

Frequency, Types, and Modes of Supervision



OBJECTIVES

At the end of this unit, participants will be able to:

- Identify and describe the two types of supervision
- Define administrative and clinical supervision
- State who provides each type and how often one receives administrative and clinical supervision



INSTRUCTIONS

1. Welcome participants and share the objectives.
2. Review framework for supervision, supervision basics, types of supervision, administrative supervision, and clinical supervision (slides 3–8).
3. Distribute the Administrative/Supportive Supervision Philosophy handout and review the 9 elements of supportive supervision. Ask for a participant to read each element and share an example.
4. Activity: Case Studies for Supervision
 - Distribute the handout Case Studies for Supervision and refer to it for instructions.
5. Wrap up. Explain that observing the principles of supportive supervision and ensuring that CHWs are receiving appropriate clinical supervision will go a long way in retaining CHWs and fostering good job performance and satisfaction.



Method(s) of Instruction

Lecture, group discussion



Estimated time

45 minutes



Key Concepts

Administrative supervision, clinical supervision



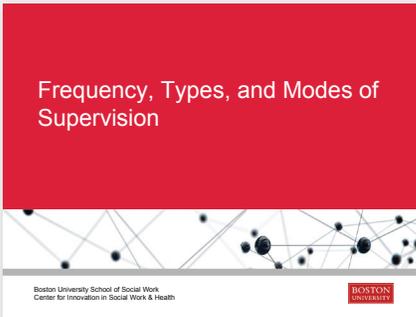
Materials

- Computer with internet and projector
- PowerPoints slides

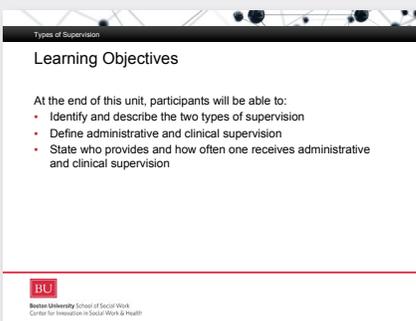
Handouts

- Administrative/Supportive Supervision Philosophy
- Case Studies for Supervision

Frequency, Types, and Modes of Supervision

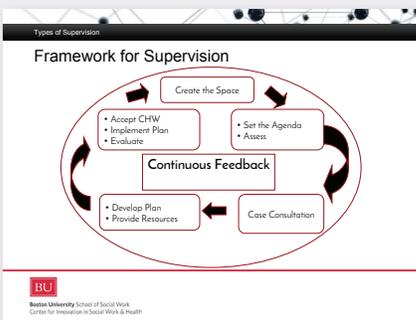


SLIDE 1



SLIDE 2

Read the slide.



SLIDE 3

Ask participants, “What are some of the key elements for supervision?”

Ask for volunteers to read each point in the framework and give an example.

Explain to participants that CHWs should receive both administrative and clinical supervision. During this module we will describe those differing duties.

Administrative supervision should be offered to all employees as part of good program management. It is usually conducted by a social worker, nurse, or program manager. Group and individual administrative supervision is highly recommended as it provides an opportunity for CHWs to learn from each other as well as receive individual supervision that is confidential.

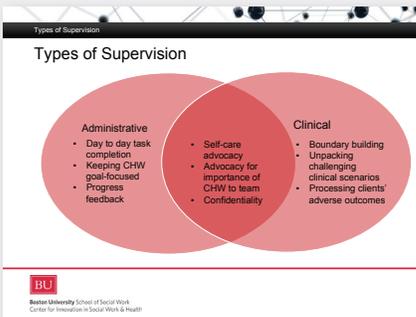


SLIDE 4

Ask for a volunteer to reach each bullet on the slide.

After each bullet, ask participants, “Why is this element important for supervision?”

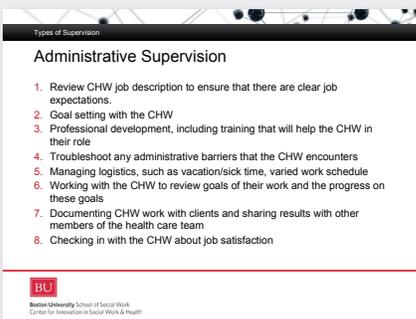
Frequency, Types, and Modes of Supervision



SLIDE 5

Review the slide.

Note that there are clearly distinctions between administrative and clinical supervision, however, there is intersection that will occur. We want to stress the importance of having both supervisors communicate to ensure the best supervision is provided to CHWs.



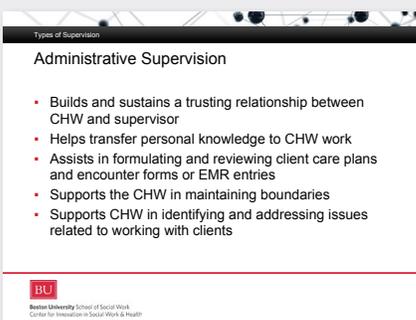
SLIDE 6

What are the duties of an Administrative Supervisor?

Ask for a volunteer to read each bullet

Ask participants what other tasks they would add to the list.

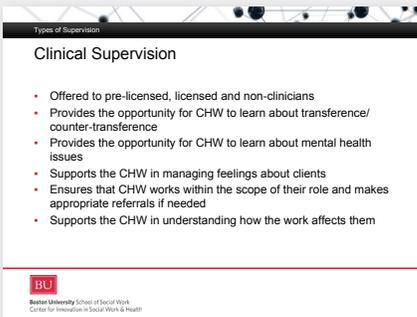
Explain that ideally, administrative supervision should be conducted regularly, whether weekly, bi-weekly, or monthly. Frequency may be decreased as the CHW becomes more confident in their job performance, which is affirmed by the supervisor. If schedules do not allow for a set scheduled time, the CHW should have access to the supervisor on a regular basis. It is also ideal to have the administrative supervisor work in the same location as the CHW. If a CHW is placed at a clinic or community based organization (CBO) from a host organization, an administrative supervisor at the organization where the CHW is employed should work collaboratively with the host organization to make sure that the CHW receives the support he or she needs to be an effective member of the interdisciplinary team.



SLIDE 7

CHWs face similar challenges as those working in clinical backgrounds like social work or psychology in that they are in a helping profession, engaging their clients in a trusting relationship in order to support them. Many CHW clients will present with acute or chronic stress related to their HIV status. However, many CHWs do not have the benefit of formal training, and therefore do not automatically fall into the structure that would be set up for social workers and psychologists.

Supportive supervision is an opportunity for the CHW and supervisor to talk about issues that emerge as a result of the CHW's own life experiences in working with clients in similar life situations. Sometimes, feelings emerge as a result of working so closely with clients and these feelings need to be addressed. Differing from clinical supervision, supportive supervision does not dig deeply into the clinical reasoning behind these feelings, but rather looks for ways in which the peer can continue to support the client's goals and feel supported in maintaining their own boundaries. Supportive supervision should be offered regularly with time that is set aside for the peer in a safe and uninterrupted time and space.



SLIDE 8

Review the slide.

Clinical supervision is conducted by a social worker, behavioral health consultant, licensed psychologist, or counselor.

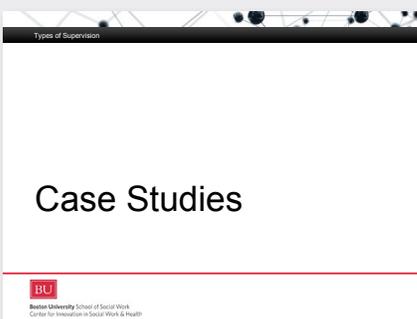
Group and individual clinical supervision is highly recommended as it provides an opportunity for CHWs to learn from each other as well as receive individual supervision that is confidential.

Sometimes, mixed emotions emerge in the CHW as a result of working so closely with clients, and these emotions can be addressed in clinical supervision. Clinical supervision digs deeply into the reasoning behind these feelings or emotions, thereby supporting the CHW in developing strategies to manage their own boundaries while continuing to help the patient work on their goals. Clinical supervision allows the CHW to develop a deeper understanding into how their reactions can be triggered by the patient or a coworker. Through this understanding and exploration, the CHW can maintain a relationship with clients that will be productive.

Clinical supervision should be offered regularly with time that is set aside for the peer in a safe and uninterrupted time and space.

The value of clinical supervision is not only that the CHW can benefit by exploring their feelings about the nature of CHW work, but also to highlight that their role of being a CHW is very important. Keeping regularly scheduled supervision meeting times not only gives the supervisor an opportunity to work with the CHW, and helps the CHW better understand their role, but it suggests that the CHW is important and valued by the organizational system.

Although there are some administrative supervisors who are able to provide clinical supervision and are able to separate out administrative issues such as caseload and getting to work on time, it is recommended that these roles be separated so that the CHW is able to talk about the sensitive nature of the work and not have administrative agency issues take precedence. Using an agenda can allow for adequate time management to address both administrative and supportive issues. Clinical supervision is an approach that can be provided by a non-licensed practitioner while clinical supervision is always provided by a licensed provider. For example, at most Ryan White clinics, CHWs have access to administrative support from the CHW supervisor and they receive clinical supervision through the clinical social worker on staff.



SLIDE 9

Distribute the handout Case Studies for Supervision and refer to it for instructions.

Administrative/Supportive Supervision Philosophy

The acronym F-A-V-O-R-I-T-E-S provides tips to consider when providing supervision to Community Health Workers.

Flexibility

- A CHW program must be designed to accommodate the complex lives of CHWs, including those with HIV (peer CHWs).
- Like their patients, some CHWs juggle numerous medical and social service appointments, periodic bouts with illness or fatigue, medication side effects, and competing demands.
- Like their patients, CHWs who are at risk of becoming non-adherent to care, jeopardizing their own health and positive influence on patients.
- A program that provides CHWs with a flexible schedule will not suffer setbacks from inevitable changes and enables CHWs to better integrate their job into their lives.

Appropriate Supervision

- CHWs thrive under supportive work conditions; a problem-solving approach and supportive style of supervision will help develop the capacity of CHWs.
- Individual, structured meetings between the supervisor and CHWs are a good time to examine the work of CHWs and assess patient response, stressors, and needs (with new CHWs, weekly or bi-weekly supervision sessions are necessary).
- One-on-one meetings are also appropriate to discuss issues related to CHWs identifying with their patients (countertransference); CHWs might react to certain situations or issues brought up by the patient without knowing that their own personal issues and problems may influence their reactions.
- Supervisors can help CHWs examine feelings that could affect their perception of, or reactions to, patients.
- CHWs need to be regularly reminded to focus on their patients so they do not become personally frustrated about issues or concerns that their patients may have.
- Individual supervision allows the supervisor to help the CHW identify personal and professional needs such as additional training, counseling, social services, or health care.
- Supervisors are responsible for making sure that CHWs do not become overwhelmed, providing all necessary resources and support to help them perform their role optimally.

Value

- Ongoing reminders to other staff of the importance of CHWs will help CHWs gain acceptance and value in the workplace.
- Recognizing CHW performance or achievements and responding to CHW feedback are ways of valuing them.
- Because it is easy to lose sight of the many challenges that CHWs overcome to fulfill their work responsibilities, staff members may need to be reminded to show their appreciation for seemingly routine CHW activities.



Opportunity

- Providing opportunities to attend meetings and conferences enable CHWs to expand their horizons by interacting with and learning from a community of professional and lay people.
- Providing opportunities for personal and professional development is key to optimal job performance and satisfaction.

Relapse

- CHWs with a history of substance use disorder (SUD) may be vulnerable to relapse sometimes because they are working with patients who are actively using drugs.
- Uncertainty about their role or issues relating to their work may prompt a CHW to return to substance use as a coping mechanism for job stress.
- Many of the hard-to-reach populations that benefit from CHW support have SUD. CHWs who can best relate to these populations have often experienced SUD themselves.
- Though it is important to recruit and hire CHWs who are not currently abusing street drugs, the very nature of their work – reaching out and attempting to form relationships with people with SUD – puts CHWs with a history of SUD at risk of relapsing.
- Even without the temptations of direct contact, CHWs may be vulnerable to relapse.
- Ideally, the manager will work proactively to head off relapse, offering extra time off, lessening job responsibilities, or simply providing the opportunity to talk.
- An effective program manager will be ever vigilant for signs of substance abuse such as missed meetings or appointments with patients, increased sick time, and lack of follow-through on assigned tasks.
- While confrontation may be necessary, the program manager should confront the behavior, not the person. CHW programs that have benefit packages could refer such individuals to Employee Assistance Programs or other mental health/substance abuse services.

Income/Loss of Benefits

- Any decrease or loss of benefits as a result of paid CHW work presents a serious situation for CHWs with and is frequently cited as a reason why qualified people with HIV do not return to work.
- Supervisors have a responsibility to make CHWs aware of this risk, providing information and referrals to legal or other services where they can receive guidance regarding their benefits. In most cases, supervisors do not have the background or resources available to analyze the case of each CHW, but they can encourage CHWs to consult with a lawyer or a benefits specialist concerning the limits to what they can earn without jeopardizing existing benefits.

Training

- Supervisors must constantly reassess training needs as the program evolves and as changes are implemented.
- Ensure access to ongoing formal and informal training demonstrates a program's commitment to the CHWs and will engender motivation and program success.
- Workshops might be organized to address CHW wellness issues such as stress management and cultural awareness.



- Offer program-sponsored training designed to upgrade CHW knowledge about HIV/AIDS, improve social support skills, or address other areas relevant to CHW work.

Environment

- Attend to CHW needs by providing an appropriate work context and opportunities to give feedback on program development. Recognition and appreciation are great ways to keep CHWs motivated to perform their jobs well.
- Providing training and skills development are a great way to keep CHWs motivated and able to perform their job.
- Provide a supportive work environment that is sensitive to stresses affecting CHWs.

Structure

- Providing CHWs with structure is as important as building in program flexibility; clear expectations, regular supervision and open lines of communication will minimize misunderstandings and encourage a CHW's sense of personal responsibility.
- A well-structured environment actually decreases any tendency toward micromanaging by laying out ground rules and consequences for non-compliance.
- Inadequate structure, disguised as program flexibility or low threshold, results in poor accountability and unreliable patient services.

Case Studies for Supervision

Instructions: Break up into pairs or small groups and review case studies provided. How would you respond as a supervisor in each scenario? What supervision skills are useful in this case study?

1. During supervision, Lisa has shared that she got a text from her client at 8pm saying that she was not going to keep her medical appointment tomorrow. (Self-care, boundaries, role confusion)
2. A case manager has come to you and shared that Lisa has been giving advice to the client's family about non-traditional strategies to manage the client's depression.
3. Lisa and the case manager are working collaboratively with their shared client around housing. Lisa has told the case manager that she went out and found a suitable apartment for their client. The case manager comes to you to express frustrations with Lisa.
4. Lisa feels disrespected and undervalued by case managers. Lately she has been using profanity and lashing out with co-workers and viewed as being unprofessional and not a team player. She is great with her clients but having a tough time communicating with the case managers.
5. In the local paper, there is a story of a client who was convicted of transmitting HIV to their partner. A lot of whispering starts occurring in the office and the CHW suggests looking up the client in the medical chart.

Acknowledgements

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