

## Project5 Supervision Guidelines for Coaches and Wellbeing Specialists

### AIM

Supervision provided through Project5 aims to provide formal procedures for giving coaches and wellbeing specialists professional support in order to enhance their development and ensure that the interventions provided to NHS and Care staff are diligently given, appropriate, and of the highest possible standard. In Project5 the approach taken in supervision for both coaches and wellbeing specialists is solution-focussed.

Clinical supervision is a formal relationship in which there is a contractual agreement and where coaches and wellbeing specialists present their work with clients in an open and honest way and that enables the supervisor to have insight into how the work is being conducted. A core principle of our solution focussed supervision is to appreciate and value the different backgrounds and cultural practices of both volunteers and NHS and care staff accessing Project-5. The purposes of supervision are to ensure safe practice for clients, to optimise client outcomes and to promote greater insight and the development of therapeutic skills for the supervisee.

### SUPERVISOR ROLE

Solution-focussed supervision given through Project5 should be orientated to the supervisee and centred on practice. In order to achieve this the supervisor should find out what previous supervisory relationships the supervisee found were helpful and what were unhelpful. The supervisor then adapts to previous experiences and preferred ways of relating in order to facilitate the supervisee in fully utilising the supervision session. Supervisor and supervisee need to be honest and open in their discussion, co-create ideas, and give constructive feedback to each other. Social issues such as power and difference should be considered in relation to gender, race, culture, class, age, economic status, disability, sexual orientation, religion, and spirituality.

The supervisory experience and style of interacting becomes a template for the interventions the supervisee is conducting with NHS and Care staff. Careful pacing, sensitive use of listening skills, focussing on solution to problems, giving genuine positive and constructive feedback, becomes a model for the supervisee on how to relate to their clients.

To enhance professional practice supervision should be promoting the supervisees capacity to be reflective on the impact of the work on self and the client. Practitioners and supervisors work together to process the emotional, cognitive, and behavioural events that took place during intervention for both the supervisee and the NHS and Care staff member, and if needed attempt to identify potential alternative lines of endeavour, and come to a workable understanding of the situation. This requires the supervisor to tolerate uncertainty and confusion and foster an atmosphere of curiosity to meet the challenges presented by the supervisee and generate different understandings.

Supervision is a place where achievements and success can be identified, positive feedback received, and where recognition of strengths and abilities promotes increased motivation and an increased sense of self-worth. Supervisors should not be afraid to challenge supervisees and they need to be clear, sensitive, and direct when doing so link this with constructive feedback. It might be necessary for the supervisor to explain intervention procedures in detail and to ensure that supervisees have an adequate grasp of the approach they are being asked to use.

Project5 promotes formal, scheduled supervision meetings of at least an hour's duration, occurring once every 6 weeks. In addition, each professional working as a coach or wellbeing specialist should already be receiving their own regular external supervision to deal with any unforeseen emotional repercussions emanating from professional practice. Project5 supervisors in certain circumstances might make themselves available for brief informal discussion of matters that arise between formal supervision sessions.

Project5 supervisors should maintain and keep enough written records of supervision sessions to support future sessions, these need to be anonymised, and held securely. This includes basic contact details as well as records of supervision sessions. Provide access to these records following the end of the supervisory arrangement, whether planned or unplanned, ensuring that any confidential information is protected. All supervisors should have appropriate indemnity arrangements to cover for their work as a supervisor, including against possible claims for damages for negligence and malpractice. All supervisors are expected to take part in the Project5 supervision of supervision online forum.

## SOLUTION-FOCUSSED APPROACH TO SUPERVISION

### Supervision for coaching and wellbeing based on an established stepped process

Page and Wosket (1994) developed a comprehensive cyclical model of supervision which provided a five-step supervisory framework. They understood supervision as a two-way, interactive dynamic process where the supervisor and supervisee acted upon and influenced one another, and where the beginning (initial **Contract** or identifying the **Focus** of the session) mirrored the end of the supervision session (**Review**). Bezuidenhout (2003) confirmed the usefulness of this five-step model in a health care context.

The five-steps are: **1. Contract** where a supervision contract is made at the first meeting between supervisor and supervisee; **2. Focus** where the goal or aim of the supervision session is determined; **3. Space** where uncertainty, confusion and anxiety is tolerated, there is a commitment to explore the supervisee's dilemmas, and identifying previous examples of success in dealing with similar situations ; **4. Bridge** where clear plans to address or solve the dilemma are developed; **5. Review** where at the end of each supervisory session a joint conclusion is made as to what worked, what did not, and how useful the session was overall.

Essentially the five-step supervision model maps onto the solution focussed approach developed by de Shazer (1982, 1985, 1988). However, Gray (2007) pointed out that wider systemic factors were not included in the original cyclical model and proposed that social contexts, ethical constraints, and environmental and organisational factors be included in the supervisory conversation.

In addition, Project5 believes that much more emphasis should be given during supervision to the development of self-reflexivity which is enhanced by careful consideration of difference and diversity factors between the supervisee, NHS staff, and the supervisor, and this would then lead to greater discussion of the nature of the working relationship between the supervisor and supervisee.

## **STEP 1. Contract**

### **Initial meeting: Developing a supervision contract**

Supervisors and supervisees should on first meeting agree a verbal contract:

- 1) Agree on the style and focus of the supervision sessions, although this should be primarily led by the supervisee. Supervisors should be prepared to adapt their style of supervision to the training background and length of experience of the supervisee.
- 2) Agree on clear boundaries and identify how to develop a professional and respectful framework of joint working.
- 3) Clarify the boundaries of the supervisor's accountability to Project-5.
- 4) Acknowledge and work from the perspective that the primary responsibility for direct work with NHS and Care staff lies with the Coach or the Wellbeing specialist.
- 5) Specify the limits of confidentiality in the supervision session and what information is required by Project-5.
- 6) Identify the scope and limitations of the supervision sessions.
- 7) Acknowledge the possibility of role conflict in the supervisory relationship stemming from the supervisor having a responsibility to ensure a quality service to NHS and Care staff and to inform Project5 of a failure in a quality service.
- 8) Recognise that conflict or unresolved disagreement may arise within the context of supervision and that part of the supervisory process is for both supervisor and supervisee to develop an understanding of this and attempt a resolution.
- 9) Agree to consult with a member of the Project5 clinical team should dilemmas arise needing additional support and advice.
- 10) Clarify any expectations in relation to cancellations and planned breaks.
- 11) Discuss the need to have arrangements in place to take care of the immediate needs of NHS and Care staff in the event of a sudden and unplanned pause or ending.

## **STEP 2. Focus**

## What does the supervisee want to work on?

In this step, the topic/area/issue for discussion is agreed upon. The first task of the supervisor is to find out:

1. What the supervisee wants to achieve – the goal. Why this goal now and not another goal?
2. What they want to achieve from the supervision session and how they will know it has been useful to them.
3. The preferred outcome anticipated by the supervisee. At this point the supervisor might ask a miracle question to help the supervisee visualise their perfect future (e.g. *Imagine that you wake up and find that a miracle, has taken place! The world is just as you would like it to be and you have resolved all the things that were bothering you. Describe what is different and what is it that tell you things have changed? Include much detail as you can*).
4. Negative implications of the goal – what might be the anticipated cost personally and to others if the goal is achieved. Does the cost outweigh the benefits?

Once the supervisee has a clear picture of their desired goal the supervisor might want to establish where the supervisee thinks they are already in relation to this. Using Scaling Techniques is a way of helping to quantify this (e.g. On a scale of 1 – 10, where 1 represents the least close to the goal and 10 represents having completely reached the goal).

## STEP 3. Space

Space is where uncertainty, confusion and anxiety are tolerated and where there is a commitment to explore the supervisee's dilemmas.

Having agreed on the focus of supervision, it is important for the supervisee to reflect upon their actions, thought and behaviour. The space stage is characterised by a tolerance of confusion, 'not knowing', and a commitment to exploration, which may at times be quite challenging for the supervisee. The relationship between the supervisor and supervisee needs therefore to be a collaborative and supportive reflective alliance. Reflection provides space for both the supervisee and supervisor to carefully examine and explore the dilemma as well as on the supervisory process itself.

Previous instances of success by the supervisee in achieving similar goals are sought, and this might include identifying 'exceptions' where the supervisee achieved something in the past but has not fully appreciated that this happened. This stage supervision will involve identifying the supervisees skills and strengths or those that were present in the past and need to be reactivated. Future skills might need to be acquired to achieve the goal and these likewise need to be identified.

'Exceptions' can highlight for the supervisee an unrecognised capacity to achieve the goal and might also indicate personal skills and capacities that were not appreciated. Consequently, when they are recognised, they provide an opportunity to develop a sense of personal efficacy. The greater the challenges a person has previously overcome the greater will be the opportunity to recognise past achievement and in turn the possibility of overcoming future hurdles and achieving future goals.

Once the supervisee has a clearer picture of their own success the supervisor can get them to identify role models or respected others who have achieved goals similar or the same as their desired goal. Discussion can take place as to what the supervisee has observed the role model doing and the extent to which they can replicate the role model. There might be opportunities following the supervision session for the supervisee to talk directly with the role model about how to achieve the desired goal. These might be senior colleagues who can offer on-going support and advice, and act as a resource for the future.

Plenty of time should be taken to establish the resources the supervisee has available to them both personally and in terms of the wider context. The supervisor facilitates the recognition of positive attributes by giving positive affirmation of what was identified during the session and giving context to this so that the supervisee can begin to think about how these might be used in different situations (e.g. I was really impressed with the way you handled that situation and wonder how you might do the same in this new task?).

## **STEP 4. Bridge**

Having reflected thoroughly on an issue, the clearer perspective is consolidated by, for example, the supervisor asking, “how do you see things now?” maybe followed by “what do you want to do with it?” It is at this stage that the supervisor may give relevant information or experience if it seems useful. Having consolidated the reflection and discussed relevant information, the supervisee may then set goals and plan action, while considering what effect such action will have on others concerned such as the supervisee.

The supervisor encourages the supervisee to think about the action that needs to be taken to use skills and personal qualities identified in the supervision session to achieve the desired goal. This involves helping the supervisee to determine what actions they will now take in order to move forward, what the obstacles there might be and how these can be overcome.

## **STEP 5: Review**

It is useful to set aside time at the end of each supervisory session to evaluate the session itself, in order to see what worked, what did not, and how useful the session was overall. In addition, it is good practice to build into the contract, regular reviews of the whole process.

Supervision sessions are concluded with a summary to the supervisee about what strengths and positive qualities were identified, what they have been doing that will be helpful to them in moving forward, role models who might prove to be helpful guides, and plans for overcoming hurdles. It might also be suggested that they keep in mind what works for them for future reference. Scaling can be repeated in order that they reappraise at the end of the session where they are in relation to the goal. If issues of risk were identified, then the supervisor will need to discuss this with the supervisee and explain the obligation to refer on to a mental health specialist. New goals might have been identified, and future supervision sessions could be used to follow-up on the original goal and to work on future goals.

## References

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