

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 7	Human Resources		
Section: 1	Administration of Personnel Management		
Topic: 3	Clinical Supervision		
Page: 1 of 6	Supersedes Date: Pol: Proc: 8-6-12	Approval Date: Pol: 8-16-12 Proc: 4-3-19	<hr style="border: none; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i> <hr style="border: none; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to provide clinical supervision to mental health professionals, peer support specialists, paraprofessionals, interns, and volunteers working in clinical areas.

Purpose

This policy and procedure is established to outline how and when clinical supervision will be provided. This process will provide staff with a confidential, safe and supportive environment such that they can reflect on their professional practice.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: Clinical Management and Primary Care Staff
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Primary Care/Outpatient Providers
 - Policy Only Policy and Procedure
- BABHA's Affiliates: Policy Only Policy and Procedure
- Other:

Definitions

Clinical Supervision: The process of two or more professionals formally meeting to reflect and review clinical situations with the aim of supporting the clinician in their professional role.

Clinical Supervisor: A person trained/experienced with clinical supervision with prior experience working in the behavioral health field, a higher level of practice skills, and ability to give feedback at the supervisee's level of experience.

Clinical Supervisee: Any professional, paraprofessional, student or volunteer providing behavioral health services or supports in a clinical area.

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Procedure

Bay-Arenac Behavioral Health employs both developmental and supervision alliance models of clinical supervision. Clinical supervisors may employ either of these models at their discretion based on the identified needs of the supervisee and/or the case scenario.

Developmental Model: Under the developmental model, clinical supervision is viewed as the opportunity for supervisees to consult with a more seasoned practitioner in order to draw on their practice wisdom and clinical expertise.

Supervision Alliance Model: This model focuses on the functions and tasks of clinical supervision and uses three review functions:

Normative or managerial

- Monitors the administrative aspects of the professionals' role and evaluates and monitors professional ethical issues such as code of conduct and adherence to organizational policies and procedures.

Formative or educative

- Focuses on the task of teaching and setting up a learning relationship by enhancing known strengths and identifying areas for improvement.
- Identifies professional developmental needs.

Restorative or supportive (Reflective)

- Supervisor provides counsel regarding clinical cases and explores responses in particular scenarios.

Goal Setting:

Clinical supervisors and supervisees will utilize the Employee Professional Development Plan to set formal goals on at least an annual basis. Goal attainment will be reviewed/documentated at least annually as part of the performance management process.

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Formats

Supervision can take place in a variety of formats. The format for supervision employed by the clinical supervisor will be based upon the needs of the supervisee and/or the case scenario.

Individual Supervision

- One-to-one clinical supervision meeting.

Group Supervision

- Two or more clinicians in a clinical supervision process.

Cross-Discipline Supervision

- One-on-one or group clinical supervision situation with more than one professional discipline involved.

Peer Group Supervision

- Participants confer with one another by discussing key topics of their professional everyday lives in a private setting in order to provide solutions for difficult situations with colleagues or persons served. Participants will learn alternative ways of managing professional challenges through a mentoring process.

Modes:

Clinical supervision can occur in a variety of settings, e.g., face-to-face, telephone, e-mail or videoconferencing.

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Venue:

The venue for clinical supervision should be free of interruption and conducive to meeting effectiveness and may occur in one-to-one sessions or other settings, e.g., observation or review of treatment sessions, and department or organizational staff meetings.

Frequency and Timing:

Clinical supervisors must meet with their team members for individual clinical supervision at least monthly for one hour. Opportunities for individual clinical supervision will be planned and scheduled in advance by each clinical supervisor and their supervisees.

Documentation:

Monthly individual clinical supervision will be documented manually or electronically on the BABHA Supervision Log. The supervision log will document the following:

- Case Reviews
- Accuracy of assessment and referral skills
- The appropriateness of the treatment or service intervention relative to the specific needs of each person served. Health and safety concerns including risk of harm to self or others and risk of suicide will be addressed.
- Treatment/service effectiveness as reflected by the person served meeting his or her individual goals.
- Identification of competencies and skill level to perform the tasks of the job and providing training, coaching and feedback when necessary.
- Review of fidelity to Evidence Based Practices, if implemented.
- Issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries.
- Clinical documentation issues identified through ongoing compliance review.
- Cultural competency issues.

Group supervision will be documented using a methodology provided by the clinical supervisor.

Attachments

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N/A

Related Forms

Employee Professional Development Plan (Intranet-HR Forms)
Supervision Log (Master Clinical Files-Clinical Supervision Tools)

Related Materials

N/A

References/Legal Authority

CARF Manual 2012, Section 2 General Program Standards, (2.a.21 and 22)

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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
M. Swank	PNLT	06/14/12	New	
Rebecca Smith	Rebecca Smith	05/31/13	No Changes	Triennial review
Rebecca Smith	Rebecca Smith	04/11/16	Revision	Triennial review – updated terminology
K. Amon	R. Smith Leadership	3/20/19, 4/3/19	Revision	Triennial Review-CARF Recommendations