purpose of reporting is and how the information from reports will be used.

Supervisors should advise organisations about effective reporting arrangements. Transparent and minimal reporting requirements work best in supervision. Minimum reporting requirements include the following:

- attendance: managers need to know their employee is attending supervision as per the contract

- contract adhered to: a general statement indicating whether the contract has been adhered to and, if necessary, outlining any breaches of contract
- a summary statement focused on the strengths of the supervisee and key areas for further development can also be useful.
- areas of concern (or absence of concern) which indicate risk to the tauira/client or the practitioner that cannot be addressed and resolved in supervision should be outlined however such concerns would ideally be reported in a timely manner and would not be held over until a routine report is due.

An example supervision report template is provided in Appendix 6.

“Managers need to know if you are attending, that you are utilising the full hour, that you are not in breach of your contract, that you are not at risk in your practice.”

Addiction Practitioner

Dapaanz supervision assessment reports

A supervision assessment report from a *dapaanz* accredited clinical supervisor is required by *dapaanz* when a practitioner applies for registration and thereafter annually to support their registration renewal.

More detailed information is provided as follows:

- Responsibilities of the supervisee (see page 31)
- Responsibilities of the supervisor (see page 44).

Confidentiality in supervision

The parameters of confidentiality and processes for sharing information should be discussed, agreed and clearly documented in the supervision contract. The content of supervision sessions are confidential within the boundaries of organisational policies, the law, professional ethics and the supervision contract. There are limits to confidentiality if there are serious concerns about risk of harm to a tauira/client, supervisee or organisation, as well as serious concerns about unethical or unprofessional behaviour that breaches the *dapaanz* Code of Ethics.

Dual relationships and boundary issues

Supervision can involve relationships that span more than one context and these require careful management. The most common of these is where the supervisor is also the team leader or line manager, but dual relationships can also occur in the overlap of personal and professional relationships such as between the supervisor and the supervisee's manager, or a previous supervisor or friend, for example.

A supervisee may not feel able to develop sufficient trust in the supervision relationship if they have ongoing concerns that issues raised in supervision will spill over inappropriately into other facets of the relationship, such as performance appraisal processes or team management processes.

When dual relationships occur it is the responsibility of the supervisor and the manager to ensure the supervision relationship exists within clear boundaries. It is critical to discuss the potential for unclear boundaries in limiting the effectiveness of supervision as part of negotiating the contract. The supervisor should provide reassurance to the supervisee that the supervision relationship will be respected in terms of its purpose and confidentiality. It is good practice for the supervisor to regularly check whether the dual relationship is being adequately managed from the supervisee's perspective.

2. Guidance for supervisees

This section provides information targeted to supervisees to support them to gain maximum benefit from supervision and to transfer learning from supervision to their practice.

“...the responsibility for change and development lies with the person doing the reflecting.”

Scaife, J. (2010:21)

Rights and responsibilities³⁰

As a supervisee you have the right to:

- active support from your organisation to find a supervisor and attend supervision
- a collaborative supervision relationship in which you are a respected partner
- a supervision relationship in which your cultural needs are acknowledged and responded to effectively
- request supervision if this is needed to support safe and effective practice with Māori and or to ensure bicultural practice within Aotearoa New Zealand
- request cultural supervision if this is needed to support safe and effective practice
- a supervisor who supports you to apply addiction related theory in your practice
- develop a contract with your supervisor and your organisation (unless you are a private practitioner) which clearly outlines the terms of your supervision
- punctuality and reliability from your supervisor; uninterrupted supervision sessions; sessions that occur at the frequency and duration specified in your supervision contract
- lead the development of the agenda for each supervision session, focusing on the areas of practice in which you wish to develop and which are of concern to you as a practitioner
- reflect on your strengths and your limitations to enable further development and ensure safe practice
- confidentiality regarding the content of supervision, unless there are issues of unsafe practice which your supervisor is ethically obliged to address by breaking confidentiality
- receive clear and constructive feedback to support safe, effective service and your own development as a practitioner; this includes being challenged, inspired and extended in your practice
- support, encouragement and a non-judgemental approach from your supervisor
- request a review of supervision when your supervision needs are not being met
- request an interim supervisor if needed while a review process is underway
- end a supervision relationship that is no longer effective.

³⁰Adapted from Te Pou o Te Whakaaro Nui, 2011a.

As a supervisee it is your responsibility to:

- ensure you participate in regular supervision throughout your career
- read and understand your organisation's supervision policy
- participate in any negotiations and decisions about supervision, including choosing a suitable supervisor (where choice is available) and developing a supervision contract
- contribute towards developing an effective supervision relationship with your supervisor, respecting the role of your organisation in supporting and monitoring supervision
- participate in supervision in a spirit of openness and full and honest disclosure
- participate in ongoing reflection to ensure you apply the principles of the Treaty of Waitangi in your practice
- explore the impact of culture on your work with tauira, your organisation and your supervision.
- request kaupapa Māori supervision if this is needed to support safe and effective practice
- request cultural supervision if you need it to support your practice
- use supervision as a means of continuous reflection on your practice to identify your ongoing needs for development and support with due regard to the *dapaanz* Code of Ethics and the *Addiction Intervention Competency Framework*
- honour the terms of your supervision contract including prioritising attendance, being punctual and using the time constructively
- prepare adequately for each supervision session
- apply the learning from supervision in practice
- raise and be open to your supervisor raising ethical issues in relation to your practice
- be open to constructive feedback and challenge

- participate in regular review of supervision
- request a review of supervision if the supervision relationship is not effective for any reason
- report any boundary or ethical issues with your supervisor to your manager and or *dapaanz*.

Choosing a supervisor

In many organisations you will have the opportunity to choose your supervisor and this is generally recommended. The following process is suggested:

- Clarify your current supervision needs. Refer to Appendix 7.
- Consider the qualities that you want in a supervisor: what is most important to you? Think carefully about what you need to develop your practice.
- Review the *dapaanz* list of Accredited Supervisors available on the *dapaanz* website at: www.dapaanz.org.nz/ and any relevant information that your organisation holds e.g., a list of approved supervisors. Make a shortlist of potential supervisors in consideration of the following:
 - » location: most practitioners choose a supervisor in their local area
 - » professional affiliation: addiction practitioner; nurse; social worker; psychologist etc. Consider which is the best fit for you currently
 - » addiction practice experience: length of experience, roles, practice contexts, ability to supervise bi-cultural practice requirements, ability to supervise group work, any specialist areas: lived experience of addiction; therapeutic community; kaupapa Māori, Pasifika and other. Consider which is the best fit for you currently
 - » supervision training and experience (as above)

- » your professional registration requirements.
- Discuss your options with your colleagues, your manager and other advisors as appropriate.
- Refine your shortlist as necessary.
- Check the availability of your first choice of supervisor and arrange an initial meeting with them (this can be face-to-face, or via telephone).
- Be prepared for the meeting:
 - » You will need to discuss your strengths, areas for professional development, your preferred learning styles and your work.
 - » Be prepared to discuss your similarities and differences: gender, culture, your own practices in relation to alcohol and other drug use and gambling training, practice experience, practice interests.
 - » Have some questions for your supervisor, for example, what are their strengths and practice interests, how do they demonstrate commitment to the Treaty of Waitangi, what is their understanding of Māori practice models, the models of supervision that they draw on.

Examples of questions you might ask a potential supervisor

- What are your qualifications and experience for providing supervision?
- What are the values that you work from?
- How do you describe your supervision style?
- What models of supervision do you work with?
- How do you demonstrate commitment to the Treaty of Waitangi?
- What understanding do you have of Māori practice models?
- What experience do you have working with (e.g.) Pasifika peoples?
- What is your experience in group work?
- Can you share an example of how you have handled conflict in supervision?
- How do you evaluate whether you're doing a good job?
- Do you still practice yourself?

Consider how you respond to the answers to your questions and to the overall tone and content of the meeting:

- To what extent can you see yourself developing a trusting relationship?
- How much has the supervisor got to offer in developing your practice? Will they provide support and challenge?
- How clearly did the supervisor communicate?
- How satisfied were you with the responses?
- How well did the supervisor fit with your key requirements?

Give yourself time to reflect on whether the supervisor is a good fit for you.

When the choice of supervisor is limited

For some practitioners, choice of supervisor is limited or there is no choice. A number of factors can limit choice, for example:

- where criteria for registration stipulate supervisor expertise, such as the requirements set out by *dapaanz* for supervision of registered addiction practitioners
- in contexts where the supervision pool is limited, e.g. in an isolated area; in specialised areas of practice
- in organisations where internal supervision is mandated by policy
- when the team leader or clinical team leader is also the supervisor
- when the supervisee is not involved in the selection of a group supervisor.

Aspects of the process outlined above will still assist you to get the most out of your supervision arrangements. It will be important to:

- clarify your current supervision needs. Refer to the worksheet in Appendix 7
- arrange a meeting with your supervisor
- prepare for the meeting
- give yourself time to reflect on where the supervisor is a good fit for you and where you can get the most benefit out of the supervision
- discuss with your manager any significant problems which you believe will undermine the supervision relationship and seek options for ensuring you have effective supervision.

Choosing to pay for your own supervision

If you choose to engage a supervisor independently of your organisation there are some important considerations about information privacy. It is suggested you ensure that:

- you have permission from tauira/clients to discuss any work related to them with a supervisor who is not employed or contracted by your organisation. Written permission is advised
- you have permission from your organisation to discuss any organisational matters in your independent supervision. Written permission is advised
- your supervision contract contains clear agreements regarding confidentiality and the procedures that will be followed if there are any issues with the safety of your practice.

What happens in supervision?

Most practitioners will have experienced supervision as part of their formal training. This section is provided as a refresher. Supervision includes:

- developing a contract (see page 29) and establishing supervision goals
- developing and maintaining a supervision relationship: both the supervisor and the supervisee need to take responsibility for ensuring the relationship is working. The supervisor will take a lead in this but every supervisee has a responsibility to contribute and to raise issues if the relationship is not effective. The supervisor will explain their framework and the models of supervision which they draw on
- the structure of each session: generally the supervisor will set the structure for each session and will fulfil the role of timekeeper. The session will have a beginning, middle and end. Here is a typical structure.

Welcome/settling	Mutual process, typically led by the supervisor Mihimihi, karakia, waiata and manaaki may be an important part depending on the parties involved and the context Other cultural practices (e.g. lotu, serenity prayer) may be an important part of this depending on the parties involved and the context
Review of previous session	Usually led by the supervisor; provides for continuity and follow up
Agreeing the agenda	Generally the agenda is led by the supervisee
Working through the agenda items	Led by the supervisor: may be discussion, role play, other actions methods, reviewing a case that supervisee has prepared, reviewing an article; reviewing a piece of work that the supervisee has brought, e.g. a videotaped session with a tauira/client. The supervisor will focus on providing support, feedback and facilitating learning
Summary	The supervisor will either summarise key points or ask the supervisee to do this. Sometimes the notes will be written together as a way of summarising the session
Evaluation	Generally supervisor led; a checking out process to determine the value of the session for the supervisee; also a checking out process regarding the supervision relationship
Ending	Mutual process may be led by the supervisor. May involve agreeing or confirming next meeting time, mihi whakamutunga

- setting the agenda: generally the agenda is led by the supervisee. The agenda can include consideration of work with tauira/clients, ethical issues, competency requirements, areas for development (e.g. working with families and whānau, working with co-existing problems), support, issues within the practice context that are impacting on work, personal issues that may be impacting on work, accountability to tauira/clients, organisation and the profession
- record keeping (see also page 29): the supervisor is responsible for keeping summary notes from the session. Supervisees should ask for a copy if they want the notes and should expect these to be provided within a week of the session. Supervisees should always be able to access the notes when they want them. It is good practice for supervisee's to take brief notes on the key items that are important to them. All supervision records should be stored securely, including supervisee's own notes
- NB. practices for welcome and settling may be different for a first session or early in the relationship or for ending a supervision relationship. For example, at the beginning phase of the relationship there may be more time and focus on whakawhanaunga, with the supervisor and supervisee taking time to know each other, who they are as people, who they are connected to and what is held in common.
- Develop your own system for keeping track of items to explore and discuss in supervision between sessions. For example you might keep a notebook, jot things down on post-it notes or keep voice notes on an electronic device etc. Be sure to protect the access to any notes so they remain confidential.
- Allocate time before every session for looking back on your notes (if you have any) and generally reflecting on your work since your last session. This might take 10-15 minutes. Consider the work you have been doing with tauira/clients, any ethical issues or dilemmas that have arisen and your professional development and support needs. Think about the following questions.
 - » What is going well, what is working, what are you excited about in your work?
 - » What is causing you concern?
 - » What are the areas that you need to understand better?
 - » Where do you feel stuck?
 - » How are you feeling about your work: motivated, energised, supported, stressed, bored, inadequate?
 - » Has anything happened that you feel anxious or embarrassed about discussing in supervision or that you notice yourself dismissing as unimportant?
 - » Are there personal issues that may be impacting on your work? Would it be helpful to explore these in supervision?
 - » Are there tasks that you agreed to complete between sessions? Have you completed these?
 - » What feedback do you have for your supervisor about supervision?
- Jot down/record all of your thoughts in any way that works for you (words, symbols, voice note).

Preparation for supervision sessions

Taking time to prepare for each supervision session will help you to get the most out of the session.

Discuss this with your supervisor when you are setting up your contract. Your supervisor may encourage a particular way of preparing which could be helpful and it will be important for you to let them know what works for you. Here are some ideas.

- Have a look at or listen to what you have identified. Note the priorities for taking to supervision. If there are things you are reluctant to take, give some consideration to why that is and think about what you might gain if you raise these items in supervision. Consider whether there may be some way of working up to taking these things to supervision.
- Write your agenda or list before each session.

Managing challenges that may arise

From time to time significant challenges arise within supervision. As a professional it is your responsibility to address these challenges to the best of your ability. Some common challenges and suggested solutions for addressing these are outlined in Table 4 below.

Table 4. Challenges and solutions: supervisee role³¹

Challenge	Solutions
Too busy to attend supervision; can't get away from workplace	<p>Address your workload with your manager as soon as possible. Refer to your organisation's policy. Supervision is a professional requirement for addiction practitioners. Practising without supervision is not professionally acceptable</p> <p>If you are a private practitioner reflect on how you can manage your workload to ensure you are participating in supervision</p> <p>Seek help with time management</p>
Feel anxious about sharing misgivings about own practice or seeming incompetent	<p>This is not uncommon, other supervisees feel like this.</p> <p>Discuss with your supervisor</p> <p>Ask your supervisor for support in managing the feelings that are preventing you from fully engaging in supervision.</p> <p>Talk with trusted colleagues and find out how they manage these feelings</p> <p>If it appears that the relationship is not working request a review with your supervisor and manager</p>
Find negative feedback difficult to receive	<p>This is not uncommon, other supervisees feel like this.</p> <p>Discuss with your supervisor</p> <p>Ask your supervisor for support in managing negative feedback</p> <p>Talk with trusted colleagues and find out how they manage</p>
Having conflict with a supervisor	<p>Reflect on the nature of the conflict and consider your role and your supervisor's role in this</p> <p>Consider whether the conflict could be a constructive learning opportunity</p> <p>Discuss with your manager</p>
Concern about disclosing mistakes or uncertainty when supervised by team leader or manager	<p>Raise concerns with the team leader or manager</p> <p>Ask for support in managing dual relationship</p> <p>Ask for a review of supervision; explore other options such as having supervision from another leader in your organisation; arranging for an external supervisor; encouraging your organisation to develop a formal agreement with another organisation to provide supervision for each other</p>

³¹This table is adapted from Te Pou o Te Whakaaro Nui, 2011

Supervisor is unwilling to endorse competence for professional registration purposes	<p>Carefully consider the supervisor's reasons for being unwilling to endorse and the plan in place to address issues</p> <p>Clarify with the supervisor any areas for development and seek support from them in achieving the required standards</p> <p>If after careful consideration you believe the supervisor is acting unfairly request a review of supervision and involve your manager in this</p>
Supervision is not valued in team/organisation	<p>Discuss with your manager and ask for support, referring to this Guide</p> <p>Seek support from likeminded colleagues</p> <p>Offer to lead a team discussion on supervision or invite an external supervisor in to make a presentation to the team</p>
There is no scope in group supervision to explore individual development and support needs	<p>Discuss with your manager, referring to this Guide; request additional support if needed; explore additional learning options</p> <p>Request a review of supervision</p>
The supervisors available are not appropriate for my needs (e.g. don't trust; not experienced; does not understand my models of practice, does not demonstrate commitment to the Treaty of Waitangi)	<p>Discuss with your manager, referring to this Guide; request additional support if needed</p> <p>Reflect on your needs; gently challenge your thinking and responses</p>
Supervisor is often late or cancels sessions	<p>Discuss with your supervisor, referring to your supervision contract, reviewing as necessary. Affirm your requirements (practise how you will do so with a colleague if this is daunting)</p> <p>Discuss with your manager and request a review if there is no improvement</p>
Supervisor talks about themselves and their work a great deal	<p>Provide constructive feedback to your supervisor. Use an assertive approach such as "whenI feel..... and I would prefer if" (practise how you will do this with a colleague if that will help)</p> <p>If there is no change request a review</p>
Supervisor and supervisee have become too comfortable	<p>Discuss the issue with the supervisor; review the purpose and goals of supervision; consider terminating the relationship and seeking a new supervisor</p>
Supervisor is behaving in an unethical manner	<p>Discuss with manager immediately</p> <p>Inform <i>dapaanz</i></p> <p>Develop a plan of action</p> <p>Terminate the supervision relationship</p>

Review of the supervision relationship

As noted above, it is vital to include regular review dates in the supervision contract at least annually. The purpose of regular review is to ensure supervision remains effective for the supervisee.

The following questions can be helpful to aid the review process:

- Is supervision supporting me to achieve my goals?
- Am I comfortable to raise difficult issues in supervision? Is there sufficient support to allow this?
- Am I or my supervisor too comfortable; complacent?
- Is there anything that needs to be changed or clarified?
- Are there any issues or barriers that we need to address?
- Does the contract need to be adjusted or discontinued?

Your organisation may also wish to be involved in an annual review process and the organisation may conduct an evaluation of the organisation's supervision programme. You may be asked to provide a brief report or fill in a survey or simply invited to provide feedback verbally regarding the effectiveness of supervision.

Importantly, if at any time you believe your supervision is not working you can request a review. This can help to clear the air and put things back on track, or it can help to make a decision to terminate the supervision relationship and seek a new relationship.

Ending a supervision relationship

Supervision relationships end for various reasons. You may need to end a supervision relationship because:

- you change roles or organisations
- the contract has been completed
- your organisation or your supervisor has a policy of putting a time limit on the supervision relationship
- your learning needs are no longer being met
- your supervisor is no longer available
- the relationship is not effective for you.

Generally the supervision relationship ends constructively and respectfully. Less commonly the supervision relationship breaks down completely and is abandoned without a collaborative review process. For example, if you or your supervisor behave unethically. If this has occurred it is advisable to discuss this with your manager and with your next supervisor.

“I had to ‘break up’ with a supervisor recently. It’s not easy.”

Addiction practitioner

***Dapaanz* supervision assessment reports: supervisee role**

In order to become a *dapaanz* registered addiction practitioner and to fulfil annual registration renewal requirements you must submit an assessment report from a *dapaanz* accredited clinical supervisor. Your supervisor is required to endorse your competence in relation to The *Addiction Intervention Competency Framework* and confirm that you are working within the *dapaanz* Code of Ethics.

To meet these requirements it is suggested you and your supervisor ensure that the practitioner competencies in the *Addiction Intervention Competency Framework* and the *dapaanz* Code of Ethics are regularly referenced throughout supervision. This allows you and your supervisor to identify areas for development to enable you to meet the requirements of the assessment when the report is due.

Sometimes practitioners fall short of the practice standards required. If your supervisor determines that your practice is not at the required standard you can expect your supervisor to:

- discuss this respectfully and constructively with you in the first instance, clarifying their reasons and providing support to enable you to work towards gaining endorsement
- encourage you to discuss the situation with your manager.

You and your supervisor should agree about the information the supervisor can share with your manager if they need to discuss your situation.

If this becomes an area of conflict between you and your supervisor, or your organisation, it may be useful to request a formal review of supervision.

3. Guidance for supervisors

This section is for supervisors who are supervising the clinical practice of addiction practitioners. There is an expectation that supervisors have undertaken training in supervision and are *dapaanz* accredited supervisors. Therefore this section does not cover the basics of how to provide supervision. Rather, it focuses on confirming the foundations of good supervision practice and on supervision requirements in the context of practice within the Aotearoa New Zealand addiction sector.

If you need more detailed information on how to be a supervisor it is suggested you attend relevant training. See the *dapaanz* website for supervision training courses relevant to the addiction sector.

Rights and responsibilities

As a supervisor you have the right to:³²

- a collaborative, respectful supervision relationship with your supervisee
- develop a contract with your supervisee and their organisation³³
- confidentiality regarding the content of supervision, unless there are practice issues you are ethically obliged to address by breaking confidentiality
- respectfully refuse any requests that compromise your ability to be effective in your supervision role, for example: requests to provide supervision that is outside of the scope of your professional or cultural competence; a request for information from a supervisee's manager that is outside the scope of the supervision contract or accepted good practice in supervision; requests to continue a supervision relationship that is not effective

- constructively challenge your supervisee's behaviour, values and attitudes if you are concerned about any aspect of their practice including their professional development, own self-care and their use of supervision
- request a review of supervision if the supervision relationship is faltering
- end a supervision relationship when:
 - » the contract term is fulfilled
 - » you or your supervisee is not able to fulfil the terms of the contract
 - » difficulties in the supervision relationship cannot be effectively resolved.
- support from your organisation to attend your own supervision.³⁴

As a supervisor it is your responsibility to:

- conduct supervision in an ethical and professional manner
- ensure supervision supports positive outcomes for tauira/clients as a first priority
- ensure your supervision practice reflects the principles of the Treaty of Waitangi, i.e. explore and account for Māori ways of seeing and doing in terms of the impact on your work with supervisees and the supervisee's work with tauira/clients
- ensure a supervision contract is in place for each supervisee and that you fulfil your responsibilities as agreed in the contract
- ensure supervision is provided with reference to an accepted supervision framework and supervision model/s

³²This section is adapted from Te Pou o Te Whakaaro Nui, 2011b.

³³Unless the supervisee is a private practitioner

³⁴Unless you are a private practitioner

- provide leadership in developing and maintaining an effective supervision relationship with each supervisee. This includes being respectful and fair, maintaining clear boundaries and purposefully avoiding any abuse of power and modelling a spirit of equality and collaboration
- provide support, facilitate development and monitor the practice of supervisees with due regard to the *dapaanz* Code of Ethics and the *Addiction Intervention Competency Framework*
- explore and account for cultural ways of seeing and doing (those of your own and of others) that may impact on your work with supervisees
- provide constructive feedback mindful of the supervisee's developmental stage and the power dynamics inherent in the supervisory relationship
- keep appropriate records of each supervision session
- request regular feedback from your supervisee in relation to your own performance as a supervisor
- request a formal review of supervision if the supervision relationship is not effective for any reason
- honour the terms of the organisational supervision policy relevant to each supervisee
- ensure you participate in regular supervision throughout your career
- maintain your competence and professional development as a supervisor.

Developing a supervision relationship

As a supervisor you will have been trained in developing effective supervision relationships. The following is provided to briefly refresh some fundamental requirements.

The Clinical Education and Training Institute (2011:4) refer to the “A-rated clinical supervisor” who is:

- available
- approachable
- able (as both clinician and teacher)
- active (finds the gaps).

These qualities are important for the duration of the supervision relationship.

It is important you clearly communicate:

- your philosophy and values about supervision
- your own cultural values.
- how you honour the Treaty of Waitangi.
- the models that you draw on.
- your style of supervision.
- any cultural practices you follow and how you respect the practices of those who are not of your culture
- your expectations about what the supervisee brings to supervision
- any expectations you have about what you might raise or check out in supervision irrespective of whether the supervisee has raised these things, e.g. ethics and competencies
- your preferred approach to resolving conflict in the supervision relationship
- your approach to responding to personal issues that may be identified in the course of supervision.

Correspondingly, the supervisee will have experience and views on many of these things and it is useful to begin a dialogue early in the relationship.

Record keeping

Record keeping is the responsibility of the supervisor. It is an important risk management tool for the supervisor and an important means of ensuring professional accountability.

The way in which record keeping occurs will depend on the style, preferences and policies of the parties to the supervision contract.

Some things to consider include:

- What are the record keeping requirements reflected in the supervision contract?
- What is the organisational policy on record keeping? Are requirements reflected in the supervision contract?
- Can you use a template? (See Appendix 4 for an example of a template).
- Can you and the supervisee write up each session together as a method of summarising the session?
- How will you share the notes with your supervisee?
- How will notes be securely stored?
- What will happen with the records when the supervision relationship ends? Refer to organisational policy for this. In the absence of policy it is recommended that you retain the supervision records for a period of 10 years and then ensure they are securely destroyed.

At a minimum the supervision record should include:

- the date of the session.
- who was present (e.g. in group supervision there can be more than one supervisee)
- issues explored
- any strategies explored or developed
- any specific guidance provided by you in relation to any issue explored
- any actions agreed; who is responsible for carrying these out; by when; any follow up required in supervision.

Recording should occur in a timely manner. It is a good idea to either record the notes with your supervisee as part of the session or ensure you schedule time immediately after the session to record the notes.

If you are emailing notes to your supervisee you need to be sure they are satisfied that their privacy is adequately protected and they are happy to receive their notes in electronic format.

A supervision attendance record

It is good practice for supervisors to maintain a supervision attendance record for each supervisee. Again it is an important risk management tool and an important means of ensuring professional accountability. The supervision attendance record keeps a running record of sessions scheduled, whether they were attended, postponed, cancelled or “no show” and any relevant comment (see the example provided below and a template provided in Appendix 5). It is important to record a brief comment as attendance at supervision is generally reported on in supervision reports and notes in the “comment” column will assist with providing accurate reports. For example:

Date scheduled	Attended	Postponed	Cancelled	No show	Comment
2/5/14	x				
16/5/14	x				
30/5/14				x	<i>Notified later, crisis at work</i>
13/06/14	x				
27/06/14		x			<i>I was unwell; rescheduled for 1 week later</i>
4/07/14	x				

Supervision reports: supervisor responsibilities

All parties to the supervision contract have responsibilities and rights in relation to supervision reporting. These are discussed on page 29.

The key issues for you as a supervisor:

- It is your responsibility to write the report within the terms and timeframes agreed.
- Reporting requirements should be clearly set out and agreed in the supervision contract. This applies equally to whether you are an 'external' or 'internal' supervisor.
- You are responsible for ensuring that the reporting process is constructive for the supervisee in supporting their ongoing development.

Dapaanz supervision assessment reports: supervisor's role

In order to become a *dapaanz* registered addiction practitioner and to fulfil annual registration renewal requirements practitioners must submit an assessment report from a *dapaanz* accredited clinical supervisor.

In undertaking this assessment you as a supervisor are supporting or indicating that you do not support the supervisee's application or renewal of registration for the following 12-month period.

For the *dapaanz* supervision assessment report you are required to:

- verify that the applicant demonstrates capability in assessing and managing complex clinical presentations, in a complex, variable and specialised range of contexts
- endorse the practitioner's competence in relation to the practitioner competency requirements, outlined in full in the *Addiction Intervention Competency Framework*, as

relevant to the applicant's practice context. This includes specific competencies in relation to working with Māori

- confirm the practitioner's ability to work within the *dapaanz* Code of Ethics.

This assessment requires considered professional judgement from you as a supervisor. It is important that you discuss what you will draw on to support this process with the supervisee, i.e. **what do you as a supervisor need to observe and understand in order to know that the supervisee is practising competently and ethically?** Will you rely solely on what the supervisee raises in supervision or will you seek additional material via means such as directly observing their practice or reviewing an audio or videotape of their work etc?

It is suggested you and your supervisee ensure that the practitioner competencies as outlined in the *Addiction Intervention Competency Framework* and the *dapaanz* Code of Ethics are regularly referenced throughout supervision. This allows you and your supervisee to identify areas for development to enable the supervisee to meet the requirements of the assessment when the report is due.

If you are undecided or unwilling to provide the endorsement required by *dapaanz* it is suggested that you:

- discuss this respectfully and constructively with the supervisee in the first instance, clarifying your reasons and providing support to enable the practitioner to work towards gaining endorsement
- suggest your supervisee discusses the situation with their manager and gain support for the plan to meet requirements
- agree with the supervisee the parameters of information sharing with their manager regarding this situation.

Where this becomes an area of conflict between you and the supervisee or the organisation a formal review of supervision is encouraged.

Dual relationships and boundary issues: supervisor's role

When dual relationships occur it is your responsibility as the supervisor to ensure that the supervision relationship exists within clear boundaries.

You should:

- ensure you discuss the potential for unclear boundaries in limiting the effectiveness of supervision as part of negotiating the contract
- provide reassurance to the supervisee that the supervision relationship will be respected in terms of its purpose and confidentiality
- regularly check whether the dual relationship is being adequately managed from the supervisee's perspective.

4. Guidance for managers

This section is provided for managers who are responsible for managing addiction practitioners. The focus is to support you as a manager to:

- fulfil your responsibilities in ensuring that addiction practitioners receive appropriate supervision of their practice
- support addiction practitioners to meet their dapaanz registration requirements.

The information below assumes that a structured programme of supervision is established in your organisation. If this is not the case and you need to initiate a supervision programme, refer to the guidance provided in *Mental Health and Addiction supervision toolkit for kaiwhakahaere/managers* (Te Pou o Te Whakaaro Nui, 2014).

Organisational leadership and support is essential to effective supervision. There are a number of benefits to organisations and their staff in developing a positive supervision culture and evidence supporting the effectiveness of supervision is growing. The benefits are outlined on page 17. In summary, from an organisational perspective supervision assists workforce development objectives and quality and risk management objectives. Active and informed management of the organisational supervision programme will enhance the benefits.

In practical terms effective supervision is one of the mechanisms that will support practitioners to:

- develop competence and confidence, providing an effective service and managing problems that arise in day-to-day practice

- grow in their professionalism, develop a strong professional identity and effectively cope with the demands of their role and organisational change.

Manager's responsibilities in supporting supervision

As a manager you are responsible for ensuring that an effective programme of supervision is in place to support safe, effective and accountable practice in your organisation.

Responsibilities include:³⁵

- promoting supervision as an essential part of addiction practice
- providing leadership and support in relation to supervision
- understanding and supporting dapaanz requirements and expectations in relation to supervision of addiction practitioners
- understanding and supporting requirements and expectations in relation to the Treaty of Waitangi. All supervision in Aotearoa New Zealand sits within the context of the Treaty of Waitangi
- developing options to ensure supervision is appropriate to support good practice with tangata whaiora Māori. This means supervision must be appropriate and effective for practitioners working with Māori, and practitioners and supervisors who are Māori
- understanding how supervision fits with other professional development and accountability activities

³⁵Adapted from Te Pou o Te Whakaaro Nui, 2011c.

- ensuring supervision is accounted for in service budgets
- ensuring policy and procedures are in place to support supervision setting out the purpose, processes, expectations and limitations, roles and responsibilities of each party
- managing a robust and transparent supervisor recruitment system
- ensuring all supervision relationships are based on a negotiated contract
- regularly monitoring compliance and reviewing policy and procedures in consultation with stakeholders. Ensuring the right information to do this is available
- developing options to ensure that supervision is culturally appropriate for practitioners and their taura/client populations
- addressing barriers to ensure practitioners have access to effective supervision of their practice (helping practitioners to find a supervisor, ensuring they can attend as planned, helping to resolve problems that arise)
- ensuring supervision options maximise choice for supervisees and supervisors
- responding constructively to support resolution of problems in supervision relationships
- participating in reviews of supervision.

Overview of addiction practitioner competencies

The following overview of the addiction practitioner competencies is provided for your reference. Practitioners are required to demonstrate competencies 1-8 and at least one of competencies A and B. Supervisors need the requisite skills and knowledge to support dapaanz registered addiction practitioners to demonstrate the competencies as follows:

- 1 Working with clients
- 2 Working with Māori
- 3 Working with Pacific Peoples
- 4 Applying principles of Social Justice
- 5 Professional responsibility
- 6 Working with families and whānau
- 7 Facilitating groups
- 8 Working with communities.

A. Problem Gambling Practitioner competency **and/or**

B. Alcohol and other Drug Practitioner competency

Finding, supporting and monitoring supervisors

Access to a qualified and experienced pool of supervisors is necessary if your supervision programme is to deliver the benefits your organisation requires.

A key requirement for *dapaanz* registered addiction practitioners and those seeking to achieve registration is that their practice is supervised by a *dapaanz* accredited supervisor.

See the dapaanz website for a full list of accredited supervisors <http://www.dapaanz.org.nz/accredited-clinical-supervision/>

For your reference, *dapaanz* criteria for supervisor accreditation are:

- 1 The supervisor holds **one or more** of the following:
 - *Dapaanz* Practitioner Registration (minimum of two years)
 - Registration in a profession subject to the provisions of the Health Practitioners Competence Assurance Act (2003)
 - Social work registration under the Social Workers Registration Act (2003)
 - Full membership of the New Zealand Association of Counsellors or the New Zealand Christian Counsellors' Association (minimum of two years)
- 2 The supervisor is competent in relation to the practitioner competency requirements

outlined in the *Addiction Intervention Competency Framework*. The supervisor demonstrates ability to support addiction practitioners to integrate into their practice the knowledge and skills set out in the competencies. This will typically be demonstrated via a report from their supervisor at application and renewal and at least two references from supervisees at renewal. See below a list of competencies.

- 3 The supervisor has completed a minimum of three years of clinical practice in addiction in the 10 years immediately prior to application.
- 4 The supervisor has undertaken training in supervision from a *dapaanz* approved training provider.

You may wish to consider the following additional criteria:

- The models the supervisor uses align with the organisational approach to addiction
- The supervisor demonstrates willingness to support to the requirements of your organisation
- The supervisor demonstrates commitment to the principles of the Treaty of Waitangi
- The supervisor demonstrates willingness to participate in evaluation of supervision
- The supervisor demonstrates commitment to their own development and learning
- The supervisor is linked to and active in contributing to the broader sector.

If you are recruiting supervisors within your organisation you may wish to ask them for examples of how they:

- manage power dynamics in the supervision relationship

- manage dual relationships
- support Māori responsiveness in supervision as per the principles of the Treaty of Waitangi
- support cultural competence in supervision.

If you are recruiting supervisors as external contactors you may wish to consider:

- their understanding of the mission, philosophy, goals, practice approach, policy and procedures of your organisation
- their strategies for and experience in supporting cultural competence in supervision as per the principles of the Treaty of Waitangi
- their strategies for and experience in supporting cultural competence in supervision
- their availability and willingness to provide support outside of the supervision appointment time
- their willingness to engage in any additional organisational requirements for example, a three-monthly supervisors meeting hosted by your organisation

- the value for money they offer ie. are their fees consistent with other similarly qualified and experienced supervisors that you could recruit.

Developing supervision expertise in your organisation

The basics for supporting supervisors in your organisation include:

- ensuring all supervisors have been trained to provide supervision. Where possible supporting ongoing training
- making sure all supervisors have their own supervision
- providing tools and resources to support supervisory practices (for example, this Supervision Guide, and also Kina Trust, 2011; Te Pou o Te Whakaaro Nui, 2011a, 2011b, 2011c).

Some strategies that your organisation could consider for developing new supervisors include:

- offering professional development opportunities (training in supervision) to experienced practitioners on your staff
- promoting available scholarships for practitioners undertaking supervision qualifications
- developing supervisor groups, or peer support networks to support and develop new supervisors.

Accessing external supervisors

Feedback from addiction practitioners (supervisees) strongly indicates that they prefer the option of ‘external’ supervision. This is an important consideration for managers. Key factors influencing this preference are:

- choice: supervisees value choice and there is usually greater choice when external supervision is available

- role clarity and focus: there is no confusion in relation to organisational roles; the supervision focus is protected
- development of trust: supervisees feel more able to develop a working relationship based on trust when their supervisor is not in a formal position of power over them (in their role)
- matching: there is more opportunity for an appropriate match between supervisee and supervisor, e.g. gender, culture (the same or different depending on need) and professional expertise (the same or different depending on professional requirements and need).

Costs of supervision

For many organisations the cost of supervision is a concern and for some it is a significant constraint on the supervision options that can be offered. Feedback suggests costs of supervision have risen disproportionately to service funding levels.

If your organisation is not able to support external supervision because of the cost, you may be able to consider other ways of providing supervision which reflect the factors (listed above) that practitioners value in the external supervision relationship.

One option is to develop memoranda of understanding (MOU) with supervisors from compatible organisations or teams within your organisation to provide supervision for each other’s practitioners. This arrangement can work well to provide choice and reduce costs. It is important to monitor the arrangement to ensure its on-going effectiveness. A sample tool to support the monitoring process is provided in Appendix 10.

“Supervision is not just about cost, it is an investment; partly it is insurance.”

Addiction services senior manager

Limited or no choice

If there is very limited or no choice of supervisors available to the practitioners you are managing it is important to be aware that this can reduce the benefits of supervision to your organisation.

Supporting **additional** options like peer supervision (either one-to-one or group), in-service training, journal clubs and other training and development options may assist your practitioners in their professional development.

Other activities such as caseload management, case review, critical incident review, clinical consultation, cultural consultation, record keeping audits, audits of other aspects of practice and employee assistance programmes may also assist in managing risk and supporting professional development and wellbeing. It is important to be clear that these activities are not supervision.

Policy

Supervision policy needs to be tailored to the organisational context. As a guide the following should be considered:

- purpose of supervision
- key principles / organisational approach
- how supervision reflects commitment to the Treaty of Waitangi
- types of supervision included and how these are defined, minimum requirements of each type, i.e. what is expected to be covered; clear statements regarding what is expected in terms of oversight of practice
- links to other professional development activities
- links to other support; the distinction between supervision and EAP should be outlined
- policy regarding relationship of supervision to routine performance management processes and management of poor performance

- roles and responsibilities of supervisee, supervisor, manager
- scope of confidentiality
- selection and allocation procedures, including criteria for selecting supervisors
- contracts: requirements and a sample of the required format
- record keeping
- reporting
- review procedures
- conflict resolution processes.

Contracts: managers responsibilities

Supervision contracts are essential. Refer to page 29 for details. Templates are provided in Appendix 3.

Preventing and managing challenges in supervision: manager's role

Challenges in supervision arise from time to time. Every organisation and situation will be different and it is important that organisational policy and procedural requirements are followed when responding to complex and challenging situations.

Table 5 (on the next page) outlines some common challenges and provides suggestions regarding solutions you could consider to address them. These are provided in the expectation that, as a manager, you will use your professional judgement in determining the correct course of action for your circumstances and context.

Challenge	Suggested solutions
You have insufficient information about whether supervision is effective or not	Implement a feedback system with supervisees (See example in Appendix 10) Ensure an adequate reporting system is in place Hold regular supervisors hui or forums
You have concerns that a supervisor is not supporting organisational imperatives	Discuss with the supervisor, referring to the supervision contract, review this as necessary to clarify requirements Monitor progress If progress is unsatisfactory consider: <ul style="list-style-type: none"> • initiating disciplinary procedures for internal supervisor • terminating the contract for external supervisor
You are concerned that a practitioner is not taking ethical or competence issues to supervision	Request a review of supervision with the supervisee and supervisor. Discuss specific concerns; be constructive in approach. Negotiate how concerns can be addressed and how this will be monitored by all parties Review organisational supervision policy to ensure that organisation's expectations about what is to be covered in supervision are specified
A practitioner is not attending supervision as per their contract	Prioritise discussion of the issues with the practitioner to ensure understanding of the situation Address barriers, e.g. manage any workload issues; provide support to improve time management If necessary coordinate a review of the supervision contract
A supervisor is not fulfilling the terms of a supervision contract	Prioritise discussion with the supervisor, referring to the supervision contract, reviewing as necessary. Affirm your requirements Monitor progress If progress is unsatisfactory consider: <ul style="list-style-type: none"> • initiating disciplinary procedures for internal supervisor • terminating the contract for external supervisor
Practitioner signals that they find internal supervision relationship ineffective	Prioritise discussion to explore the practitioner's concerns: they have signalled that a key component of their practice is not working Review the supervision arrangement. Seek a practical solution that will address the supervisee's concerns, e.g. supervision from another supervisor/ team; contra arrangement etc.
Internal supervisor signals they have been unable to engage a supervisee in an effective supervision relationship	As above, i.e. explore the concerns and seek a solution that will ensure supervision is effective for the supervisee
Supervisor is unwilling to endorse competence for professional registration purposes	Discuss with supervisee and supervisor. Clarify areas for development and strategies for the supervisee to achieve the required standards
Supervision is not valued in your organisation	Discuss with manager and ask for support, referring to this Supervision Guide Seek support from likeminded colleagues Offer to lead a discussion on supervision or invite a supervisor in to make a presentation to the organisation
Supervisor is suspected of behaving in an unethical manner	Undertake immediate investigation Consider the option of suspending all supervision contracts held by the supervisor; arrange interim alternative supervision for supervisees Follow organisational procedure to complete the investigation and base subsequent actions on the outcome of the investigation Inform dapaanz

5. Appendices

Appendix 1: Reference group members

Reference group		
Alison Penfold	Director	Abacus Counselling, Training & Supervision
Anna Nelson	Programme Lead	Matua Raki
Andrew Raven	Psychologist	Central Health
Ben Birks Ang	Team Leader	Odyssey, Auckland
Catherine Siely	Clinical Manager	CareNZ
Ian MacEwan	Executive Director	<i>dapaanz</i>
Orini Marr	Practitioner	Te Tohu o te Ora o Ngati Awa
Selina Elkington	Manager AOD/Gambling Service	Ngā Kete Mātauranga Pounamu
Suzette Poole	Clinical Lead	Te Pou o Te Whakaaro Nui
Suzy Morrison	Consumer Project Lead	Matua Raki

Appendix 2: References

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Appendix 3: Supervision contract ³⁶

1. Details of parties to the contract	Contract between:
	Supervisor (name)
	Supervisee (name)
	Line manager (name)
2. Duration of contract	a) Commencement date:
	b) Review date:
3. Purpose of supervision	<ul style="list-style-type: none"> • To monitor and promote health and wellbeing of the supervisee's tauira/clients • To promote reflective practice and ongoing professional development • To monitor and promote professional competence and ethical practice • To provide support for the supervisee in their role • To support professional registration requirements.
4. Supervisee goals	<p>(Note: these can be broad goals - more specific objectives can be agreed between the supervisee and the supervisor as required)</p>
5. Organisation goals	

³⁶Adapted from Nash R.:www.couragetogrow.co.nz/Supervision/ContractingforSupervision.aspx

6. Frequency, duration, location	Frequency:
	Duration:
	Time/day: (renegotiated if necessary)
	Location:
	Any changes must be notified to all parties by the person initiating the change. Requests for additional sessions must be authorised through the organisation and negotiated with the supervisor.
7. Postponement and non-attendance	All parties agree that supervision is a priority and every effort should be made to ensure scheduled appointments occur. If the appointment cannot be kept by either the supervisee or supervisor, each agrees to notify the other in a timely manner and to reschedule another appointment at the time of postponement. Non-attendance without notice by the supervisee will be reported to the organisation.
8. Routine reporting	Reports will be provided by the supervisor (state <i>frequency, e.g. three-monthly</i>) Written reports will include: <ul style="list-style-type: none"> • dates supervision attended • duration of each session • a statement that the supervisee is/is not fulfilling the terms of the supervision contact. Reports will be provided to the supervisee and the organisation. Face-to-face reporting can be requested by any party as needed.
9. Supervisee responsibilities	<ul style="list-style-type: none"> • Identifying and monitoring learning goals. • Demonstrating commitment to an honest and open supervision relationship. • Preparing for supervision sessions by reflecting on practice issues to be explored and discussed • Reflecting on areas of strength and limitations in relation to competency • Bringing ethical issues to supervision, including potential ethical breaches • Applying learning to practice • Requesting review of supervision if the relationship is not working.

10. Supervisor responsibilities	<ul style="list-style-type: none"> • Facilitating a structured learning experience suited to the supervisee • Demonstrating commitment to an honest and open supervision relationship • Maintaining confidentiality of supervisee, service user and employing organisation information except where there is identified risk • Providing constructive feedback and challenge to support ongoing professional development, competence, confidence and learning • Monitoring practice in regard to ethics, standards and competencies • Supporting the supervisee to maintain their own wellbeing at work • Being familiar with philosophy, relevant policy of the employing organisation and requirements of the supervisee's role • Recording the supervision session as negotiated with the supervisee • Providing supervision reports as specified in this contract • Requesting review of supervision if the relationship is not effective.
11. Organisations responsibilities	<ul style="list-style-type: none"> • Supporting the supervisee to prioritise participation in supervision • Respecting the confidentiality of supervision • Considering training and other professional development requirements that are identified in supervision • Notifying any changes to reporting requirements in a timely manner • Acknowledging receipt of supervision reports • Providing payment of the fee in a timely manner • Supporting review of the supervision arrangement as necessary.
12. Confidentiality	<ul style="list-style-type: none"> • The content of supervision will be confidential to the supervisee and supervisor except where clause 13 applies.
13. Unsafe and unethical practice	<ul style="list-style-type: none"> • If the supervisor has concerns about any safety of or risk to taurira/clients, the supervisee and/or the organisation, and the concerns cannot be resolved within supervision in an appropriate timeframe, the supervisor will notify the employing organisation and notify the supervisee that they are taking this action.
14. Dual relationships	<p>(Specify if these apply and if yes, how they will be managed)</p>

15. Personal issues	<ul style="list-style-type: none"> The supervisee's personal issues may be explored in supervision in so far as these are impacting on professional practice The supervisee is responsible for raising issues that may be impacting on practice The supervisor is responsible for supporting the supervisee to reflect on the impact of personal issues on practice and for guiding the supervisee to seek assistance to manage personal issues appropriately. 					
16. Termination	Any party may terminate this contract with one months' notice.					
17. Payment details	<table border="1"> <tr> <td>Contact person for billing:</td> </tr> <tr> <td>Billing address:</td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> <tr> <td>Agreed fee per supervision session:</td> </tr> </table>	Contact person for billing:	Billing address:			Agreed fee per supervision session:
Contact person for billing:						
Billing address:						
Agreed fee per supervision session:						

	Signature	Date signed
Supervisee		
Supervisor		
Manager		
Contact details	Email	Telephone
Supervisor		
Supervisee		
Line Manager		

Clinical supervision agreement ³⁷

Date of agreement
Clinician
Clinical supervisor
Team leader
Review date
Clinical supervision will address the following areas
Clinical supervision will take the following form and frequency (e.g. one-to-one meeting, team meeting)
Confidentiality Our understanding of confidentiality is that the content of support meetings is confidential between the parties, but where there are issues regarding clinical risk and/or performance management, information may need to be shared with other relevant parties. Should information need to be shared, the supervisor will advise the clinician in advance of this occurring, including what information will be shared, with whom and for what purpose. Other areas to consider:

³⁷Source: Port Augusta Hospital and Regional Health Service, cited in Allied Health Clinical Support Framework, Country Health SA, SA Health, May 2009 cited in HETI, 2011.

Record of clinical supervision	
Who will record it?	
Where will the records be kept?	
Who has access to this information?	
What will happen to the clinical supervision notes when the clinician leaves their position?	
<i>Notes will be maintained/archived in line with record management policies.</i>	
Additional information	
Clinical supervision meetings (if applicable)	
The clinician will prepare for each meeting by	
The clinical supervisor will prepare for each meeting by	
Should a meeting need to be rescheduled we agree to	
Other considerations	
<i>The details of this document can be modified at any time when agreed by both parties.</i> <i>A copy of this agreement will be given to the team leader/line manager for their records</i>	
Name	
Signed	Date
Name	
Signed	Date
Name	
Signed	Date

Abacus Group Supervision Contract ³⁸

between	and
<i>Supervisor</i>	
<i>Supervisees</i>	
We agree that supervision will be for the period from _____ to _____	
on a _____ basis, with a review date of _____	
<ul style="list-style-type: none"> • We will record the dates and summary points of supervision sessions. • We will work to agreed purposes in supervision sessions. • We understand that where supervision identifies personal issues affecting work performance personal counselling may be recommended. • We agree that issues presented in supervision remain confidential to all except that: <ol style="list-style-type: none"> a) I (the supervisor) may discuss issues with my own individual supervisor. b) If I (the supervisor) have concern about the safety of your work with clients I will (in this order): <ol style="list-style-type: none"> 1. let you know at the time that I notice the concern and together with you, record actions and time frame required to rectify the situation 2. re-check that the situation has resolved or 3. communicate unresolved concerns or safety issues to your line Manager. • I (the supervisor) am responsible for providing you with: <ol style="list-style-type: none"> a) a safe, non threatening environment in which to openly reflect upon and develop your professional practice b) feedback in order for us to discuss your strengths and any areas that may need further development c) references to appropriate resources - books articles etc. • We (the supervisees) are responsible for: <ol style="list-style-type: none"> a) Being on time and committed to the times set for supervision b) Informing my supervisor of: <ol style="list-style-type: none"> 1. any other supervision I may be having 2. any serious concerns about client safety straight away 3. any personal issue big enough to impact on my work 4. anything that may impact upon our supervision relationship 5. any training needs I am aware of. • Evaluation of our process will occur as part of each session, and formally in the completion of a supervision review annually. 	
Supervisee	Supervisor
	Date

³⁸Provided by Abacus Counselling, Supervision and Training.

Group Supervision Contract

This contract is between:	
Supervisor	
Supervisees	
Organisation(s)	
Start date	Review date
Purpose of supervision	
Supervision arrangements - <i>Time, date, location, duration, postponement and non-attendance</i>	
Confidentiality agreement	
Record keeping - <i>Who keeps records, where kept, who has access, how to access</i>	
Reporting - <i>Who prepares, who receives, how often, content of reports, access for group members</i>	
Agreed expectations of group members - <i>Attendance and punctuality, sharing time, honesty and openness, safety, session structure, facilitation role, model of feedback, conflict resolution, what to bring, personal issues etc</i>	
Signed by all	
Date	

Appendix 4: Supervision session notes

Present
Apologies
Date

Topic	Discussion <i>(NB: Note any specific guidance given by supervisor)</i>	Agreed action

Agenda items for next session <i>(If appropriate, e.g. follow up of actions)</i>	Preparation required

Signed
Date

Appendix 5: Supervision attendance record

Supervisee
Organisation

Date	Attended	Postponed	Cancelled	No show	

Appendix 6: Routine supervision report ³⁹

Report on supervision of (supervisee's name)	
Reporting period	
Prepared by (supervisor's name)	
Prepared for (recipient's/recipients' name/s)	
Date prepared	
Attendance <i>(List dates and times of sessions attended; any sessions cancelled; any non-attendance that has not been notified)</i>	
Adherence to the supervision contract <i>(Confirm that the supervisee has adhered to the supervision contract; note any areas of breach of contract)</i>	
Professional development <i>(Briefly comment on areas of strength in relation to Addiction Intervention Competency Framework; note areas/recommendations for ongoing development)</i>	
Practice issues <i>(If necessary outline concerns and recommended actions)</i>	
Supervisor	Signed
Date	
	Date

³⁹Adapted from The Supervision Directory Steering Group (2005)

Professional development objectives <ul style="list-style-type: none"> • Refer to your job description • Refer to the Addiction Sector Competences • Refer to the dapaanz Code of Ethics • Reflect on the needs of your tauira/client group and your organisation's work • Reflect on your current skills and abilities (see Let's get real and Te Whare o Tiki: Coexisting knowledge and skills framework) • Consider any feedback you have received from tauira/clients, colleagues, manager, supervisor • Where are your gaps? • Where do your own interests lie? 	My current strengths are:
	I need to explore or learn more about:
	I need to develop my skills in:
Strategies <ul style="list-style-type: none"> • Reflect on how you can progress your development needs • What can you progress in supervision? • What else do you need to do? 	I will take the following to supervision:
	I will explore training options for:
Outcome <ul style="list-style-type: none"> • How will you know if you have achieved your learning objectives? What are the indicators? 	I will know I have met my learning objectives when:
Timeframe	I will review this (date)

⁴⁰Adapted from: Professional Development Objectives <http://www.crrmh.com.au/> and Te Pou o Te Whakaaro Nui ((2011a)

Appendix 8: Reflective practice worksheet ⁴¹

Note: This can be used by the supervisee to prepare for the session or by the supervisee and supervisor within a session to explore any area of practice

Description - Describe as a matter of fact what happened during your chosen episode for reflection.

Feelings - What were you thinking and feeling at the time?

Evaluation - List the points or tell the story about what was positive and what was less positive about the experience.

Analysis - What sense can you make out of the situation? What does it mean?

Conclusion - On reflection what could you have done differently?

Action plan - If the situation arose again, what would you do differently? How will you adapt your practice in light of this new understanding?

⁴¹Source: Adapted from Gibbs, G. (1988) Learning by doing: A guide to teaching and learning methods. Further Education Unit, Oxford Brookes University, Oxford. In HETI, 2011

Appendix 9: Issues to discuss at your next supervision session ⁴²

Date of supervision:
What has occurred since your last session?
What have you planned to achieve but not yet started or completed?
What is currently happening that you wish to discuss (opportunities, challenges or issues)?
Any other issues?

⁴²Source: The Coaching Academy (2008) in Helen and Douglas House Supervision Toolkit, available at http://www.helenanddouglas.org.uk/get_information/useful-resources/

Appendix 10: Supervision feedback form⁴³

<i>This form is designed to help you get the most from your supervision.</i>	
Frequency of supervision sessions:	
Do you have an agreed documented supervision contract with your supervisor?	Yes No
Are your supervision goals and objectives being met?	Yes No
In what way are / aren't these goals and objectives being met?	
What are the most useful aspects of your supervision?	
What expectations are not met from your supervision?	
Do you have any additional comments about your supervision?	

⁴³Adapted from: Area Nursing and Midwifery Services Policies and Procedures, Clinical Supervision Policy 2007/01 cited in South Eastern Sydney Illawarra area procedure, Clinical Supervision – Podiatrists, September 2008 cited in HETI, 2011



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