SUPERVISION: THE MISSING LINK

Delphi consensus-building study on best practices in supervision of MHPSS and protection intervention in emergency settings: summary of main results

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Background

Delphi consultation is a method for inviting experts to consider a set of key ideas or content, usually for the development of new measures or tools. The current Delphi consultation presented Mental Health and Psychosocial Support (MHPSS) and protection professionals with a set of twenty-eight statements related to supervision practices within emergency settings. All statements were accompanied by six response options: 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree', 'strongly disagree', and 'don't know'. As well as choosing one of these responses for each statement, participants are also invited comment in support of their choice(s). This same process is then repeated in a second round of voting, whereby participants are presented with the same set of statements (some with minor modifications). However, this time, they can view the anonymous votes and comments of their colleagues, and are invited to consider whether to revise their opinions based on this, or to stick with their previous votes.

Method

Sample

Participants were selected by placing call-outs on social media and in the newsletter of the Inter-Agency Standing Committee (IASC) Reference Group on MHPSS in Humanitarian Settings. Participants from previous consultations (i.e. key informant interviews and workshops) conducted as part of the Supervision: The Missing Link project were also invited to take part, as well as members of the project advisory group and any of their interested colleagues. This process resulted in an initial sample of 72 interested professionals. Of these, 67% (*n* = 48) participated in the first round. These participants were 63% female, 35% male, and 2% other genders. The mean age was 42 (range = 26-69). Most participants (65%) had experience of both receiving and providing supervision, while 4% had only provided supervision and a further 4% had only received supervision. 13 participants (27%) did not provide data for that item. Only those who participated in the first round were invited to participate in Round 2, and there was a 79% completion rate for the second round. In total, 37 individuals provided complete data for both rounds, representing an overall retention rate of 51%. Participants' countries of origin included Jordan, Bangladesh, Ethiopia, Croatia, Ecuador, Spain, Iceland, Finland, France, the USA, Lebanon, Sweden, Belgium, Australia, the Netherlands, Germany, Uganda, Kenya, Nigeria, Costa Rica, Bosnia and Herzegovina, Liberia, Malaysia, Egypt, Italy, Bolivia and Ireland.

The consultation was conducted using the specialised web platform for Delphi surveys, 'Welphi'. In keeping with common practice for Delphi studies (Diamond et al., 2014), 'consensus' was defined as at least 75% of participants responding 'agree' or 'strongly agree' to a given item. Some statements were modified for the second round if 1) they did not achieve consensus in the first round **and** 2) there was a clear sense from the qualitative data how the statement could be improved upon.

Ethics

Ethical approval for this study was obtained from the Centre for Health Policy and Management/Centre for Global Health Research Ethics Committee of Trinity College Dublin.

Consensus scores and summary of comments on each statement

1. **Supervision in the field of MHPSS and protection should include a focus on teaching or coaching the supervisee in specific skills.**
   Consensus: Round 1 98%, Round 2 95%

   There was a very high degree of consensus on this statement. Some felt that this should be the core focus of supervision. It was noted that this is particularly important in the early stages of a supervisee's practice, although there was a minority that viewed the 'educational' component of supervision as less essential. Overall, the consensus appeared to centre around the point that skill development should be considered as one core component of supervision, alongside other core functions, such as supporting the delivery of high-quality interventions and providing emotional support to supervisees.

2. **Supervision in the field of MHPSS and protection should include some means of checking intervention fidelity.**
   Consensus: Round 1 84%, Round 2 90%

   Once again, there was a high level of consensus on this statement (84%, increasing to 90% in Round 2). However, some felt that the function of 'verification' of correct intervention delivery could more usefully be carried out through separate processes, such as monitoring and evaluation procedures, while maintaining supervision as a space where the agenda could be led more by the supervisee and his/her concerns. Some agreed with the statement, but with caveats, noting that supervision should not stick too rigidly to a focus on treatment fidelity, as this becomes "constricting" particularly with more complex interventions. As one participant commented:

   "*I agree insofar as a specific intervention is being provided according to a (semi-)standardised protocol that participants have been trained in. Fidelity is relatively "easy to supervise" and gives especially novices clear criteria to orient towards. However, I still believe that great and specific attention should be focused towards what we often presumptuously call "basic helping skills", as the therapeutic alliance accounts for a great proportion of the benefits of an intervention.*"

3. **Supervision in the field of MHPSS and protection should provide emotional support to the supervisee.**
   Consensus: Round 1 84%, Round 2 91%

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There was a similar level of consensus for this point as for the previous statement. In their comments on this statement, participants noted the particularly stressful conditions experienced by MHPSS and protection professionals operating in emergency contexts. Similar to the last statement, although several participants agreed that the provision of emotional support is an important function of supervision, it should not be the sole focus. One participant agreed that it is important to provide emotional support, but to do so without being "intrusive". Another suggested that the 'emotional support' component of supervision should be provided by an external person, as distinct from the more 'technical' aspects of supervision.

A few participants noted the need for boundaries in relation to the extent of the emotional support that can be provided by supervisors. One participant noted that supervision must not be confused with staff care, while another specified that the emotional support should relate to the "carrying of the workload" which can include dynamics of transference and counter-transference, as well as "providing space for emotional discharge". However, that participant suggested that broader psychological support falls outside of the remit of the supervisor.

"...it is important to not get over-involved in the supervisee but to keep a professional level of objectivity whilst staying warm."

4. **The 'gold standard' in supervision (i.e. the best possible approach) is: individualised supervision, delivered face-to-face by an external supervisor, who is not the supervisee's manager. This should be available at all stages of providers' professional practice. Sessions should be scheduled regularly (e.g. weekly, biweekly or monthly) or as frequently as required by the supervisee. Complementary approaches may be used in combination with individual supervision, but not as a replacement e.g. peer support or group sessions to facilitate multi-disciplinary case presentations.**
Consensus: Round 1 85%, Round 2 89%

Consensus for this item increased from 85 to 89% across the two rounds of the consultation. Although some participants felt that the statement was somewhat complex to vote on as a unified whole, several others felt that the statement provides a useful reflection of the standard to strive for in MHPSS and protection supervision.

However, there were some reservations in relation to the statement. One participant noted the barrier of cost as a significant impediment to the provision of individualised supervision to all providers, and also highlighted benefits that can be harnessed by the group setting, such as reflecting on the experiences of others. A few others also noted the benefits of the group-based approach, with another participant suggested that group supervision could take place each month, augmented by individualised supervision every two months.

"...group supervision is not necessary only for peer support or multidisciplinary teams but it could be a proper supervision session where the group act as a "mirror" for participants [during which] individual in-depth work can be developed."

The benefit of peer supervision in enhancing sustainability was also noted.

Another participant noted that external supervision is certainly beneficial from the perspective of addressing the power imbalance inherent in the managerial relationship, but that this approach falls short in relation to the functions of ensuring adherence to institutional protocol. Another participant also expressed reservations in relation to the separation of managerial and supervisory role, stating, *"I also think it can 'dilute' the manager's responsibility in taking a holistic approach to both the quality of work and the wellbeing of their team."*

5. **Supervisees should be able to discuss anything that affects their work during supervision sessions – even personal matters.**
   Consensus: Round 1 69%, Round 2 76%

This statement did not reach consensus in the first round, but in the second round, it did reach consensus, with 76% agreement. One participant noted that providing support to supervisees gives the supervisor additional insight that can be beneficial to carrying out their role effectively.

"Unless there is a policy against it, I believe it is important for the supervisor to listen to personal matters as well. This [helps the supervisor to] understand what affects the supervisee in executing his/her role effectively..."

The reservations in relation to this item were similar to the points reflected in relation to statement three, mainly reflecting concerns around boundaries.

"[Personal issues] can be mentioned, but supervision has focus on work and professionals with personal issues should be referred to other specialists (e.g. therapy, counselling)."

"If a personal issue affects the person's wellbeing expressing it during supervision session is possible, but it shouldn't take the full time of the session. After recognition of the person's emotions and providing comfort, it should be addressed that further support will be offer individually after the session."

"I consider this element in supervision as a "gray zone" between supervision and personal therapy. the important aspect is not crossing boundaries and discuss with the supervise personal elements which are affecting their work as therapist."

Despite these reservations, most agreed that personal issues can at least be mentioned or referred to in supervision, and that they can be discussed as they relate to one's professional work. However, most also seemed to concur that external supports should be available to allow supervisees to deal with these issues.

"This depends on the circumstances. If it is affecting their work, I would judge this situation on a case by case basis and steer the reflection towards how it is affecting their work and how this can be managed. However, an in-depth exploration of personal issues may not be appropriate in the context of the professional relationship. Even so, I would see it as a positive if it is disclosed and encourage discussions of how the supervisee can be supported or seek other support."

The opinion expressed in the previous quote – that personal issues can be mentioned within supervision, but that it is not the responsibility of the supervisor to *resolve* such issues – was also expressed by other participants. Additionally, one participant noted that the types of issues that should be raised in the context of supervision should be outlined in a supervision contract prior to the commencement of the supervisory relationship.

6. **The ideal group size for group supervision is no more than 5-6 supervisees.**
   Consensus: Round 1 79%, Round 2 90%

This statement reached very strong consensus, moving from 79% to 90% in Round 2. A minority felt that supervision could effectively be conducted in groups of 8-10, with 2 participants reporting experiences of even larger groups working well. However, overall, there was a clear sense that smaller group sizes enhance the quality of the supervision an individual is able to provide and, despite practical barriers that sometimes prevent this from being realised, smaller group sizes are the ideal to strive for in relation to group supervision.

7. **The 'sandwich approach' (i.e. providing positive reinforcement before and after providing constructive criticism) is the best way for supervisors to deliver feedback.**
   Consensus: Round 1 63%, Round 2 67%

Although the majority of the group (63-67%) agreed or strongly agreed with this statement, it did not reach the threshold for consensus. The reservations on this statement often centred around concerns that the approach may come across as contrived and may therefore not resonate with the supervisee.

"I think any sort of standardised approach where it is not based on authenticity loses its effectiveness. I do think that constructive criticism should be combined with positive feedback and a recognition of strengths. However, there may be situations where only positive feedback is appropriate to the moment, or situations where setting a clear boundary is necessary."

"I think this seems a little inauthentic/contrived. Better that people can speak honestly and transparently without relying on 'tricks' like this. I think people see through the 'technique' immediately anyway and tend to disregard the positive that comes after the negative."

8. **It is important for interpreters in MHPSS and protection interventions to sign a non-disclosure agreement (NDA) to protect client confidentiality.**
Consensus: Round 1 89%, Round 2 90%

There was a high degree of consensus for this statement (reaching 90% in Round 2). However, some potential difficulties were noted, such as cases where interpreters are unable to read an NDA. Others felt that outlining confidentiality in the interpreter's contract would suffice. However, there appeared to be universal agreement that confidentiality should be addressed clearly with interpreters, and every effort should be made to protect the confidentiality of supervision sessions where interpretation is necessary.

9. **Supervisors should leave space at the end of every supervisory session to allow for discussion of what is working well in supervision, and what may be working less well.**
Consensus: Round 1 72%, Round 2 86%

This statement did not reach consensus in the first round (72%). No participants disagreed with the principle of seeking feedback from supervisees, but the dissenting voices relating to this statement mainly queried whether it is necessary to do this after every session, with some stating that it may not be necessary after every session, particularly where supervision takes place very regularly (e.g. weekly). However, in the second round, this statement reached consensus at 86%.

10. **Good supervision should always involve goal-setting combined with focused feedback, and work towards these goals should be documented within sessions to enable supervisees to track their progress over time**
Consensus: Round 1 81%, Round 2 87%

Participants broadly agreed with this statement (81-87% consensus). However, some also noted the need for flexibility within this approach, i.e. supervisees should have space to talk about issues not related to their professional goals, and to access guidance for other issues on an ad-hoc basis.

11. **Where the supervisor is also the supervisee's manager, it is important that the supervisor clearly differentiates the boundaries of the two roles for the supervisee. For example, managerial and supervisory meetings should be held separately so that the two functions do not become confused**
Consensus: Round 1 90%, Round 2 90%

This item achieved over 90% consensus in both rounds. However, despite strong agreement, the significant challenges associated with this approach in practice were highlighted by some participants.

"This is so important, and yet, from experience, complicated in practice. In reality, a power differential exists even if the roles or moments for each role are "separated" through times, spaces or other rituals."

12. **Active listening is an important supervisory skill. This is demonstrated through 1) non-verbal signals, e.g. making eye contact, nodding or leaning forward to show that you are engaged,**

and 2) verbal practices, e.g. reflecting back or summarising what someone has told you, to check that you have understood it correctly.
Consensus: Round 1 98%, Round 2 100%

Consensus for this statement reached 100% in round 2. One participant noted that in addition to these practices, supervisors should take great care to avoid any judgment in the process of repeating/summarising, simply focusing on understanding the supervisee's experiences.

13. **Socratic questioning is a style of questioning that encourages logical reasoning, e.g. "If this is the case, then what will happen?" This type of questioning is a useful way for supervisors to encourage supervisees to use their knowledge to find solutions to problems independently.**
Consensus: Round 1 95%, Round 2 97%

This statement also generated very high consensus (97% in round 2).

"This is to ensure the supervisee does not rely solely on decisions proffered by the supervisor and to also know that they too can proffer solutions to certain problems, it is also a way of building their decision-making skills."

Although one participant cautioned that the approach should not be over-used, which could reflect a case of a supervisor deflecting responsibility. This participant noted that the supervisor should recognise when it is necessary to also provide information.

14. **The issue of power dynamics between supervisor and supervisee is best addressed directly in supervision, by openly discussing sources of power and privilege that may be held by the supervisor and/or supervisee and how these might influence the supervisory relationship.**
Consensus: Round 1 77%, Round 2 86%

This statement reached consensus at 77% in the first round, increasing to 86% in the second round.

"This would help both parties to understand power dynamics and how they impact our roles in quality service delivery."

However, among those who had reservations about this statement, it was noted that a discussion about power dynamics should not be imposed by the supervisor, if the supervisee is not comfortable with this. One participant noted that it takes significant skill on the part of the supervisor to manage such conversations well.

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"The issue of power dynamics is very important; however it's important to consider that in some cases this may not be feasible to discuss openly during supervision. It is vital that supervisors are aware of their own power dynamics and how this may influence the sessions with their staff. Some staff may not feel comfortable speaking with their supervisors openly about this, especially when the clinical supervisor and manager are the same role."

"This depends on whether such discussions are culturally appropriate and how they can be had. However, "culturally inappropriate" should never be used as a reasoning for avoiding discussion - rather, it should be questioned how the issue can be addressed in an appropriate way."

Multiple participants noted the specific difficulty associated with such conversations where the supervisor and manager roles are fulfilled by the same individual.

"This is important to address in supervision explicitly, but talking about it may be insufficient to address the issue. Other ways of addressing this power dynamic may be necessary."

15. **Building supervisees' confidence and sense of professional self-esteem is a core goal of supervision.**
    Consensus: Round 1 77%, Round 2 92%

    Consensus on this item increased from 77% to 92% between rounds 1 and 2. However, some also noted that this must go hand-in-hand with building knowledge and skill, as stated by one participant, *"confidence alone without skill will not ultimately benefit patients."* As well as this, it was noted that some fluctuations in supervisee confidence levels are normal and to be expected, and these should be addressed openly in supervision sessions. Other core goals suggested included the development of professional self-awareness, *"competence, professional integrity, and sense of responsibility and pride in their work."*

16. **A supervision contract is the best way to ensure that the organization, supervisor, and supervisee are all in agreement about each of their roles within supervision and the nature, duration, and focus of the supervision relationship.**
    Consensus: Round 1 79%, Round 2 84%

    This statement reached consensus (79-84%), with several positive endorsements from participants in the comments.

    "This would provide both parties with clear roles, responsibilities and boundaries."

    "This is especially true when the supervision is done by an outsider/independent body."

    However, some preferred to use another term, rather than 'contract' due to the connotations of that word, preferring instead to use a term such as 'agreement' or some form of memorandum of

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understanding. Some felt that job descriptions can capture the key elements of the nature of supervision. It was also noted that such a contract or agreement may need to be revised and updated over time.

17. **The skills needed to be a good supervisor, such as empathy, unconditional positive regard, and being a good active listener can all be taught.**
Consensus: Round 1 57%, Round 2 73%

This statement did not reach consensus in the first round (57%), with several participants stating the view that some innate qualities are required to be an effective supervisor, which can then be nurtured and developed upon through training, supervision and professional development. The statement was therefore modified in the second round, to read "The skills needed to be a good supervisor, such as empathy, unconditional positive regard, and being a good active listener can be developed through training." However, it still did not reach the 75% threshold for consensus, with 73% agreement from participants. In particular, some participants felt that empathy is not a quality that can easily be taught, and attempting to teach it would require very intensive investment of resources.

18. **It is important that peer supervision does not take place with less experienced supervisees, as they run the risk of communicating misinformation.**
Consensus: Round 1 54%, Round 2 57%

This statement also failed to reach consensus, with 54% agreement in the first round. The comments to the first round indicated some confusion in relation to the wording of the item, and so the wording was updated for round 2 to read "Peer supervision should only take place between experienced professionals to avoid the risk of misinformation being communicated." However, this increased agreement only by a few percentage points.

Several participants felt that there are significant benefits to be harnessed through peer supervision, regardless of how experienced the supervisees are.

"We will seldom find a completely homogenous group. Some moderation of peer supervision is an advantage."

However, it was noted that peer supervision should be carefully structured, and should include a mechanism to obtain guidance from a more experienced professional, where necessary.

19. **Interpreters who engage in supervision sessions should also have access to their own supervision and supports to help them manage difficult material discussed.**
Consensus: Round 1 95%, Round 2 95%

This statement produced consensus of 95% across both rounds, with the strong support for the point clearly expressed in the comments.

"This needs to be prioritised. It's such an important point."

However, some raised concerns about the feasibility of such arrangements, and questioned who should bear responsibility for this, given that interpreters are often from external agencies.

20. **Gender is essential to consider when pairing supervisors with supervisees, and gender compositions of supervisors-supervisee pairs should be considered on a context-by-context basis.**
Consensus: Round 1 75%, Round 2 84%

This statement reached consensus of 75% in the first round, rising to 84% in round 2.

"Very important as this varies across locations and context."

A few disagreed with gender being characterised as an 'essential' consideration in all cases. Several participants also emphasised the importance of context with respect to this point.

"[Gender dynamics] should be considered, yes, but it should not be automatically assumed that only same sex dyadic or group supervision works."

21. **Monitoring and evaluation tools, such as feedback forms, are the best way to ensure quality supervision in MHPSS and protection programming and supervisee progress.**
Consensus: Round 1 60%, Round 2 51%

This statement did not achieve consensus in either round. Several participants felt that while feedback forms can be useful for some purposes, they are not necessarily the best way of evaluating the success of supervision. Alternative suggested possibilities for fulfilling this goal included M&E processes outside of supervision, and tracking patient outcomes. Other preferred verbal mechanisms and other ways of eliciting more 'in-depth' feedback than that obtained using structured forms. One participant noted that although anonymous feedback is ideal, true anonymity is often difficult to achieve in practice.

22. **Supervision is an essential component of any MHPSS training.**
Consensus: Round 1 90%, Round 2 94%

Consensus was strong for this statement (90-94%).

"Follow up supervision may sometimes be more important than the training itself."

"No (clinical) training should be provided if no supervision capacity."

One respondent noted some concern in relation to feasibility however, particularly following large-scale trainings.

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23. **Supervision can only be considered supervision when taking place in specially designated spaces, such as an office or meeting room.**
Consensus: Round 1 18%, Round 2 16%

There was very low agreement on this statement (18%). Based on the comments from round 1, it appeared that the idea of requiring an office or meeting room was particularly inappropriate to humanitarian settings. However, even when modified to read, "Supervision can only be considered supervision when taking place in specially designated spaces, such as an office, meeting room or other private space," agreement was still very low (16%) with the comments highlighting the requirement for flexibility in emergency contexts.

24. **The best way for a supervisee to prepare for a supervision session is to reflect on what they find to be most challenging in their work, including specific cases, how they are managing stress in their work, and what they feel is going well.**
Consensus: Round 1 80%, Round 2 89%

Strong consensus was reached on this statement (80% increasing to 89% in round 2). However, one participant noted that all of these areas may be a lot of ground to cover within one session, and it may be better for individual sessions to be somewhat more focused. Another stated the view that this is dependent on the function of supervision in the context in question.

25. **It is possible for remote supervision to be as successful as face-to-face supervision.**
Consensus: Round 1 72%, Round 2 68%

Although several participants noted that supervision can be carried out effectively online, consensus on this item was not reached, with several participants feeling that remote supervision is never as effective as face-to-face, and that where possible, face-to-face is always preferable. Nor was consensus reached by modifying the statement to read "With some additional effort, it is possible for remote supervision to be as successful as face-to-face supervision."

"…remote supervision and remote training can never be as good as in person… it can be only a plan B if no other solution [is] possible"

Some benefits of remote formats include the sense of distance – which could be helpful when discussing sensitive topics.

"…remote supervision may have the benefit of feeling safe in having someone "outside the situation" to talk to."

Among those who felt that remote can be as effective as face-to-face, however, some noted that it is helpful for there to be some initial face-to-face contact between supervisor and supervisee, before sessions are moved online.

Difficulties listed in relation to the remote format included projecting qualities such as warmth, empathy and kindness. Several participants also noted that the success of remote supervision is also highly dependent on having the requisite technology to facilitate it.

26. **A key role of the supervisor is to give advice about how to enhance the quality of MHPSS service delivery.**
Consensus: Round 1 49%, Round 2 51%

This statement did not reach consensus in round 1 (49%), with comments disagreeing with the idea that the supervisor's role is to impart information, rather than to guide the supervisee more collaboratively in their skill development. However, it also did not reach consensus in its modified form in round 2 (51%) which read, "A key role of the supervisor is to guide supervisees' discovery in relation to how to enhance the quality of MHPSS service delivery."

27. **In emergency contexts, it is essential to make concessions on how supervision sessions are conducted, including the need for a private space, confidentiality and regularity.**
Consensus: Round 1 66%, Round 2, 82%

Consensus was not reached in round 1 for this item, with several participants noting that while flexibility is important in emergency settings, some aspects of supervision, such as confidentiality, should not be compromised. The wording of the item was therefore modified for round 2, to read as follows: "In emergency contexts, it is essential to make concessions on how supervision sessions are conducted, but not on core aspects such as confidentiality." Worded this way, the statement achieved consensus, with 82% agreement.

28. **Supervision works best if there are multiple tiers of supervision. For example, supervisors should also have access to supervision themselves.**
Consensus: Round 1 96%, Round 2 98%

There was a high degree of agreement with this statement, reaching 98% in round 2. It was noted by one participant that this is especially important earlier in the supervisor's career, while another noted that peer supervision can work well for this purpose.

Conclusions

This Delphi consultation has provided the Supervision: The Missing Link team with valuable information relating to key areas of supervision of MHPSS, where clear guidance has been previously lacking. This information, based on the experience and expertise of MHPSS actors, will be taken forward to inform the content of the new Integrated Model for Supervision (IMS). Those statements with very high consensus will be included as suggestions for best practice within the model, while those with low consensus will be either excluded, or will appear as examples of practices that may have use in some settings or situations, but acknowledging their limitations and providing other alternative solutions alongside. All of the qualitative comments will be used to add depth and nuance to the content of relevant sections.

Acknowledgements

References

Diamond, I. R., Grant, R. C., Feldman, B. M., Pencharz, P. B., Ling, S. C., Moore, A. M., & Wales, P. W. (2014). Defining consensus: a systematic review recommends methodologic criteria for reporting of Delphi studies. *Journal of Clinical Epidemiology*, *67*(4), 401-409.

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