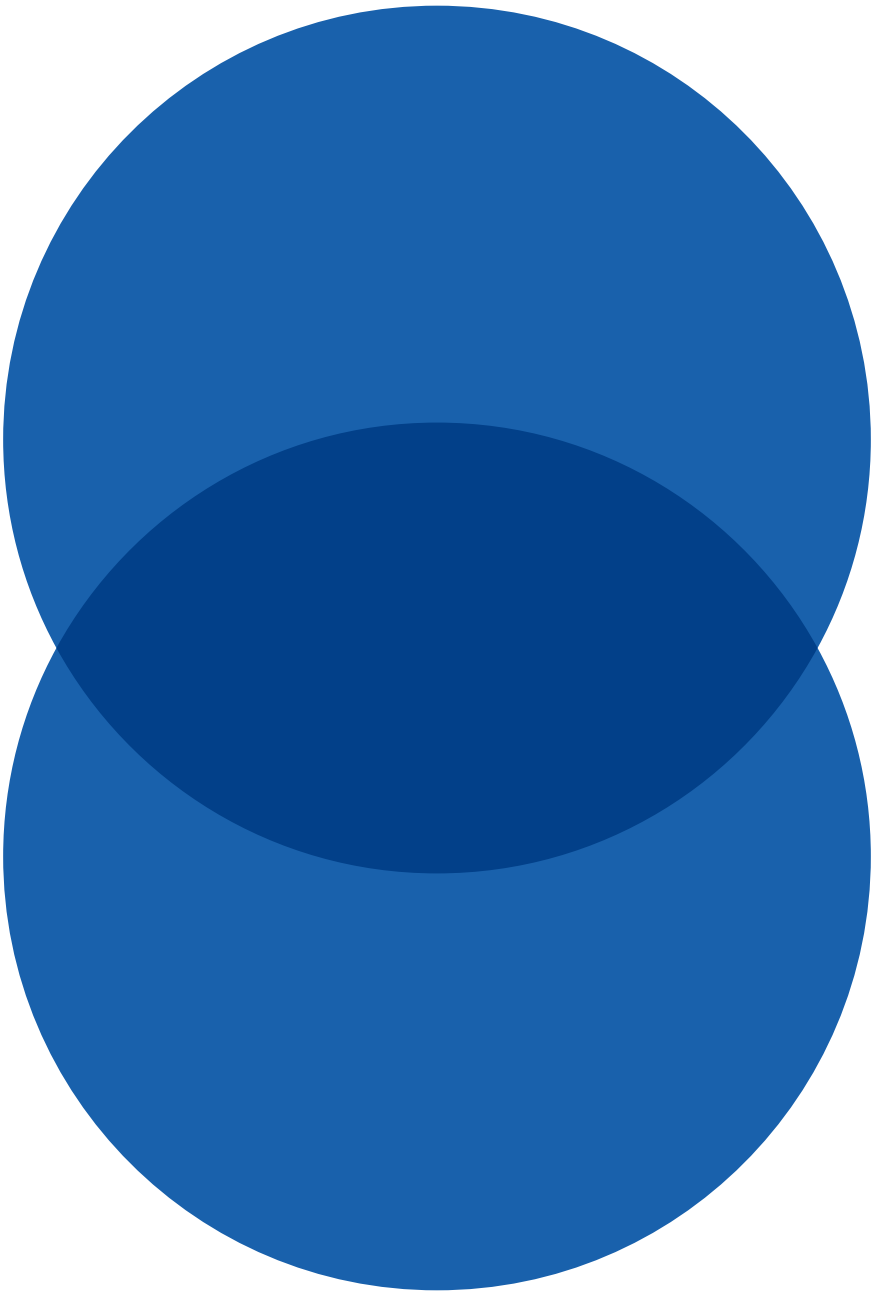
Integrated Model for Supervision

For Mental Health and Psychosocial Support

Handbook



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For Mental Health and Psychosocial Support

Kelly McBride and Áine Travers

Integrated Model for **Supervision**

Integrated Model for Supervision Handbook — Version 3

This publication is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this publication are the sole responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

Authors: Kelly McBride and Áine Travers

This handbook was developed with funding from USAID and through a collaborative effort between:

International Federation of the Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support and Trinity College Dublin

Reference Centre for Psychosocial Support
(PS Centre) C/O Danish Red Cross,
Blegdamsvej 27,
DK-2100 Copenhagen, Denmark
Email: psychosocial.centre@ifrc.org
Web: www.pscentre.org
The PS Centre is hosted by Danish Red Cross

Trinity Centre for Global Health
Trinity College Dublin
7-9 Leinster Street South,
Dublin 2, Ireland
Web: www.tcd.ie/medicine/global-health

Please contact the IMS Team if you wish to translate or adapt any part of this publication. We welcome your comments, feedback and questions at:
info@supervision-mhpss.org

Design and layout: Studio 072, Copenhagen

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Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

IFRC

Acknowledgements

This project would not have been possible without the engagement of the many individuals and organisations who are committed to the delivery of excellent MHPSS and protection interventions in emergency settings around the world. The project team is indebted to the members of the advisory group who have guided the project's progress since its inception.

We are very grateful to the hundreds of MHPSS and protection volunteers, field staff and other professionals who generously gave their time to providing us with invaluable ideas and insights during the various phases of our consultation, some of whom have contributed to multiple phases. A special thank you to those who participated in the piloting of the IMS: International Medical Corps Jordan, Save the Children Afghanistan, Ukranian Red Cross Society, UNICEF Nigeria, Bangladesh Red Crescent Society and Center for Victims of Torture Ethiopia. Your passion, insights, and reflections have been invaluable. We would also like to thank the designers at Studio 072. Your patience, creativity and expertise has helped bring the IMS to life. Finally, the project team gratefully acknowledges the support of our funders, the USAID Bureau for Humanitarian Assistance.

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Common terms

Boundaries

The physical, mental and emotional limits individuals place between themselves and others to protect their integrity and well-being.

Burnout

According to the International Classification of Diseases (11th Edition), burnout is a syndrome that results from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions:

1 feelings of energy depletion or exhaustion

2 increased mental distance from one's job, or feelings of negativity or cynicism related to one's job

3 a sense of ineffectiveness and lack of accomplishment. Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.

Child protection

The protection of children from all forms of violence, neglect and exploitation.

Compassion fatigue

A state of physical and emotional exhaustion resulting from being overwhelmed by personal and/or professional caring roles. Results in fatigue and a diminished capacity to empathise with others.

Competency

The observable skills and knowledge MHPSS practitioners apply through their work.

Dual relationships

Also referred to as 'multiple relationships', this refers to situations where individuals have relationships with one another that may result in a conflict of interest. For example, where a service user and MHPSS provider are also friends as well as having a working relationship. Dual relationships commonly occur in volunteer-based and community-based organisations.

Dual roles

When someone is both supervisor and line manager for an MHPSS practitioner.

Intervention fidelity

The extent to which the intervention or activity is delivered in the way that it was designed. Ensuring this requires the supervision to apply strategies to monitor and evaluate reliability and validity of the activities supervisees are carrying out.

Lay provider	A person who performs functions related to MHPSS, having received training (on a specific intervention or skill set), but who has not received formal professional or specialist training in mental health.
Low and middle-income countries (LMICs)	World Bank classification of countries by income level. LMICs are all countries where the gross national income (GNI) per capita is less than $4,045 per year.
Mental health and psychosocial support (MHPSS)	Any type of service, support or intervention that aims to protect or promote psychosocial well-being or prevent or treat mental health problems.
Meta-competence	Having an awareness of the gaps in one's own professional knowledge and an understanding of how to go about developing the required competencies.
MHPSS practitioner	Person delivering MHPSS supports, interventions or services, inclusive of individuals operating across all sectors, e.g. education, health, protection and social welfare.
MHPSS service user	The person receiving MHPSS services. Sometimes also referred to as the client or beneficiary.
Over-identification	Excessive identification with the qualities or persona of another.
Primary trauma	A traumatic event directly experienced by an individual.
Protection	Encompasses all activities aimed at ensuring respect for the rights of individuals in accordance with human rights law, international humanitarian law situations and refugee law. Includes activities such as protecting individuals from violence and abuse and ensuring provision for their basic needs.

Psychological intervention	Support delivered with the aim of alleviating mental distress, enhancing mental well-being and promoting resilience.
Secondary traumatic stress/ secondary traumatisation	Secondary traumatic stress is a negative psychological and emotional reaction that is caused by hearing about trauma experienced by another person, with symptoms similar to those of post-traumatic stress disorder.
Supervisee	MHPSS practitioner who receives supervision.
Supervision agreement	A document that is created and agreed by the supervisor, supervisee(s) and the organisation before supervision begins that sets out the specific terms and conditions of supervision in their context.
Supervisor	Person delivering supervision.
Supervisory alliance	The relationship and dynamic between a supervisor and supervisee, ideally a bond that is built upon mutual trust.
Therapeutic alliance	The relationship and dynamic between an MHPSS practitioner and service user, ideally a bond that is built upon mutual trust.
Transference and counter-transference	When an individual reacts to a situation (often within therapy or supervision) that is based on their own life experiences. For example, when a supervisee redirects their feelings about a difficult person or experience onto the supervisor. Counter-transference refers to situations where the supervisor redirects emotion or experiences to the supervisee.
Vicarious trauma	Similar to secondary trauma, vicarious trauma refers to the enduring emotional effects and disruption of one's worldview resulting from cumulative exposure to accounts from those experiencing extreme adversity.

How to use this Handbook

The Integrated Model for Supervision (IMS) Handbook is designed to support organisations, supervisors and supervisees in integrating supervision into mental health and psychosocial support (MHPSS) in emergencies. It has a background and four sections.

Background Information on key principles for effective supervision and the development of the IMS.

Section 1: Getting started is an overview of supportive supervision in MHPSS and general principles for best practice. This section provides useful introductory information for all individuals involved with MHPSS supervision, including organisational leadership, supervisors and supervisees.

Section 2: Preparing for supervision with the organisation describes how organisations can incorporate supervision into their operations and organisational culture. This section is designed to be used primarily by organisational leadership. It contains guidance on areas such as how to create the necessary organisational conditions for supervision to take place, including guidance on recruitment, training and integration into existing workflows.

Section 3: Preparing to become a supervisor provides guidance for supervisors in all aspects of their supervisory role. This section includes how-to guides on key skills such as facilitation, structuring supervision sessions and managing common challenges. It also addresses key areas for consideration by supervisors such as boundaries, ethics and confidentiality.

Section 4: Preparing to be supervised is a resource for supervisees to orient them to the process and benefits of supervision for their personal and professional development. It contains guidance on areas such as case presentation, giving and receiving feedback and reflective practice.

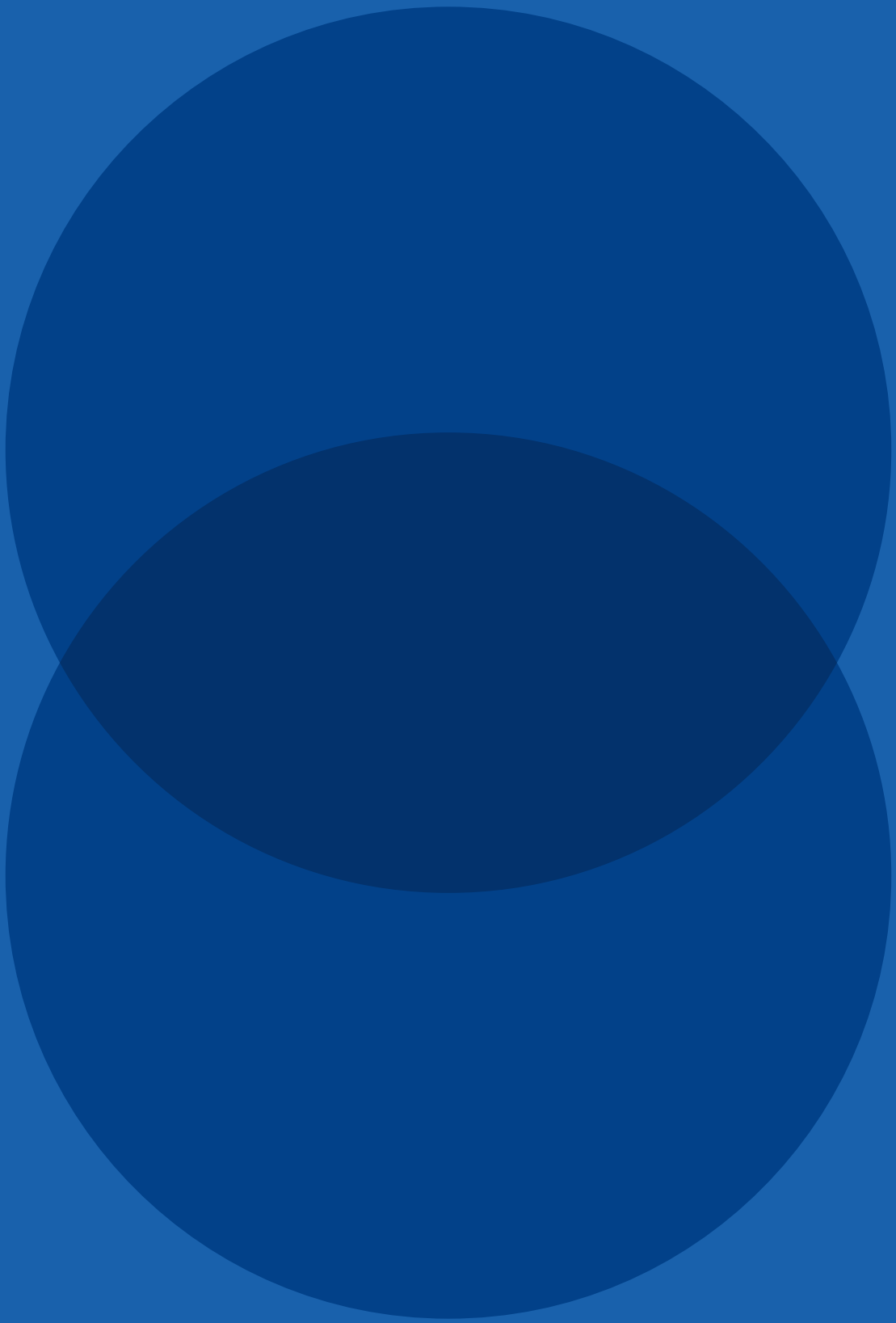
References are given throughout the handbook for links to research or evidence from practice about aspects of supervision. They are shown as small numbers in the text, which correspond to an article or report in the list of references at the end of the handbook. There are also five appendices:

- **Appendix A** is a sample supervision agreement
  Appendix B is a sample live supervision observation form
- **Appendix C** is a sample activity review presentation form
- **Appendix D** is the Occupational Self-Efficacy Scale, and
- **Appendix E** is a list of additional resources on supervision

For more information about the IMS, additional tools, resources and implementation support, please visit www.supervision-mhpss.org.

Introduction

This section introduces the Integrated Model for Supervision, its vision, and how it was developed.



The vision for the Integrated Model for Supervision (IMS) is that all organisations operating in humanitarian emergencies, no matter their size or level of resources, have the knowledge, tools, and capacity to confidently incorporate supervision as an essential component of mental health and psychosocial support (MHPSS) programming.

This handbook considers consistent, supportive supervision as essential to the well-being of all MHPSS service providers, regardless of rank or level of expertise.

It is grounded in principles of human rights, equality and evidence-based practice.

The provision of supportive supervision as outlined in the IMS will better enable the global mental health workforce to deliver high quality, timely, appropriate, safe and ethical MHPSS interventions to persons affected by adversity.


CROCE ROSSA ITALIANA

Developing the Integrated Model for Supervision (IMS)

In the longer term, we hope that this handbook will help to encourage a cultural shift among organisations delivering MHPSS and among donors. We hope that as the benefits of supportive supervision practice are realised, supervision will no longer constitute a missing link, but will be widely understood and accepted as an integral part of ethical and sustainable service delivery.

The IMS is the product of extensive engagement and consultation. Throughout its development, participatory methods were used to consult on all aspects of its content to reflect the voices of the broadest range of MHPSS actors across sectors.

An advisory group comprised of leading global experts on MHPSS in emergency settings actively guided all stages of the development of the IMS. The advisory group provided invaluable feedback and reflection throughout the whole process.

A desk review of literature on MHPSS and protection supervision provided a rapid assessment of key evidence to inform initial project planning and development. Key informant interviews were then conducted with MHPSS actors from all professional levels and backgrounds. This included supervisors, supervisees, organisational leadership, and donors, based in organisation headquarters and in the field around the world. These interviews provided rich information about current practice and insights for future directions. This formed the basis for the early draft of the IMS.

Countries represented in consultation

Key ideas and content from the early draft were then reviewed in three stakeholder workshops with participants including MHPSS actors of all experience levels and spanning countries all over the world. The workshops were followed by an online consensus-building consultation, where MHPSS actors voted on the validity of statements or ideas from the handbook. Once this feedback was integrated into the IMS, the 'Missing Link' project advisory group and the Inter-Agency Standing Committee Reference Group (IASC RG) provided their final comments.

Version 1 of the IMS Handbook was piloted with four different organizations in Afghanistan, Jordan, Nigeria, and Ukraine. Version 2 of the IMS incorporated all stages of consultation and pilot feedback. Version 2 was piloted with organisations in Ethiopia and Bangladesh. The resulting IMS Handbook therefore represents consensus among actors at all levels of MHPSS.

A roadmap to effective supervision

The supportive approach outlined in this handbook will be referred to as 'supportive supervision'. This approach provides a framework for enhancing all types of supervisory roles, and will enable organisations to better fulfil their duty of care towards their volunteers, staff and service users.

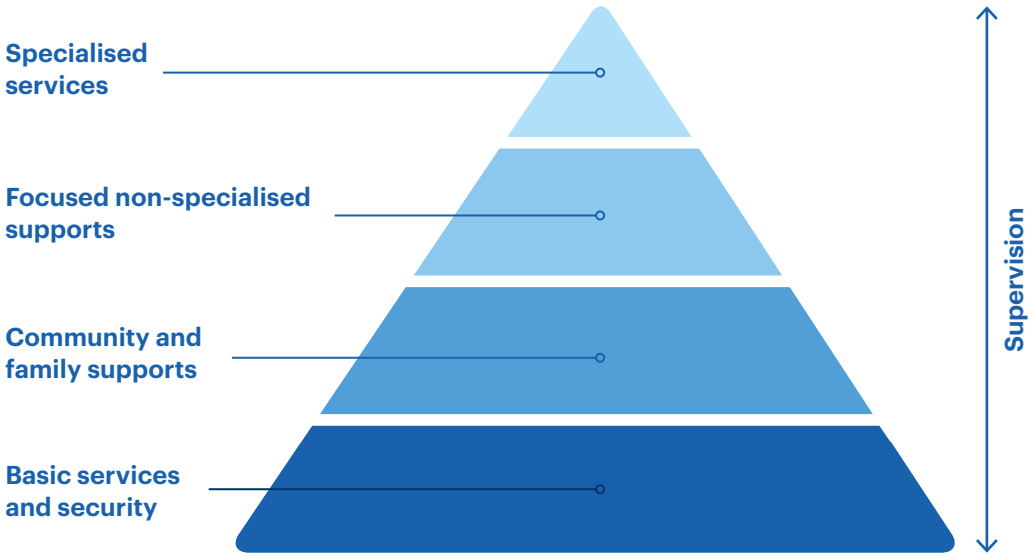
Supportive supervision is integral to safe and effective MHPSS programming in humanitarian settings. However, despite many advances in the development of MHPSS activities in recent years, comprehensive guidance on supervision had remained a 'missing link'.

MHPSS interventions represent a broad range of activities which protect or promote psychosocial well-being or prevent or treat mental health conditions.[1] MHPSS activities are integrated across sectors, including but not limited to health, education, nutrition and protection. Regardless of the sector in which they are situated, MHPSS activities should be supervised using the supportive approach to supervision to ensure they are carried out safely and effectively.

Supportive supervision should be understood as a set of cross-cutting principles that can be applied to all MHPSS activities and interventions at all levels of the IASC Intervention Pyramid for MHPSS in Emergencies.[1] This guidance is designed specifically for use in emergency settings. However, many of the best practices outlined in the handbook will also be useful and applicable to broader development contexts.

The handbook is based on broad consultation with MHPSS actors across sectors, as well as research on best

IASC Intervention pyramid for MHPSS in emergencies



international practice in supportive supervision. It is intended to provide a blueprint for all organisations – no matter their size – to improve their supervision provision. By doing this, organisations will promote the health and well-being of their staff. This, in turn, is key to an organisation's capacity to sustainably deliver the highest quality interventions for service users.

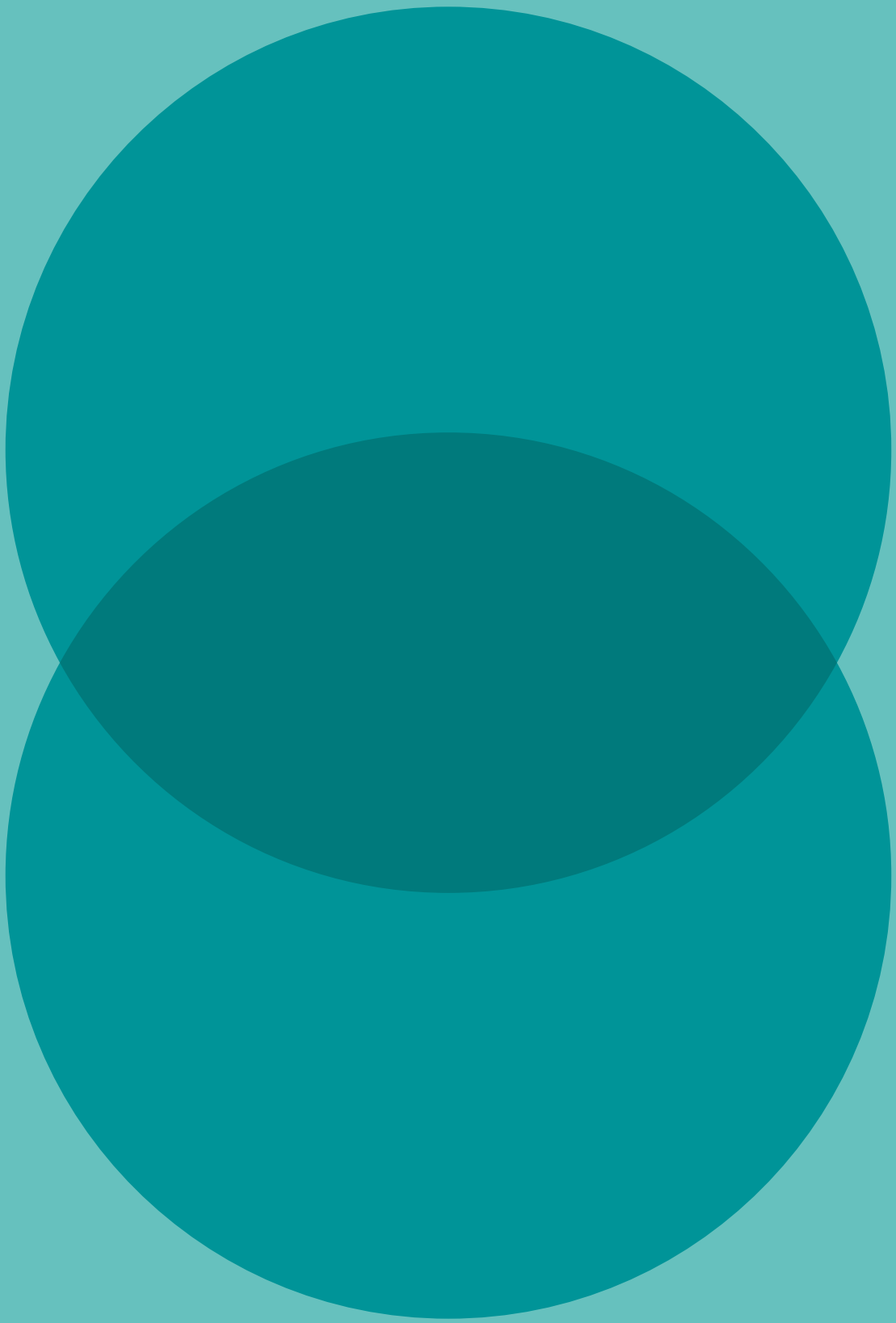
This handbook recognises that many organisations delivering MHPSS in emergency settings are faced with significant resource constraints. For this reason, the IMS features 'progress towards best practice' to indicate the minimum basic provision of supervision that all organisations, regardless of their level of resources, should provide to MHPSS practitioners while working towards the 'gold standard'. This involves organisation-wide availability of individual supervision for practitioners of all levels of experience and seniority.[53] This 'progress towards best practice' in supervsion is something that organisations can aspire to in order to reap the maximum benefits of supervision in MHPSS.

The IMS features 'progress towards best practice' to support organisations to optimise and attain the best possible supervision approaches given their resources, organisational mandate and contexts in which they operate.

01

Getting started

This section describes the principles of effective supervision for MHPSS that can be integrated across sectors including health, education, nutrition, social welfare and protection.



This section describes the principles of effective supervision for MHPSS that can be integrated across sectors including health, education, nutrition, social welfare and protection.

The key principles in this section are relevant to all organisations, supervisors and supervisees who are planning to engage with supervision in MHPSS.

This section describes the basic principles of supportive supervision and outlines the different ways it can be delivered.

It discusses basic considerations in relation to the format and content of supervision sessions, and concludes with a table detailing how various responsibilities for supervision should be divided between organisations, supervisors and supervisees.

Key messages from this section:

1. Supervision is a safe, supportive, confidential and collaborative relationship between a supervisor and/or supervisee(s), where supervisees can voice their difficulties, discuss mistakes and be recognised for their successes, receive constructive feedback and emotional support, and build their technical skills and capacity.

2. Supervision is vital for all MHPSS practitioners, including volunteers, at all stages of their practice.

3. Supervision is an integral component of training, and critical to ensure that trainees incorporate required skills.

4. Supervision can be delivered individually, in groups, between peers or 'live', and any of these type of supervision can be delivered either face-to-face or remote.

5. Individual supervision should be available to all MHPSS practitioners, supplemented by other approaches such as group or peer supervision.

6. The scope and goals of supervision should be agreed by the supervisor and supervisee in a supervision agreement before supervision starts.

7. Supervision is a shared responsibility. It is up to organisations to create the necessary preconditions to allow supervision to take place, while supervisors and supervisees also hold responsibilities to prepare and engage meaningfully in the process.

1.1 Defining supervision

For the purposes of this handbook, supportive supervision is defined as:

A safe, supportive, confidential and collaborative relationship between a supervisor and supervisee, and/or supervisees where supervisees can voice their difficulties, discuss challenges and be recognised for their successes, receive constructive feedback and emotional support, and build their technical skills and capacity, and enhance quality of service provision. Supportive supervision is a cross-cutting set of principles that can be applied to various types of supervision used in MHPSS work across sectors, such as clinical and technical approaches.

The term **'supportive supervision'** is used throughout this handbook and is the preferred approach to MHPSS supervision across sectors. A supportive approach is a set of overarching principles that can be applied to different types of supervision, including clinical or technical approaches. The key features of supportive supervision are the presence of a non-hierarchical relationship between the supervisor and supervisee that enables joint problem solving and open discussion of all work-related issues to collaboratively enhance service delivery. While supervision is not the time to resolve administrative issues, it may be relevant to explore their impact on the supervisee (see section 2.3 for further discussion on the boundaries between supervisor and managerial roles).

Supportive supervision should provide emotional support to supervisees and also function as a means of monitoring supervisees' workloads and prevent them from becoming over-extended. Where supervisors are external, there should be an agreed means of communication between the supervisors and organisational human resources (HR), with the consent of the supervisee, that allows the supervisor to communicate concerns

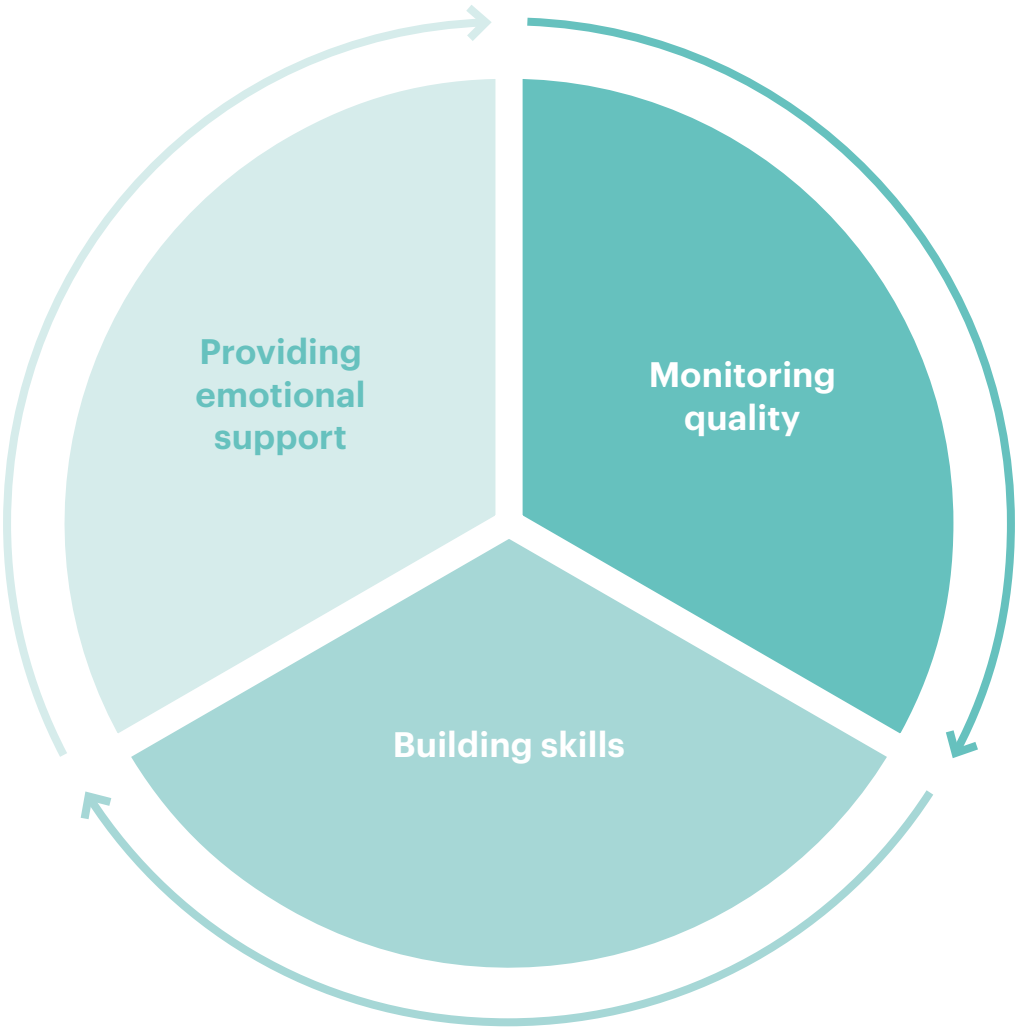
about issues such as unmanageable workloads. Where the supervisor is internal, it should also be made clear to supervisees which types of information can be shared with HR or management. This should ideally be reflected in a supervision agreement (see Appendix A template).

The roles within supportive supervision include the supervisor and the supervisee:

MHPSS supervisors are individuals who provide supportive supervision to MHPSS practitioners. This role has several different functions, including technical support, enhancing quality of services, monitoring, and encouraging personal and professional growth, learning and development. The supervisory role also includes the provision of emotional support and encouragement of supervisees to recognise and manage their own reactions and stressors. The supervisor's role should be clearly distinguished from other roles such as line and administrative management (see section 2.3 for more information on managing dual roles), more intensive staff support, or support for personal issues not related to an individual's work as an MHPSS practitioner.

MHPSS supervisees are individuals who are carrying out MHPSS functions who are receiving supervision. MHPSS service provision includes standalone programming or services in a cross sectoral approach, integrated for example into health, nutrition, social welfare, protection or education programmes. Supervisees can be at any level, ranging from lay providers to experienced professionals.

Key elements of supervision



The 3 core functions of supervision

Providing emotional support:

- Creates a safe, supportive, confidential space to explore personal reactions to professional situations (but it is not therapy!)
- Supports supervisee's own mental health by encouraging supervisees to recognise and manage their own reactions and stressors
- Encourages self-discovery

Monitoring intervention quality:

- Improves service quality
- Ensures activities are being implemented as designed
- Provides an opportunity to identify barriers to implementation and offers an opportunity to brainstorm solutions

Building skills:

- Structures learning over time to support application of knowledge into practice
- Improves confidence and competence in supervisees own professional/skills development
- Supports independent learning

1.1.1 What supervision is

Supportive supervision helps to structure the learning of supervisees over an extended period of time so that they can apply knowledge to practice. This approach is different from the common practice of implementing short-term training with limited to no follow-up. Supervision should be considered as an integral aspect of training.

Ultimately, supportive supervision improves service quality and promotes the confidence and competency of each MHPSS practitioner in their own development. In this way, supportive supervision has potential to broaden access to mental health and psychosocial care by improving the capacity of community based workers without formal/professional mental health training or qualifications to provide MHPSS.[2] However, supervision is also essential for MHPSS practitioners in more specialised roles.[3]

The World Health Organization (WHO) recommends supportive supervision as the preferred approach for task shifting which has been found to strengthen health systems and outcomes.[4] They define supportive supervision as "a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff".[5]

As well as building supervisees' technical capacity, supportive supervision functions to protect and promote supervisees' well-being.[35, 36, 37, 38]

Develops skills and capacity over time

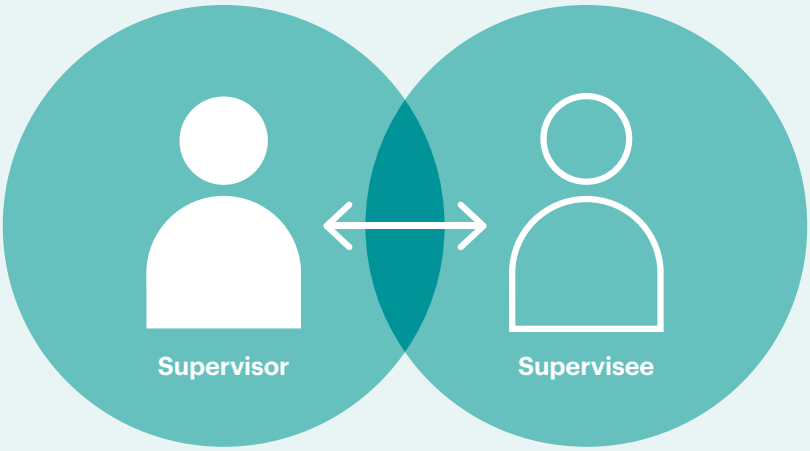
Supports supervisee's own mental health

An effective supervisor guides reflection and supports independent learning and self-discovery. Supervision should also enable supervisees to recognise and challenge bias, stigma or prejudice that could potentially affect the work of an MHPSS practitioner.[6]

The support of an experienced and knowledgeable supervisor should ultimately allow supervisees to grow and develop their professional competencies, and to develop personally. The supervision process should also enable supervisees to identify the areas in which they lack experience and require further development.[7]

Evidence suggests that individuals delivering psychological interventions do not improve their skills based on experience alone, they also need reflection, focused feedback, and the application of this feedback into practice to produce tangible benefits.[8]

What supervision is



1. A safe, supportive, confidential and collaborative space
2. A place where supervisees can openly discuss both difficulties and successes in their role
3. A place where supervisees receive clear and constructive feedback that helps them to build their technical capacity
4. A place where supervisees receive emotional support
5. A respectful, collaborative space that enables joint problem solving and supports independent learning
6. A place for mutual learning for supervisee(s) and supervisor
7. A place to identify and respectfully challenge bias or prejudice
8. An appropriately boundaried space, including awareness for both the supervisor and supervisee of limits to confidentiality (e.g. in cases of child protection concerns or other risk of harm to self or others)

1.1.2 What supervision is not

It is important that the boundaries of supervision are clearly agreed upon by the supervisor and supervisee before supervision begins. Supervision is separate from the broader organisational range of staff care services, resources, policies and procedures. It should not be the sole form of staff care available to supervisees and it should not be a replacement for therapy or other psychological intervention. If a supervisee is struggling significantly with emotional distress, for example, supervisees experiencing secondary traumatic stress or occupational burnout, they may need to be referred to supports outside of the supervision setting. The organisation should cover the cost of this. Similarly, supervisees struggling with personal issues that are unrelated to their work should address these issues through external support services such as personal counselling or therapy.

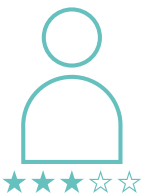
Supportive supervision is not intended to address managerial aspects of work. Timecards, absences, and issues related to organisational workflows should not be included within the scope of supervisory meetings.

However, supervisors should take measures to reduce workloads and advocate for improved working conditions when this is causing distress. Additionally, administrative managers can use many of the supportive approaches described here in supervising staff and volunteers, as these contribute to supportive work environments.

Supportive supervision should not be a hierarchical or 'top-down' relationship. It is intended to be a 'two-way street' based on mutual exchange and the understanding that all parties have their own expertise to bring to the space. Although supervisors are generally expected to be more experienced and should give guidance and teach skills and knowledge, they should not take a solely instructional approach.

Similarly, supportive supervision should also not be punitive. Feedback should be delivered in a way that is sensitive and constructive, but not fault-finding. Supervision should be a space where supervisees can feel comfortable discussing their challenges without fear that it might negatively impact them and their employment or volunteer status. For more information on providing feedback, see section 3.8.

Does not replace therapy or psychological intervention



Not a work performance review

Not a hierarchical relationship

1.2 The importance of supervision for MHPSS

Supervision is internationally recognised as a vital component of MHPSS provision and is especially important in emergency settings. In low and middle-income countries (LMICs), for example, mental health interventions are often delivered using 'task-shifting' or 'task-sharing' approaches. This is when lay practitioners are trained to deliver services and interventions under the supervision of more specialist personnel (e.g. psychiatrists, psychotherapists, mental health nurses).[9]

In many cases, however, lay providers often only receive short-term intensive training in specific MHPSS interventions in terms of knowledge and skill development. This can leave them feeling a lack of confidence and ill equipped to manage the unexpected challenges and contextual factors in MHPSS service delivery, and can pose a risk of doing inadvertent harm towards service users.

This can also be true for more experienced practitioners or for those with educational qualifications but less developed practical intervention skills. MHPSS practitioners are often asked to take on very complex cases (e.g. high-risk situations, emergencies and ethical dilemmas) with few resources to support them in the process. This can negatively impact service delivery and unintentionally cause harm to practitioners and service users. For these reasons, **training should always be accompanied by supervision** to ensure that supervisees are practically and emotionally equipped to perform their roles confidently and effectively.

The emotional strain of MHPSS work is also particularly intense in humanitarian settings. Providers are often required to work in very challenging conditions with populations who have experienced significant adversity and who have complex needs. Practitioners themselves often come from these adversely affected populations. They are therefore at increased risk of experiencing symptoms of primary and secondary trauma, burnout and compassion fatigue. All of these have potential to develop into longer-term physical and mental health problems. Effective supervision should include open discussion of this, with the supervisor monitoring for early signs of these risks in supervisees and taking steps to reduce them.

Supervision has potential to produce significant improvements in job satisfaction and worker motivation.[10] Supervision can serve as a starting point to begin discussions about organisational issues, and provide support for reaching a resolution. This, in turn, can **reduce staff turnover and contribute to a healthier, more resilient MHPSS workforce, which is vital for system strengthening efforts across health and other sectors.**

Important Information

Trauma-informed practice

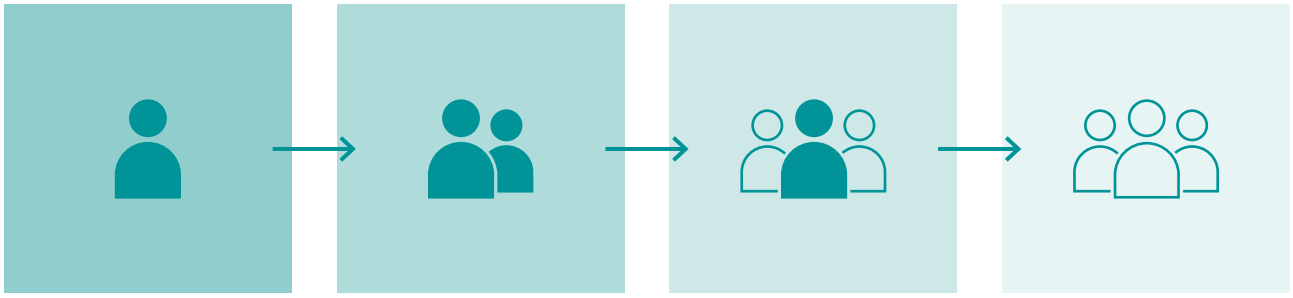
Everyone involved with the design and delivery of MHPSS services and supports should adopt a trauma-informed approach to the way they carry out their work.

Trauma-informed work involves understanding that service users may have experienced trauma. Trauma-informed practice also requires an awareness of the fact that MHPSS practitioners themselves may have experienced trauma.

All individuals involved with MHPSS work should be aware of the signs and symptoms of trauma-related problems. They should be sensitive to certain situations or behaviours that may cause distress. For this reason, the supportive approach to supervision, with its focus on collaboration and empowerment of the supervisee, is a key element of trauma-informed practice.

1.3 Supervision for everyone

Supervision at all levels of MHPSS provision is strongly recommended, including for multi-disciplinary teams who are integrating aspects of MHPSS within their work. Even professionals who are highly technically skilled can benefit from the opportunity for continuous reflection and development that comes from supervision. Supervision should ideally be made available to all and encouraged at the organisational level.



Case study

Sofia is a volunteer at a local organisation. She is currently studying psychology at university, but is only in her first year. She has been trained as a volunteer in psychological first aid (PFA) and has learned how to use basic helping skills with people affected by crisis situations.

One day, Sofia turned on the news and saw that there had been a shooting at her local shopping centre. She immediately called her family and friends to see if they were OK. As she was making her calls, the organisation she volunteers for called to see if she would be available to provide psychosocial support to those affected by the shooting at the shopping centre. She was asked to go to the local branch to meet with the other volunteers and their coordinator and supervisor for more information.

When she got there, her supervisor invited all the volunteers into a room. Everyone sat in a circle, which was typical of other supervision sessions she attended. The supervisor opened by explaining the situation and then gave the volunteers a chance to say how they were feeling at that point in time. The supervisor then went on to say that it was really important that the volunteers felt supported and stable enough to help others. She explained it was OK if anyone preferred not to volunteer this round. One woman whose brother had been involved in the attack began to cry. She said she thought that maybe it would be better if she didn't volunteer. She said that she had come because she was feeling helpless and wanted to do something to help. The supervisor responded that there were still lots of ways to help, but what mattered most was that she received her own support at this time. The supervisor then connected the volunteer to one of her colleagues.

The supervisor then explained that the volunteers would receive clear instructions from their volunteer coordinator about where they would be working and who they would be assisting. The supervisor invited someone to give a brief description of PFA as a refresher and then asked if there was anything that the volunteers would like to review before going into the field.

The supervisor then said that she would like to bring everyone back the next day to have a short supervision session to see how things went. She also said that she would be available on the phone in case anyone needed support or if anyone wanted to set up an individual supervision session. She reminded the volunteers that responding to emergencies such as this is very challenging work. She also said it was very impactful work that can make a big difference to those affected. She emphasised that it was really important that as volunteers they care for themselves and be aware if they needed to take a break.

Sofia had been feeling a little nervous about using PFA because she was only a volunteer, but she now felt more comfortable. She felt confident knowing that she could reach out to her supervisor for support and that

Continued on next page...

Case study
(continued)

they would have another group supervision session the following day. Sofia then met with the volunteer coordinator and received instructions about her task.

The following day, she attended the group supervision session as planned and then another one at the end of the week. By then, the volunteers had linked those affected by the attack to additional supports and had completed their task.

The following week, the volunteers met again with their supervisor. At this meeting they described their experiences. They talked about what they found challenging and remembered together the moments where they felt they made a difference.

Sofia felt proud that she had been able to help respond and was grateful that she was able to attend the supervision sessions. She had learned a lot from the experiences of the other group members and was glad that she had had opportunity to share her own. She liked that her supervisor was supportive and used a lot of the active listening skills that she had learned in her training and in classes. She felt that it helped her to see how to support others when she was next called to respond to a crisis.

1.4 The apprenticeship model

Supervision is important at all stages of MHPSS practice. However, it is especially crucial following training in new skills or interventions. Supervision should be considered as a vital component of effective training. The 'apprenticeship model'[11] is a framework for providing intensive post-training supervisory support, enabling supervisees to consolidate knowledge and skills gained during training.

Supervision should be considered as a vital component of effective training. The 'apprenticeship model' is a framework for providing intensive post-training supervisory support, enabling supervisees to consolidate knowledge and skills gained during training.

The apprenticeship model is specifically designed for building skills of lay practitioners to deliver advanced psychological interventions in LMICs. It involves trainers, supervisors and practitioners working together in a process of coaching and training, delivering an intervention, and monitoring and supervising how that intervention is implemented. The model requires that training is followed by close supervision of practitioners applying the newly introduced skills.

The IMS has expanded this model to include multiple levels of support that can be carried on through the life of MHPSS activities, inclusive of interventions, skill-sets, and approaches. At its core, the apprenticeship model ensures that there are multiple tiers of supervision that are available to trainers and supervisors, as well as those that they are training and supervising. This model can continue to add on other tiers depending on the size of the programme or organisation.

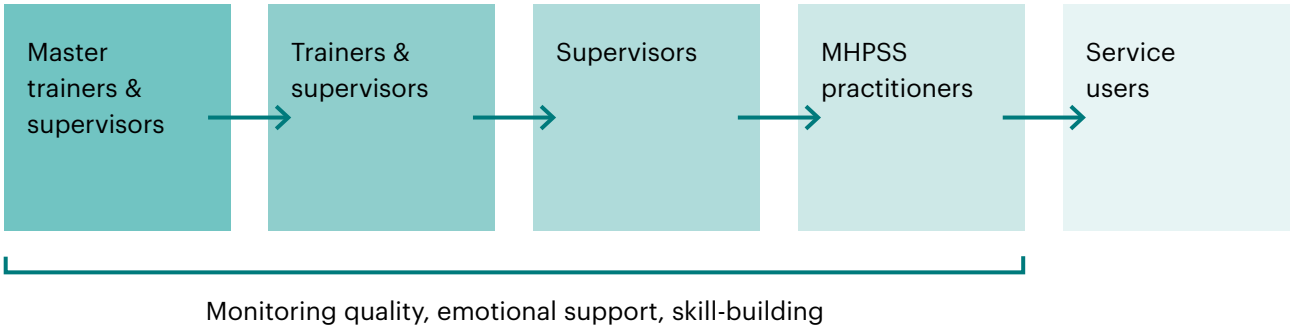
The graphic on the following pages shows some examples for structuring supervision provision within organisational systems of different sizes. When designing supervision structures, each organisation will need to evaluate their existing structures and lines of communication to determine how it should best be integrated. A basic principle to consider is that a supervisor should not be assigned to more than 5-6 supervisees. In turn, the supervisor should also have access to their own supervision.

MHPSS supervision should, where possible, include live supervision (see section 1.6.4) so that supervisees receive direct feedback on their practice. It is also preferable that supervisors are local to the context where the intervention is being carried out. This ensures that they are familiar with contextual factors that might affect the MHPSS service delivery.

It also contributes to the sustainability of services and supervision into the longer term. If supervisors are not local, they should make it a priority to familiarise themselves with cultural and contextual factors as a basis for effective supervision. The supervision process can also function as a way to identify potential local candidates to become supervisors.

The apprenticeship model integrates supervisors within the cycle of learning. They in turn receive their own ongoing supervision from trainer-supervisors on a particular intervention or set of skills and on how to conduct supervision. In some cases, where a training of trainers model is in operation, the supervisors themselves may also be trainers. Evidence suggests that the apprenticeship model helps MHPSS practitioners to feel more capable and increases their confidence in applying the newly developed skills.[12]

The Apprenticeship Model



Adapted from Murray et al. International Journal of Mental Health Systems 2011, 5:30 / http://www.ijmhs.com/content/5/1/30

1.5 Scaling supervision structures within your organisation

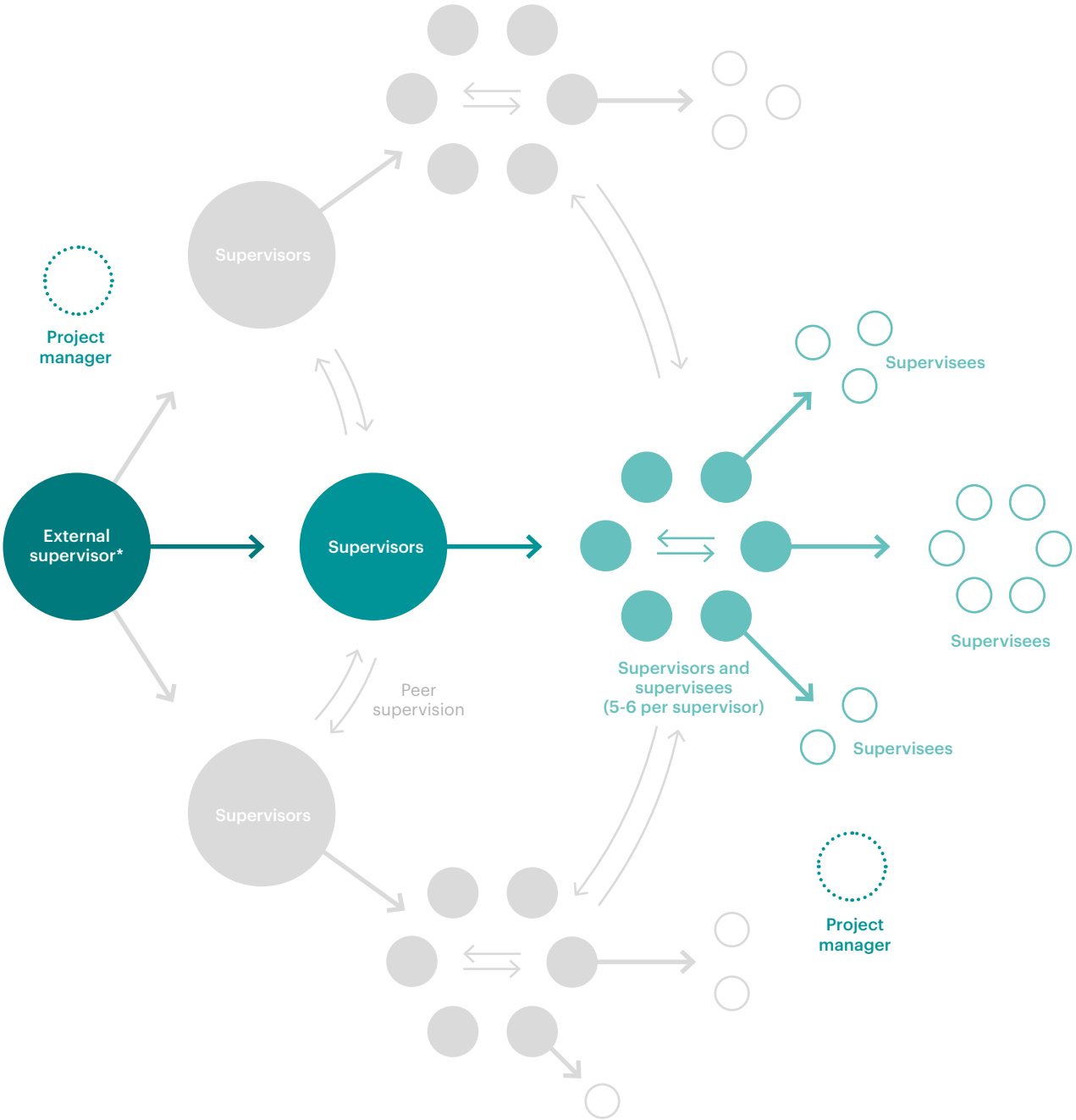
When considering supervision structures, organisations can keep the provided model in mind, expanding the size to fit the needs of their organisational or programmatic size.

It is ideal to have one supervisor per 5-6 supervisees. Keeping in line with 'supervision for everyone' and the apprenticeship model (see sections 1.3 and 1.4), all engaged in MHPSS, across sectors, would themselves have access to supervision, meaning that supervision is available for those who are providing supervision, even for more senior practitioners. See section 1.6 for more information on different types of supervision available.

Project managers are engaged and in close collaboration to ensure that supervision structures are in place and have direct communication with supervisors regarding programmatic and staff needs. They also provide managerial and administrative support to supervisees at all levels.

External supervisors can be completely external to the organisation. Other examples can include those at regional or global levels of an organisation, or at the coordination office for those working through implementing partners.

Example of supervision structure



Legend:

Supervision can be individual, group or live.

Peer supervision occurs between supervisees at any stage.

Project managers work with organisational leadership to ensure that supervision structures are in place, and directly communicate with supervisors and supervisees on programmatic and administrative matters.

**External supervisor also receives supervision.*

1.6 Different types of supervision

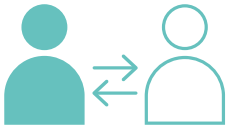
Supervision can be delivered in several different ways either in person or remotely. This section looks at the options including:

- **individual supervision**
- **group supervision**
- **peer supervision**
- **live supervision.**

All of these options can be delivered either face-to-face or remotely. This section also outlines specific considerations for each of these modes of delivery.

The experiences of MHPSS supervisors and supervisees[5] suggest that individual, face-to-face supervision is the preferred format for MHPSS practitioners. However, resource constraints, access difficulties and insecurity can sometimes make this difficult to achieve in practice. Remote methods of delivery seem likely to become increasingly necessary. For example, factors such as travel restrictions or security threats may necessitate greater reliance on digital platforms for supervision.

1.6.1 Individual supervision



Individual supervision is a one-to-one meeting between the supervisor and supervisee. Supervisory sessions will usually last approximately one hour, although there should be some flexibility depending on the agenda for the session (see section 1.8 for guidance on the regularity of sessions). Some organisations provide MHPSS supervision solely in this format. Others provide individual supervision only in the early stages of a practitioner's skill development, while some provide group and individual supervision at the same time.[13]

A supervision session may begin with the supervisor and supervisee creating an agenda together of what should be discussed. It may end with the supervisor checking in with the supervisee, asking what they found useful in supervision, what they would like more support with, and discussing any actions to be completed before the next session.[14]

The structure of individual supervision sessions may differ depending on the context and circumstances. For example, a session concentrating on

a difficult case or crisis situation may focus on detailed discussion of that case and its impact on the supervisee. On the other hand, regular supervision where supervisees are not experiencing particular difficulties could include discussing cases more generally, reviewing their practice in applying specific skills, and reflecting on any personal or professional development needs. A key advantage to individual supervision is that it ensures a higher degree of confidentiality than in group supervision. This potentially encourages supervisees to disclose difficulties or sensitive issues and provides better protection for the confidentiality of service users. Supervisees are also likely to discuss their work and experiences in greater depth, as supervision time is not shared with their peers. The main drawback of individual supervision is that it is more resource intensive, as it relies on the supervisor having the time and space within their schedules to meet with each supervisee individually. This format may not always be feasible for organisations with limited resources.

Individual supervision

- One-to-one meeting between supervisor and supervisee.
- Some organisations provide MHPSS supervision solely in this format. Others provide individual supervision only in the early stages of a practitioner's skill development, while some provide group and individual supervision at the same time.
- Usually lasts around one hour (can be longer if an urgent situation arises or if using an interpreter).
- A supervision session may begin with the supervisor and supervisee creating an agenda together. It may end with the supervisor checking in with the supervisee, asking what they found useful in supervision, what they would like more support with, and discussing any actions to be completed before the next session.
- The structure of individual supervision sessions may differ depending on the context and circumstances. It may focus on a crisis situation, or when supervisee is not having difficulties with a specific case, it may focus on reflection, skill development, or wellbeing. →

Individual supervision *(continued)*

Benefits

- Higher degree of confidentiality than in group supervision. This potentially encourages supervisees to disclose difficulties or sensitive issues and provides better protection for the confidentiality of service users.
- Supervisees are also likely to discuss their work and experiences in greater depth, as supervision time is not shared with their peers.
- Difficult dynamics may occur which can be challenging to manage for the supervisor and a barrier to learning for the supervisees. Growth can occur and develop even in these circumstances, if these dynamics are appropriately acknowledged and managed well by a skilled supervisor.

Drawbacks

- More resource intensive (i.e. more expensive), as it relies on the supervisor having the time and space within their schedules to meet with each supervisee individually.

Practical Information

Sample agenda for an individual supervision session:

- Informal check in
- Review follow-up items from previous supervision session
- Reflect on progress since previous session
- Urgent service user issues (e.g. high risk or security concerns)
- Case presentation or role plays
- Reflection on self-care
- Summary, feedback and closing

Note: Please refer to sections 3 and 4 for a description of supervisor and supervisee skills that support best practice in supervision.

1.6.2 Group supervision

Group supervision takes place between a supervisor and two or more supervisees. It can include various activities depending on the group composition, such as role plays, case presentations, skill development activities, reflection and self-care, or more informal discussions facilitated by a supervisor.

Group supervision has several benefits. The combination of perspectives and backgrounds can stimulate greater insight and creativity than might be achieved in a one-to-one setting. It can help establish informal peer support and promote cohesion among supervisees. Supervisees may feel more comfortable sharing their experiences and challenges if they hear that other group members are facing similar challenges. This also fosters a sense of community and can reduce feelings of isolation among group members. In addition, much can be learned from shared experiences, and a group setting allows participants to problem solve together when challenges do arise. It is a cost-effective solution where resources are scarce[15] as it allows supervisors to meet with more than one supervisee at a time. Group supervision can also be a useful format where supervisors are not from the same cultural background as supervisees. Where the supervisees are from the

Co-supervision

Some programs may use co-supervision in group settings. This can help facilitate the process in a number of ways:

- When one facilitator is a member of the affected community and the other is from another context, shared learning and appropriate contextualisation can come from the pairing
- In case of connectivity issues, there will be another facilitator who can support
- In case someone is in distress, there is another supervisor present to help support the person in distress individually without pausing the entire group (see section 3.6 for more information on managing emotional distress in supervision)

Working with a co-supervisor takes careful preparation and planning. It is important for co-supervisors to keep regular communication, plan for sessions together, including who takes what role, and be open and willing to provide feedback to each other continuously.

same cultural background, being in a group enables them to brainstorm the relevant cultural considerations.

However, group supervision can be a less personal format than individual supervision[16] and can bring its own challenges in relation to confidentiality, as there are no guarantees that all group members will maintain confidentiality. Challenges can sometimes arise in ensuring that the content of a supervision meeting is appropriate for all members. Difficult dynamics may also occur in group settings, which can be challenging to manage for the supervisor and a barrier to learning for the supervisees. However, the group can grow and develop even in these circumstances, if these dynamics are appropriately acknowledged and managed well by a skilled supervisor.

Group supervision

- Takes place between a supervisor and two or more supervisees.
- Can include various activities depending on the group composition, such as role plays, case presentations, skill development activities, reflection and self-care, or more informal discussions facilitated by a supervisor.

Benefits

- The combination of perspectives and backgrounds can stimulate greater insight and creativity.
- Helps establish informal peer support and promote cohesion among supervisees.
- Supervisees may feel more comfortable sharing their experiences and challenges if they hear that other group members are facing similar challenges. This also fosters community and can reduce feelings of isolation among group members.
- Learning from shared experiences. A group setting allows participants to problem solve together when challenges do arise.
- Cost-effective solution where resources are scarce as it allows supervisors to meet more than one supervisee at a time. →

Group supervision *(continued)*

- If participants are from different backgrounds, great space to exchange ideas from respective contexts.
- If from same cultural context, can deepen cultural contextualisation.

Drawbacks

- Can be a less personal format than individual supervision.
- Challenges in relation to confidentiality, as there are no guarantees that all group members will maintain confidentiality.
- Difficult to ensure that the content of a supervision meeting is appropriate for all members.
- Difficult dynamics may also occur in group settings, which can be challenging to manage for the supervisor and a barrier to learning for the supervisees.
- Gathering as a group can be be a security concern, particularly if working in conflict zone.
- Difficult in settings of conflict and civil unrest when you have supervisees across the conflict divide or on different side of protest.

Practical Information

Sample agenda for a group supervision session:

- Check in activity (e.g. take a round where participants describe their day in two words)
- Invite the group to recap on agreed rules and expectations
- Review follow-up items from previous supervision session
- Urgent service user issues (e.g. high risk or security concerns)
- Role play activity
- Reflection on self-care
- Summary, feedback and closing

Note: Please refer to sections 3 and 4 for a description of supervisor and supervisee skills that support best practice in supervision.

Case study

Nour is a caseworker for a large international organisation. She has been with Gender Based Violence (GBV) the organisation for one year and recently began working with the mobile GBV unit in a rural area. There are a lot of people there who have been displaced and are regularly on the move. She works alongside a team of other service providers including community outreach and community mobilizers. There is also a technical specialist and supervisor who visit once a week. Most activities aim to raise the community's awareness about GBV and build capacity in responding to the problems people face.

Nour's role is to provide information about GBV and its consequences. She works with those who need additional supports to be referred through safe pathways. Nour has been running information sessions as part of her role in safe spaces for women and girls. She has noticed that the women and girls often come and tell her about the things that have happened to them in their communities. Lately, Nour has found it harder and harder to separate herself from these stories. She feels like the women and girls trust her and want to open up to her, but she doesn't always have the time to give everyone her full attention. She also doesn't feel like she has enough training to support them beyond using basic psychosocial skills.

Nour attends weekly supervision sessions with other GBV case workers. The group members tend to vary each week, as staff within the organisation rotate the times when they come to the mobile unit and when they work in the stationary centres. Nour gets along with all of her colleagues but sometimes feels uncomfortable to share too much with them since they don't know each other very well. She worries that if she discusses her concerns, they may think she is bad at her job.

In a weekly session, one of the caseworkers that had been on site for the past few weeks shared that she was experiencing a similar problem as Nour. The caseworker said that the women in her information session groups often came to her hoping that she would listen to their stories and help them. She described feeling pressure because she knew that even though she could make referrals for them, they often did not seek services outside of the mobile unit because they were ashamed of their experiences. This made her feel even more burdened.

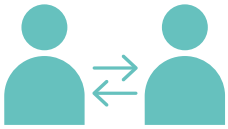
The supervisor reflected back what the colleague had shared and validated her feelings. She asked if anyone else had ever felt that way. Nour raised her hand and shared that she had had similar thoughts of feeling like she did not have enough training to manage the situations arising on a daily basis. Several others in the group nodded their heads, and the supervisor acknowledged that this was a common challenge among the group. The supervisor then asked the group what they thought the best solution for this might be. Almost everyone said that they would like more training on providing psychosocial support. Since there was no one on site to offer individual or group supports to the community, they felt that they needed

Case study
(continued)

more skills to manage the situations presenting. They also suggested expanding the mobile unit to include MHPSS practitioners, since it was common for woman and girls to feel uncomfortable seeking services outside of the unit.

Their supervisor then facilitated a discussion around what type of skills they would find most helpful. They also talked about the limits to their roles, and how to manage the feeling that the services being provided were never enough. The session ended with an agreement that the next session would begin with going deeper into learning more about psychosocial skills and their own well-being as caseworkers.

1.6.3 Peer supervision



Peer supervision is supervision where two or more peers come together to support one another in mutual training or learning. Peer supervision is also commonly referred to as intervision. Peer supervision is not directed or facilitated by a supervisor. Peer group members discuss cases, tools, techniques or other related areas of interest. This approach allows collaboration and mutual learning without the power difference in traditional supervisor/supervisee arrangements[17]. Peer supervision can be a particularly useful solution for sustaining ongoing support for more skilled MHPSS practitioners. However, peer supervision can be useful for professionals of all skill levels. It is recommended that a more experienced supervisor take on a moderation role where the peer supervisee group is less experienced. The role of moderation involves the supervisor making themselves available for supervisees to consult with on an ad-hoc basis where they need additional guidance or information.

Peer supervision

- Peer supervision is where two or more peers come together to support one another in mutual training or learning. Peer supervision is not directed or facilitated by a supervisor, nor do supervisors participate in peer supervision.
- Peer group members discuss cases, tools, techniques or other related areas of interest.
- Very useful in sustaining ongoing support for more skilled MHPSS practitioners and can also be useful for practitioners of all skill levels. **It is recommended that a more experienced supervisor take on a moderation role where the peer supervisee group is less experienced.**
- The role of moderation involves the supervisor making themselves available for supervisees to consult with on an ad-hoc basis where they need additional guidance or information.

Benefits

- This approach allows collaboration and mutual learning without the power difference in traditional supervisor/supervisee arrangements.
- Cost effective and flexible as it uses existing human resources.→

Peer supervision *(continued)*

Drawbacks

- Although peer supervision can be useful for practitioners at all stages of practice, it can be helpful for a more experienced practitioner to help set the stage for particular areas, such as:
  - respecting service user confidentiality and peer confidentiality
  - dealing with complex cases
  - when and how to seek additional support
- Peer supervision should not be the only supervisory support available, particularly for less experienced practitioners. It should be considered as a complementary support, ideally to be used in conjunction with individual supervision.

Case study

Amit is a Child Friendly Space (CFS) animator at an internally displaced persons (IDP) camp. He has been in this role for a few months now, and he finds the work to be both fun, but also incredibly challenging. Some of the children he works with have witnessed things that no child should ever see, and others have so little. It's hard for Amit to feel so powerless. Amit has no idea if the other animators struggle in the ways that he does. Sometimes when he finishes his day, he feels so emotionally exhausted, and he doesn't really know who to talk to about it. He often goes straight to sleep after work so that he doesn't have to think about it.

His organisation has just recruited a supervisor, and he is happy to hear this. He is a little concerned that he won't have much time with the supervisor. The organisation only had funding to hire one person and there are so many other animators and MHPSS practitioners within the organisation. He was surprised when he was invited to a group supervision session with the new supervisor. In the session, several other animators that he worked with directly and that he had seen around the camp were there.

The session went well, but they were told that because of lack of resources that they would only be able to meet once a month. The supervisor asked the group to consider setting up peer supervision between themselves so that they could meet more regularly. She explained that she would not be present for the sessions, but that the animators themselves would lead the group themselves. She advised that they could do activity review presentations within their peer group after they demonstrated in in their next group session together (see appendix C for template).

Everyone agreed that it felt really good to be able to discuss their experiences with one another, and that they would like to continue to meet. The animators agreed to meet the following week. Their supervisor told them that she would check in with the group to see how peer supervision was going. She also said that she would be available if they had questions or concerns, and of course if a situation came up that placed anyone at harm of risk.

The following week, 17 of the animators met in the area designated for the staff in the camp. They sat down, and as suggested by their supervisor, they discussed group rules and expectations for themselves. They decided that they would separate into two smaller groups and that they would meet once every two weeks. They decided that they would all take turns to prepare for the session, and that they could teach each other new things, do reflective exercises, self-care activities, do activity review presentations, or just talk about what they were dealing with. They spent the rest of their time talking to one another and exchanging phone numbers.

Amit was really happy that he was able to connect with the other animators. It helped him to feel like he wasn't alone in feeling the impacts of such challenging work. He also thought it was nice that the group was

Case study *(continued)*

made up of just them, and it seemed like people felt fairly comfortable being open with one another. They agreed before leaving that everything they had talked about in the group would stay in the group, unless they were worried about the safety of someone. Amit was looking forward to the next peer supervision session in two weeks' time and to their next monthly group supervision session.

1.6.4 Live supervision

Live supervision (sometimes also referred to as 'direct', 'on-the-job' or 'in vivo' supervision) is the process of a supervisor directly observing a supervisee providing MHPSS. This allows supervisors to provide specific feedback to their supervisees based on what they see in the interactions between the MHPSS practitioner and service user. They can then identify areas that require development and reinforce best practice.

This type of supervision is widely recognised as an important activity to ensure the quality of MHPSS service delivery. As described in section 1.4, this type of supervision is particularly useful to support participants in applying newly acquired skills after training. However, in line with the supportive approach, it is vital that this kind of supervision is done in a way that is encouraging and positive. It should not be fault finding or punitive. Feedback from live observation should highlight both what worked well, as well as areas that can be strengthened, using specific examples. A sample live supervision observation form can be found in Appendix B.

Live supervision can take place with the supervisor physically present in the session, or by making an audio or visual recording of the session to be reviewed later by the supervisor. A supervisor may use these recordings, with consent of all parties, for discussion during group supervision sessions. Data protection measures must be strictly observed for sharing, storage and deletion of recordings. Supervisors, supervisees and service users should all fully consent to the recording of a session with full understanding of the potential risks associated with data breaches.

If live supervision is taking place with the supervisor being physically present in the room with the service user, consent should be obtained prior to the session and confirmed before the session begins. It is essential that the supervisee first prepares the service user for the supervisor attending the session. The supervisee should introduce the supervisor at the start of the session, and explain that the supervisor is there to provide feedback to the supervisee and not to monitor them. Particularly in sensitive sessions, the supervisor should take time to explain to the service user that information shared in the session is confidential. The service user should also know that they can ask the supervisor to leave at any time, should they feel uncomfortable.

In live supervision sessions, the supervisor should also make every effort not to distract or otherwise impact

on the therapeutic alliance between the service user and supervisee. It may be helpful for the supervisor to sit at a distance from the participants and ensure that the service user is comfortable with where they are sitting in the room. In some situations, the service user may prefer that the supervisor is more integrated into the session. For example, in a group setting where participants are sitting in a circle, the service user's preference might be for the supervisor to sit within the circle. In other situations, the service user may prefer the supervisor to sit off to the side, or to avoid sitting directly behind the service user.

Sometimes in live supervision, the supervisor models an aspect of best practice by demonstrating an activity, while the supervisee observes. In these cases, the supervisee should follow the guidance outlined above to avoid disrupting the session or therapeutic alliance. Special care should be taken if interpreters are included in live supervision sessions. (See section 1.10 for more information).

Live supervision

- Live supervision is the process of a supervisor directly observing a supervisee providing MHPSS. This allows supervisors to provide specific feedback to their supervisees based on what they see in the interactions between the MHPSS practitioner and service user. They can then identify areas that require development and reinforce best practice.
- This type of supervision is widely recognised as an important activity to ensure the quality of MHPSS service delivery
- Particularly useful to support participants in applying newly acquired skills after training.
- In line with the supportive approach, it is vital that this kind of supervision is done in a way that is encouraging and positive. It should not be fault finding or punitive. A sample live supervision observation form can be found in Appendix B of the IMS Handbook.
- Live supervision can take place with the supervisor physically present in the session, or through recording of the session to be reviewed later by the supervisor. →

Live supervision *(continued)*

- A supervisor may use these recordings, with consent of all parties, for discussion during group supervision sessions.
    - Data protection measures must be strictly observed for sharing, storage and deletion of recordings. Supervisors, supervisees and service users should all fully consent to the recording of a session, before the start of the session, with full understanding of the potential risks associated with data breaches.
    - It is essential that the supervisee first prepares the service user for the supervisor attending the session.
    - Special care should be taken if interpreters are included in live supervision sessions (see Section 1.10 of IMS Handbook for more information).

Benefits

- Monitors quality of care provided.
- Ensures the correct implementation of protocols and therapeutic guidelines of the organisation.
- Continuous observation of supervisee progress.

Drawbacks

- Resource intensive.
- Can cause disruption in therapeutic and supervisory alliance.
- Consent may be challenging.

Practical Information

Sample dialogue for introducing a supervisor into a live supervision session

Before the session

The supervisee should always confirm with the service users in advance that they are comfortable with the supervisor joining the session, unless it is an emergency situation in which immediate action must be taken.

For example, someone may be in need of immediate medical attention or be a risk to themselves or others and is not able to consent. For more information about managing risk, see Section 3.6. Where the service user is a child, consent should be given by their caregiver and assent from the child. It is important to be aware that even with parental consent, the child may not feel comfortable with the dynamic of having additional adults in the room. It is crucial therefore to clearly explain why the supervisor is there in language that can be understood by children. It may help to include the supervisor in an icebreaker activity, such as drawing or a ball toss.

At the start of the session

Supervisee: "You might remember last time we met, I told you that my supervisor will be joining our session. They would like to join us so that they can give me feedback on my work. They keep everything confidential just like you and I do, with the exception of the situations we have talked about before, such as risk to harm to you or others. Would it be OK if I invited them in?"

(Wait for consent)

Continued on next page...

Practical Information *(continued)*

Supervisor: "Thank you very much for allowing me to join your session. As [name of MHPSS practitioner] probably told you, I am here to observe them so that I can give them feedback about their work. Sometimes you might notice me taking notes. I will not be writing any personal information about you or your situation. I will be noting the things [name of MHPSS practitioner] is doing well in the session and ideas for how they could improve. This is a normal part of our professional development in the organisation. Do you have any questions? Is it OK for me to stay?"

(Wait for consent)

Supervisor: "I will sit over here during the session, unless you prefer that I sit somewhere else. You can ask me to leave at any time if you feel uncomfortable. Is that OK with you?"

(Wait for consent)

Case study

Nina is a PSS worker at a small NGO. She and a co-facilitator facilitate weekly group psychosocial sessions with refugee women who have lost loved ones in the war. As part of the supervision provided by the NGO, Nina has been getting individual supervision and now she is about to start live supervision. Nina has worked for several other organisations and this is the first time she has ever had live supervision as part of her work. The sessions are due to begin in a week's time. She feels very nervous about having her supervisor come into her group sessions. She is afraid that she will not be a good facilitator when she knows that she is being watched.

Nina decides that she should talk to her supervisor about her concerns. In their next individual session together, Nina brings up her worries. Her supervisor listens to her and explains that her reactions are natural, which helps Nina to feel more comfortable. Her supervisor tells her that he understands completely and shares an example about how when he was training to be a psychologist, he would have to record his sessions with service users and how he hated it! He also said that it was one of the most helpful things for his development as a psychologist, because it helped him to become more aware of his strengths and the areas where he could benefit from more support.

Her supervisor then talked her through what the session would look like. He reminded her that even though all of the service users had agreed to have a supervisor present when they first joined the programme, they could still withdraw their consent at any time. He said that they might not be comfortable saying that in front of him, so if they told Nina, she should feel comfortable in letting him know. Her supervisor also told her that he would explain to the group why he was there (see box above on how to introduce a live supervision session). He would explain that he would be there to observe Nina and not them and that he would be taking notes. He told Nina that he uses a form that has different boxes such as what worked well and didn't work well to help him structure his feedback (see example in Appendix B). He explained he would meet Nina after the group session and they would talk about how things went from both perspectives. He assured Nina that all information was confidential and that it would be used solely for Nina's development as a PSS facilitator.

On the day of the live supervision session, Nina was still nervous, but she felt more comfortable since she knew what to expect. She went into the room first and let her group know that her supervisor would be joining them shortly, and why he would be joining. She asked if anyone had any objections but everyone said it was OK. The group members were sitting in a circle. She asked where they wanted the supervisor to sit – in the circle or outside - and everyone enthusiastically agreed that he should be part of the group.

Continued on next page...

Case study
(continued)

Her supervisor came into the room and greeted everyone. He was very friendly and warm, and Nina felt that the group was comfortable with him being there. He explained everything that he was doing and why he was doing it. He explained that if at any point they were not comfortable with his presence that he would leave.

In the session, Nina's supervisor stayed silent and did not participate in the activities, but his body language was open and he gave non-verbal cues such as nodding his head from time to time. He would take notes, but he didn't spend much time looking down at his paper. Nina forgot that he was there after a while. When the group did their closing activity that was movement based, they invited him to join in which he did.

After the session, Nina and her supervisor took a short break and then they met together. Her supervisor asked her what she thought worked well in the session. He acknowledged what she said and shared specific examples of things he felt worked well in the session. Nina noticed that he pointed things out that she never would have noticed herself, partly because she was so busy facilitating the session.

Then her supervisor asked her if there was anything she would have liked to have done differently or that she wasn't sure about. They discussed these points. Her supervisor was very encouraging and open to talking through the things that Nina found difficult. One example was when one of the group members kept talking over the others. Another example was when another young person broke down crying and she wasn't sure how to manage the situation. Her supervisor pointed out what she did do to manage the situation, and how the other group members responded to it. She realised that she had actually had a better grasp on how to manage things than she thought. Her supervisor also said that service users may often be upset, and this is a very natural response. He encouraged Nina to always have tissues in reach so that the group members would not have to leave the room or look around for them, which was a helpful tip. When Nina and her supervisor finished talking, he asked her how she felt about the live supervision process. Nina admitted that it was not nearly as bad as she had thought it would be and that she was actually looking forward to the next time. She had never received individual feedback like this before and she was happy for it.

1.7 Deciding how supervision will be delivered

All of the types of supervision described in this section can be delivered either face-to-face or remotely. This section outlines key considerations for both methods of delivery.

Important Information

Pairing a supervisor with a supervisee

It is important to consider what is appropriate in your context when pairing a supervisor with a supervisee. In some contexts, for example, mixing genders may not be appropriate.

However, it should not automatically be assumed that same-gender pairs or groups are preferable in all circumstances. If resources allow, it is encouraged for supervisees and potential supervisors to meet prior to beginning supervision to make sure they are compatible with one another.

1.7.1 Delivering supervision face-to-face

If at all possible, delivering supervision face-to-face is the better option.[5] Face-to-face supervision allows a better connection between supervisor and supervisee, giving supervisors opportunity to see non-verbal cues from the supervisee. Certain activities can be done more easily face-to-face and being physically present together in a room means there are no interruptions due to technology issues. Connecting remotely for supervision can also expose participants to digital security risks.

It can also be more challenging to work remotely when interpreters are required.

Supervisors should try to find a quiet, private space for supervision where they will not be interrupted. In some contexts, this may not be possible due to limited space and resources. When this is the case, the supervisor and supervisee can agree a location that feels as comfortable and as private as possible.

1.7.2 Delivering supervision remotely

Although face-to-face supervision is preferable, this may be difficult or impossible for many reasons including:

- health risks, such as epidemics or pandemics
- security-related concerns affecting access to locations
- limited human resources
- lack of capacity within the organisation
- supervisor not in the same location as supervisees.

In these situations, supervision can be delivered remotely. In LMICs, supervision is most often conducted face-to-face, with extra sessions offered via remote supervision.[13]

Remote supervision can be supported using various digital Apps such as Skype, Signal, Telegram or Whatsapp. Alternatively it can be done by phone if digital options are not available. Digital apps can be helpful for facilitating peer discussion, with moderation from a supervisor.[8] As far as possible, supervisors and supervisees are recommended to use video conferencing technology to simulate a face-to-face meeting.

Organisations should provide access to communication and technological platforms for remote supervision. Where organisations do not require all staff and volunteers to use a specific platform, supervisors should discuss the preferred mode of communication with supervisees. In some contexts, phone calls may be the only option, but in other locations there may be a range of platforms available.

Supervisors should not assume that all supervisees know how to work specific technologies. They should test the platform before the session starts, providing support to anyone who needs help to access the session.[14] Having backup options available is also useful in case the chosen platform is unavailable or doesn't work. It is particularly crucial when using digital platforms that the supervisor ensures that no confidential information is shared unless the platform has been secured to allow for confidential information sharing. Having an alternative way of connecting is essential if there is a connection interrpution while someone is in distress.

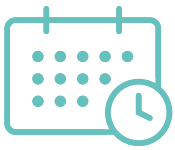
It is possible to achieve a positive supervisory alliance in remote supervision, despite the challenges in communicating via a digital platform. This may involve supervisors allocating more time in the sessions to building rapport, particularly if the supervisor and supervisees have never met in person. For example, it may help to share information about themselves, such as their background and experience to help develop an initial sense of familiarity.

It is also essential to discuss boundaries in relation to the physical location for remote sessions. This includes finding a location that is as private as possible in the home or workplace such that members of the household or coworkers are not able to hear information being discussed. This helps to ensure the privacy of all parties. When sessions are being held in the home, the set-up and boundaries should be the same as if the session were being held in the workplace. See the following tips for keeping remote sessions safe and effective.

Working with an interpreter can be more challenging when everyone is connecting remotely for supervision. In this case, it is very important that supervisors and supervisees take care to speak slowly and clearly to enable interpreters to do their work effectively. Additional time must be planned for interpretation in supervision sessions. It is essential that interpreters follow the same guidelines and protocols as the supervisor and supervisee in relation to privacy and confidentiality. (Further information on this can be found in section 1.10.)

In situations where there are connectivity issues, it may be helpful to develop a 'buddy system', so that pairs can provide updates to one another in the even that connectivity issues prevent full participation. This can be also serve as a facilitator for peer support. The terms of this should be agreed upon by all participants prior to implementation to ensure clear expectations.

Tips for delivering supervision remotely



Scheduling time

- Schedule a time that is comfortable for the supervisor and supervisee(s)
- Schedule a time when it is possible to have privacy
- Make sure remote sessions happen during 'office hours' for both as far as possible and take account of time zone differences
- Remember that time zone differences have some implications for level of attention and tiredness and it is important to discuss preferences in advance

Manage your environment

- Communicate with the people you are living with or working with regarding session timing and ask for privacy
- Consider putting a 'do not disturb' sign on your door if you have your own room
- Turn off your phone and computer notifications or switch them to silent
- Have a quiet place to connect with those you are supporting
- Make sure your space is well lit so you can see one another on the screen
- Be aware of what can be seen in the background of where you are sitting. Make sure this is appropriate

Interaction and communication

- Make eye contact (as appropriate to the context) and use non-verbal methods to make the session more interactive and engaging
- Prepare yourself to deal with frustrations caused by line interruption, lack of video connection, poor audio, etc.
- You may need to emphasise non-verbal communication (e.g. nodding more frequently) or use more verbal clues than usual to demonstrate engagement or empathy in remote sessions
- Decide and agree on how to use the chat box during the session, especially during group supervision
- Adjust the camera so that you can see everyone's faces clearly. Ask others to change the camera angle if you are only seeing part of their face or another angle
- Be sure to have a back-up option in case a digital platform fails

Be mindful of

- Body language
- Facial expressions
- Tone of voice
- Camera position
- Language you use
- Being distracted by electronic notifications

Setting expectations

Agree what expectations you have of one another during remote sessions, such as:

- No eating during the session
- Finding a private space when possible
- Having necessary materials and equipment ready
- Dressing appropriately – equivalent to being in a work setting

Confidentiality and informed consent

Being mindful of privacy

- Do not take screenshots
- Do not record sessions except for specific purposes where all parties have given explicit informed consent
- Be careful of your own privacy
- Do not write names or identifying information on physical notes (de-identify and use password secure files)
- Do not write identifying information on the meeting invite

Technology platforms

Use suitable, simple digital platforms for remote delivery

- Make sure both the supervisee(s) and supervisor are comfortable with the technology being used
- Have back-up plans in place and various remote platforms in case technological issues arise
- Keep the camera and microphone switched on or off, as agreed

Professionalism

- Be well prepared for the session. This includes reviewing service user files beforehand if this is needed, being familiar with features of the platform being used such as screen sharing and being clear about the flow of the session
- Try to recreate your regular workplace environment, if possible

Respect and dignity

- Respect your supervisee and their privacy
- During the session the supervisee should be your priority
- Do not be judgemental about their thought processes
- Do not make assumptions about their life, character, personality, likes and dislikes, etc.
- Maintain boundaries and discuss concerns if they arise
- Give your supervisee your full attention

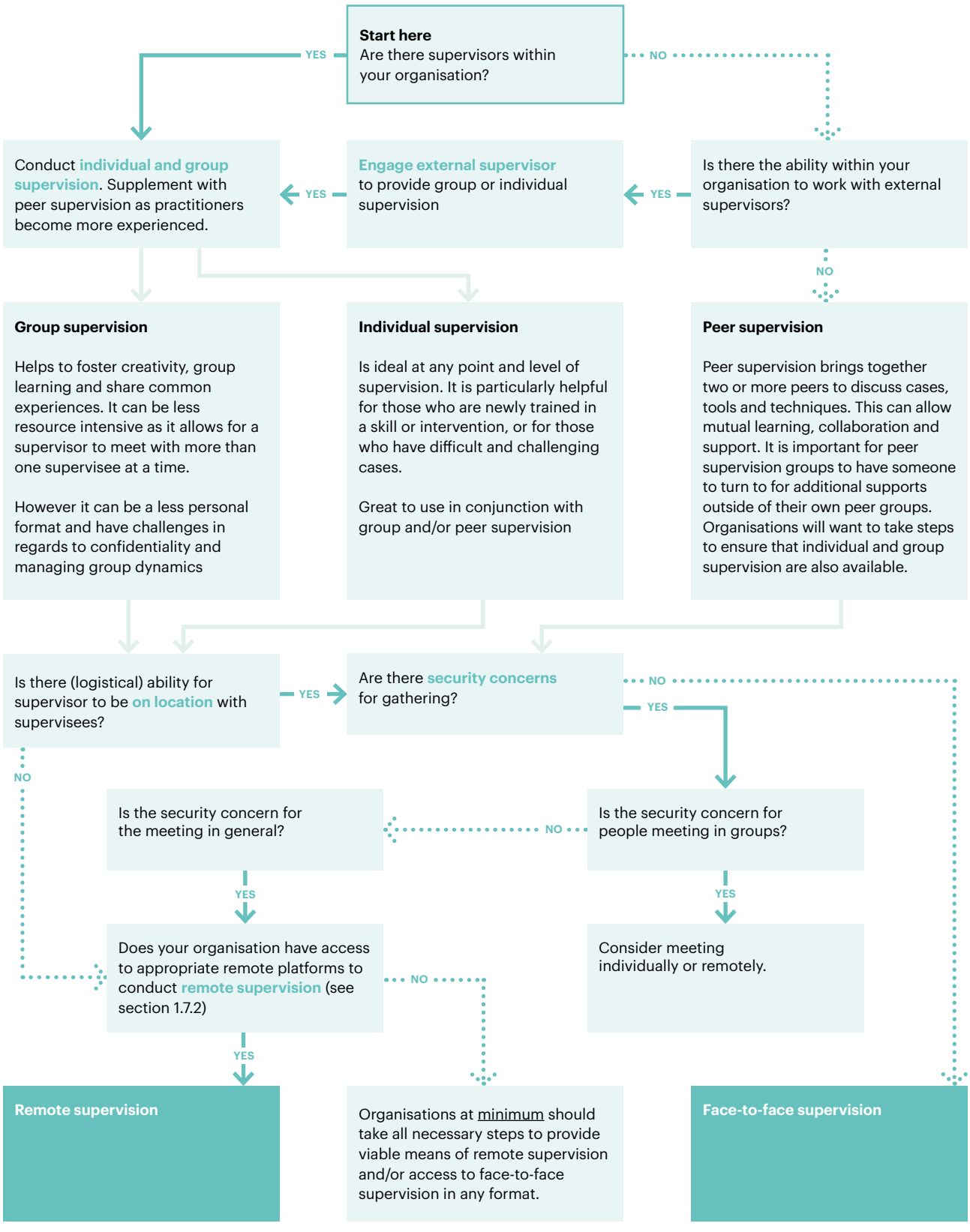
Safety and security

- Make sure the technology being used is secure
- Make sure you have each other's phone number handy so you can call in an emergency (or if you lose connection)
- Do not reveal too much personal information about yourself, your family, home or location
- When emailing, observe your organisation's policies on data security and privacy
- Be sure that interpreters are fully briefed before the session and that they observe the same practices as outlined here
- Ensure that all parties are aware of all protocols relating to safety, such as child safeguarding and suicide prevention, and that there is a clear understanding of limits to confidentiality

1.7.3 Deciding on the right format

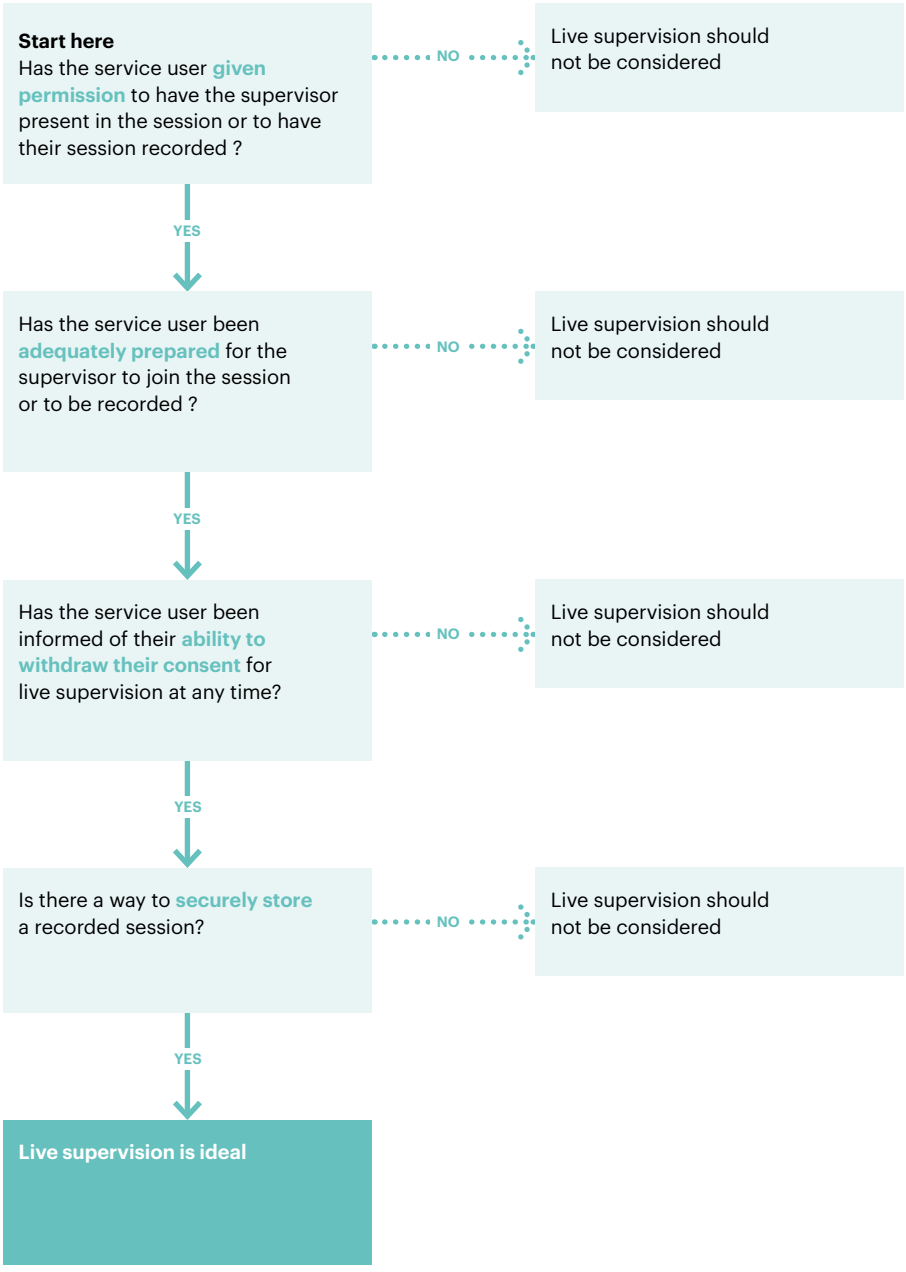
Several factors influence which supervision format might be the most appropriate for a specific context. For example, where resources are scarce and one supervisor is required to supervise a large number of providers, remote and/or group formats may be the best options. However, where teams are spread out widely, supervisors may find arranging group supervision time-consuming. In this case, individual or remote meetings may be more practicable. In some settings, security concerns may also have a bearing on which method is most appropriate to use. For example, in situations of ongoing conflict, group supervision sessions may not be safe, as congregating in groups may possibly attract attention and arouse suspicion of armed groups.[18] In other settings, cultural norms may make it impossible to set up certain supervisory arrangements. For example, in some contexts it may not be appropriate or comfortable to have individual supervision between males and females.

Deciding the right format of supervision



Is live supervision the right fit?

Live supervision is a great way to further the development of newly acquired skills and to monitor the quality of services provided (intervention fidelity). Below are key considerations to understand if live supervision is the right fit. If the answer to any of the questions below are “NO”, live supervision should not be considered.



1.8 The regularity of supervision sessions

Supervision should be scheduled regularly for all practitioners engaged in MHPSS.

Supervision should be scheduled regularly for all practitioners engaged in MHPSS. The precise regularity and type of supervision should be based on the needs of supervisees, as well as on contextual factors, resource availability, and the types of MHPSS being conducted. As such, the appropriate set-up may evolve over time.

As a general principle, supervision should be more regular immediately following training, or when an MHPSS practitioner is newly recruited. This may be weekly or fortnightly sessions, which might be moved to monthly sessions as the supervisee develops their skills. At certain times, extra sessions may be required. For example, where supervisees are dealing with more difficult or emotionally demanding cases (e.g. suicide prevention or working with individuals who have experienced extreme violence), they may benefit from more frequent supervision.

Whatever the combination, it is essential that donors, organisations, supervisors, and supervisees all have a shared understanding of the time and resources required to maintain this structure. It is very important that supervision sessions have time allocated within the workload of each participant. Integrating a budget for supervision into MHPSS service delivery is essential so that it is prioritised and adequately funded. This must be done at the proposal design phase. Organisations will benefit from emphasising that supervision is essential to ensure safe, quality MHPSS programming.

Practical information

Examples of combining supervision types and frequencies

Weekly individual face-to-face supervision can be combined with remote or face-to-face group supervision every two weeks. After six months, individual sessions shift to once every two weeks and group supervision to once a month.

Weekly group supervision can be combined with monthly individual supervision sessions for the first six months. Afterwards, group supervision shifts to twice a month and individual supervision sessions are maintained.

Individual sessions once every two weeks can be combined with monthly group supervision sessions. After six months, peer supervision sessions are introduced and maintained with regularity of individual and group supervision sessions to be determined by the needs of the supervisees.

Suggested duration for supervision sessions

- Individual supervision session: 60 minutes
- Individual supervision session working through an interpreter: 90 minutes
- Group supervision session: 90 minutes
- Group supervision session with an interpreter: 120 minutes

1.9 The supervision agreement

It is useful for organisations to have a supervision agreement for all parties (organisations, supervisors and supervisees) to document all aspects of the supervision arrangements between a supervisee and their supervisor. Having a supervision agreement in place ensures that supervision is prioritised and that expectations are clear. The agreement should be in place before any supervision begins.

A supervision agreement typically sets out an agreement stating details about the frequency, location, duration, and boundaries for supervision between the named persons. It should also include reference to organisational policies and codes of conduct that are relevant to supervision, such as dual relationships and professional boundaries.

The agreement usually records the personal goals and expectations of supervision agreed between the supervisor and supervisee. This conversation can happen separately and should be regularly revisited. This should include discussion of how progress on the goals will be monitored. Setting expectations in advance of the supervision process is a way to ensure that all parties are in agreement and are comfortable with arrangements. This will help to avoid any potential misunderstandings as the supervision process begins.

The agreement should also indicate the mechanisms within the organisation for concerns to be raised, including how line managers are involved in the process. It is recommended that managers and supervisors establish clear communication protocols and delineation of roles prior to the start of supervision. It should also be clear who supervisees should talk to (e.g. line manager or human resources) if they are having problems within supervision or with their supervisor.

Where organisations are recruiting staff for an emergency response, agreeing supervision arrangements using a supervision agreement can be included in the recruitment process and adapted to fit the urgency of the situation. See Appendix A for a sample supervision agreement.

1.10 Working with interpreters

Interpreters are needed for supervision when the supervisor and supervisee do not speak the same language, or when live supervision is being conducted and the supervisor does not speak the same language as the service provision. Given the sensitive nature of the content discussed in supervision, it is essential that interpreters receive training on key terminology in MHPSS, confidentiality, and best practice in MHPSS. Interpreters who are involved in live supervision sessions should be briefed beforehand on the content of each session and be made aware of conduct for this type of setting, in terms of non-verbal communication, tone of voice, etc. Interpreters should be trained on how to handle situations where sensitive or difficult information is shared, or if they experience their own adverse reaction to the content they are interpreting.

When working with interpreters, it is important that supervisors and supervisees recognise that the interpreter functions as a key facilitator for the supervisory alliance. Trust is essential for this alliance to be created and sustained. When an interpreter is involved, before the sessions begin there should be agreement about confidentiality, boundaries, direct interpretation, and what to do if there is a misunderstanding or miscommunication.

Sensitivity to the fact that interpreters may often be a member of the adversely affected community as well as regularly exposed to difficult content through their work should be taken into consideration to ensure their well-being and care. Ideally, organisations should also provide supervision for interpreters who are engaged in MHPSS work to be sure that they are supported, and that they have the opportunity to build vocabulary and skills necessary for MHPSS interpretation.

In certain situations, it might also be relevant to consider the cultural background of the interpreter. For example, in situations where there is armed conflict, if the interpreter is from a different or opposing group or faction to the supervisee, this may affect the dynamics of supervision. It is important to have a feedback mechanism available for supervisees and/or service users to provide feedback if they are not comfortable or are dissatisfied with interpretation provided.

Practical Information

A quick guide to working with interpreters for MHPSS supervision

- Select appropriately qualified interpreters, who ideally have no relationship to the supervisees, supervisors or service users. Where this is unavoidable, clear boundaries must be kept in relation to multiple roles and relationships.
- Train interpreters in key terminology and best practice in relation to MHPSS.
- Make a detailed agreement with all parties involved in the supervision session in relation to maintaining confidentiality and appropriate boundaries, using non-disclosure agreements if possible. Organisations may also want to include interpreters in their supervision agreements.
- In individual face-to-face supervision sessions, form a triangle, where the interpreter is sitting next to the supervisor who is opposite the supervisee. This enables the supervisor and supervisee to maintain eye contact and body positioning towards one another, if it is culturally appropriate to do so. In group supervision sessions, the group can help to work out where best to place the interpreter. The interpreter can sit beside the supervisor, for example, or next to the person being interpreted to.
- Throughout sessions use the same interpreter to help build alliance.

Continued on next page...

Practical Information *(continued)*

- In group supervision sessions in particular, it is important to allow time in the conversation for the interpreter to interpret what is being said between each speaker. It is not helpful, for example, when a participant starts to talk before the interpretation is finished.

- Speak clearly and slowly, allowing enough time for the interpreter to translate before continuing. Information should be conveyed in short, clear sentences so that meaning is not lost.

- Take account of the well-being of interpreters, and offer them appropriate support, such as options for supervision or debriefing after sessions.

Case study

Alyssa is a supervisor in a medium-sized organisation that provides multi-disciplinary supports to those who have been impacted by war and conflict. She works with a team of case managers, doctors, psychologists, and MHPSS practitioners. She is currently supervising a group of MHPSS practitioners and case managers and regularly takes part in live supervision, as well as individual and group supervision with her supervisees. Alyssa does not speak the same language as those who are implementing the activities or as the service users within the organisation, so she works with a team of interpreters.

One day during live supervision, the interpreter she was working with began crying as one of the service users was sharing her story with a case manager. The interpreter drank some water and Alyssa asked if he wanted to take a break for a moment. He went into the hallway outside the room. Alyssa followed him and he disclosed that he was beginning to feel very impacted by the stories that he was hearing, and he wasn't sure how to manage it. He said that he had started to dream about the stories he was hearing and felt like it was too much.

Alyssa realised that while everyone else in the organisation was receiving supervision in one way or another, the interpreters were not involved in this process. Alyssa brought this up in her next supervision session with her supervisor. She said that she thought that the organisation should be doing more for the interpreters, and that they should offer support for them. She and her supervisor discussed what this might be like, and decided that an important first step would be to set individual sessions with the interpreters. Her supervisor agreed that he would take the issue up with HR in the meantime. Alyssa had space on her caseload, so she agreed with her supervisor that she would take on this initial step, and then they would discuss what further steps needed to be taken.

Alyssa scheduled a session with each of the organisation's four interpreters. What she learned made her feel very sad. All the interpreters said they felt as if they were being treated like machines, taking information in and reporting it back out, but that it seemed no one remembered that they too were impacted by what they were exposed to. The interpreter who had cried in the case management session with Alyssa disclosed that he had been struggling with work and the stories. He said that he had nightmares about service users' stories and felt like it was less and less possible for him to maintain a distance emotionally while interpreting. After the session, Alyssa and the interpreter discussed that it might be a good idea for him to talk to the staff psychologist that who was available for all staff members of the organisation. This would be in addition to regular supervision sessions where they might be able to talk about these difficulties too. Alyssa gave the interpreter the psychologist's information and how to make an appointment.

Continued on next page...

Case study
(continued)

After the four individual supervision sessions with the interpreters, Alyssa went back to her supervisor and reported what she had learned. They decided to talk to HR to see whether it might be possible for the interpreters to receive supervision too. After some time, it was agreed that Alyssa and her supervisor colleagues would each take one interpreter onto their caseload. They decided to offer individual supervision sessions with them twice a month, as well as holding group supervision sessions with them once a month. The organisation began to pilot this model and found it to be effective. They then began to include it at other locations as part of their system of caring for staff.

The interpreter who Alyssa had referred to external services reported that he was finding the additional support to be very helpful. He told her that he realised that he had felt bad for a long time, but felt guilty if he spoke up about it. He decided to take some time off work so that he could focus on his own well-being. When he returned, HR worked with him to ensure that he and other interpreters had realistic workloads, time to attend supervision sessions, and the space to report what they felt to be manageable and what felt to be too much.

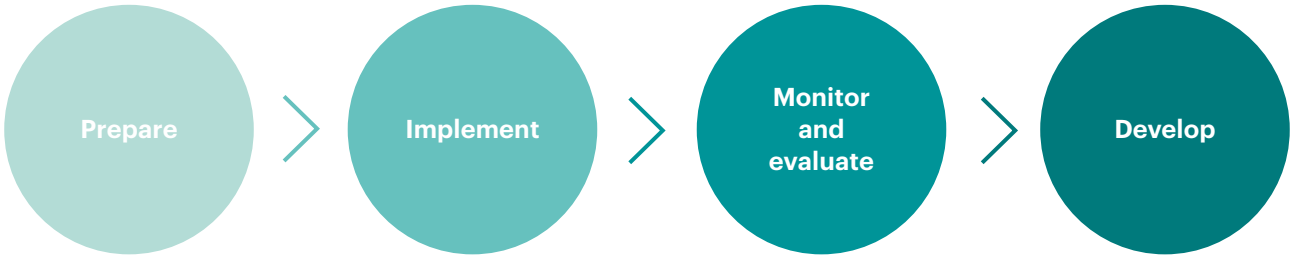
1.11 Supervision: a shared responsibility

Supervision is a shared responsibility. This means that organisations, supervisors and supervisees all share responsibility to ensure that supervision is provided. The following section breaks down the key actions and considerations for each of these actors to prepare, to then implement, to monitor and evaluate, and to continue to develop and expand supervision practices within their organisation.

Organisations can use this as a guide to help suport their preparation and implementation of the IMS.

The table on the following pages sets out the key responsibilities of organisations, supervisors and supervisees in the supervision process.

Each of these areas is described in further detail in the sections that follow.



Prepare

Organisation

Secure financing for supervision activities, particularly in the planning of new activities and programming. Ensure supervision is budgeted into all proposals, including those that are implemented across sectors.

Screen for important supervisory competencies and/or provide training in effective supervision practice.

Provide clear job descriptions and terms of reference for supervisors and supervisees within the organisation that clearly outline that supervision is a part of their role. Include protected time for supervision and professional development.

Ensure HR mechanisms are in place to support strong recruitment and feedback mechanisms for supervisors, supervisees, and interpreters, including referral mechanisms for staff and volunteers who may need supports beyond that of supervision.

Provide guidance and codes of conduct, etc. to inform key areas of supervision agreement.

Do a mapping exercise of existing functional referral pathways for both staff and volunteers as well as service users. Ensure that all within the organisation are trained on safeguarding protocols before engaging service users.

Supervisor

Provide clear guidance on roles, responsibilities, boundaries, limits to confidentiality, and availability outside of supervision sessions.

Engage supervisee/s in drawing up a supervision agreement, agreeing all key areas, including expectations, goals, etc.

Engage in professional development, supervision and/or mentoring to acquire skills to increase confidence in providing supervision.

Ensure adequate training in risk management.

Supervisee

Discuss the supervision agreement with the supervisor to agree key areas and ensure clarity and understanding of role and expectations within supervision.

Implement

Organisation

Ensure that supervisors and supervisees have sufficient time that is protected within their workload to prepare for and engage in supervision sessions.

Provide a quiet and confidential space for supervision to take place. If remote supervision is being used, ensure platforms and required IT are made available free of charge.

Provide appropriate training and support for interpreters where necessary. Ensure training and continuous skill-building opportunities.

Provide continuous support to ensure that supervision is well integrated within the organisational structures and that necessary logistical arrangements are in place.

Supervisor

Schedule regular supervision sessions.

Prepare for sessions and keep detailed session notes (that are securely stored).

Prepare interpreters (if they are needed) to ensure they are trained and ready for their role.

Maintain up to date awareness of referral pathways for staff and volunteers who are experiencing vicarious trauma, burnout, or need supports that are more specialised and outside the scope of MHPSS supervision. Be aware of all risk management protocols.

Provide supervision that is free of judgement, bias, and assumptions based on power differences. Allow for close collaboration and mutual learning.

Supervisee

Be available for regular supervision.

Prepare for each supervision session by reflecting on practice, completing relevant documentation, and preparing for case presentations and any other agreed upon responsibilities.

Take an active role in supervision sessions and keep an open mind. Try to remain free of judgement and bias, or at least work to be aware of own biases.

Respect service user privacy by not using their real names in supervision sessions. In group supervision, respect the privacy of fellow supervisees.

Monitor and evaluate

Organisation	Set up feedback and complaint mechanisms for supervisors, supervisees and interpreters to highlight any issues or challenges. Decide on the relevant outcomes to measure the success of supervision and provide supervisors with template forms and checklists to carry out monitoring. Consider implementing a confidential feedback mechanism to periodically gather supervisees' views on the supervision process.
Supervisor	Complete the relevant checklists or monitoring forms collaboratively with supervisees. Invite a brief verbal reflection on the supervision process at the end of each session.
Supervisee	Engage with feedback and monitoring processes as openly and reflectively as possible. Through the monitoring and evaluation process, consider any needs for training, support and development and document them.

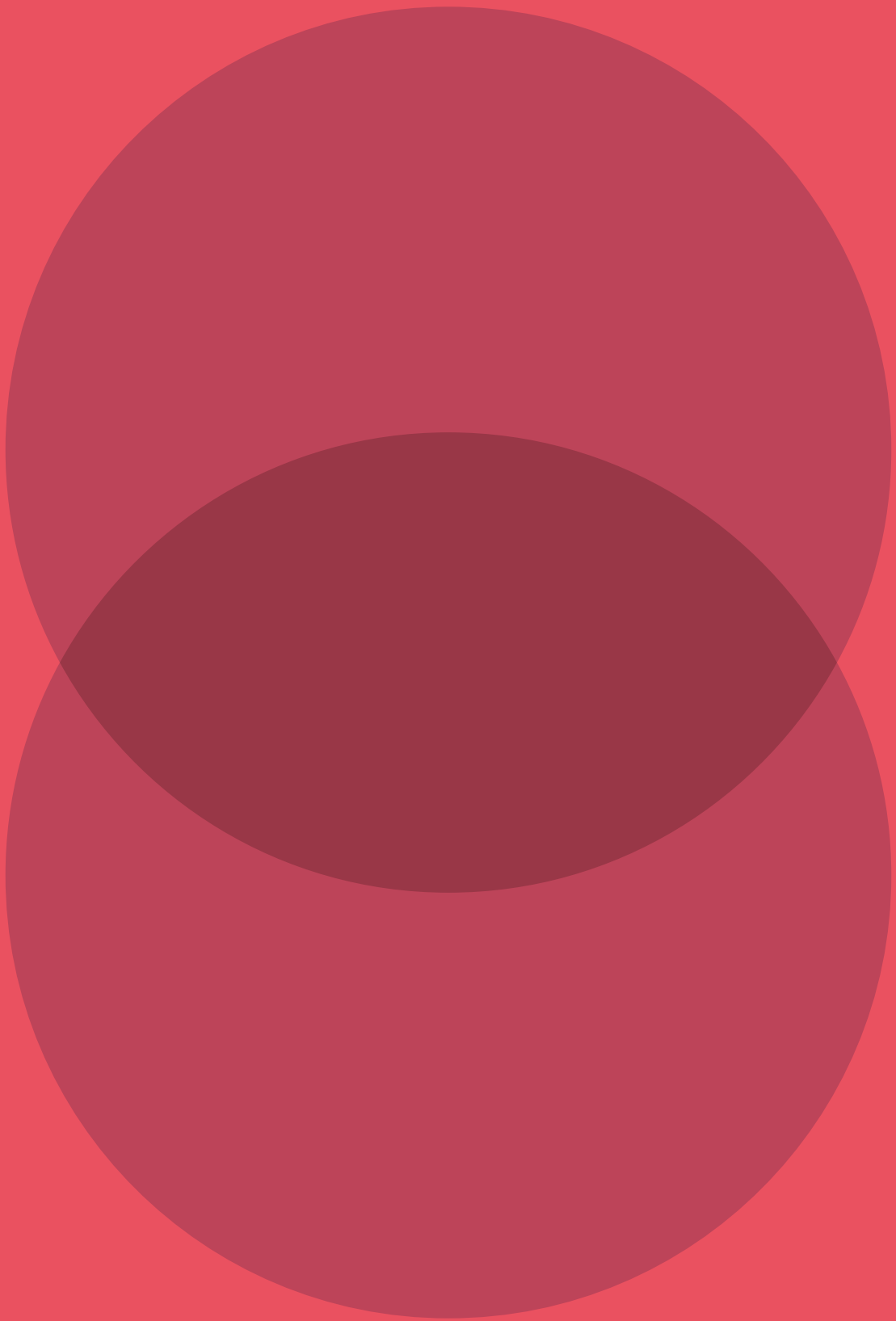
Develop

Organisation	Provide training and professional development opportunities for staff and volunteers. Provide opportunity for supervisors and interpreters to engage in their own supervision.
Supervisor	Continuously engage in own supervision and professional development.
Supervisee	Engage with learning opportunities with openness and curiosity.

02

Preparing for supervision within the organisation

This section describes how organisations can incorporate supervision into their operations and organisational culture.



This section describes how organisations can incorporate supervision into their operations and organisational culture.

It sets out the necessary pre-conditions for supportive supervision to promote the maximum benefit for the organisation. It includes guidance on:

- Screening and assessing supervisors' competencies
- Training supervisors
- Managing dual roles
- Strengthening organisational structures for supportive supervision
- Monitoring and evaluation

Key messages from this section:

Implementing meaningful supervision structures within an organisation takes time and investment of resources. However, doing this will significantly improve the organisation's capacity to provide high quality, safe MHPSS programming, as well as promoting staff well-being.[36, 54, 55] Implementing supportive supervision is an economically sound investment for organisations and contributes to service sustainability and higher quality services.[6, 55] Promoting staff and volunteer well-being increases role satisfaction[56, 57, 58, 59, 60] and retention rates, [57, 61, 55, 60] and leads to higher quality work.[60] This reduces the frequency with which new practitioners need to be recruited and trained.

All organisations, no matter their size, can make progress towards the implementation of supervision practices.* Progress towards best practice (see section 2.4) describes how organisations can initially strengthen their existing supervision systems with limited resources, while also working towards the wider implementation of organisation-wide supportive supervision in the longer term.

Organisational leaders should consider the following in creating the right conditions for supportive supervision to take place:

1. Supervisors are trained and have access to their own supervision and support.
2. There are clear job descriptions for supervisors stating the types, frequency, and duration of supervision sessions.
3. There is guidance on the supervisory role and how it relates to other roles, including dual roles, internal and external supervisors.
4. Training and guidance is available to all staff about the purpose and limits of supervisors' roles.
5. The organisation has agreed the maximum ratio of supervisors to supervisees.
6. Time and designated space are allocated for supervision to take place.
7. Appropriately trained and supported interpreters are available, if required.
8. Guidance and templates for relevant documents for supervision are available, such as a copy of the IMS Handbook, supervision agreement, other tools, checklist for monitoring & evaluation, etc.
9. The organisation has policies and procedures relevant to supervision, such as staff care or stress management policies, including clear referral pathways for staff in need of additional support.

** For more information about ensuring that supervisory approaches are consistent with legal frameworks and governing provessional bodies, please see section 3.10.*

2.1 Screening and assessing supervisors' competencies

Organisations need to screen and assess supervisors to ensure that they have the capacity to fulfil the supervisory role. The screening process takes account of the essential personal qualities of the candidate for a supervisory position, as well as their skills, knowledge and experience. Interviews should also consider the strategies candidates use for self-care. Finally, they should also explore the scope internal candidates may have to add an additional responsibility to their workload.

Supervisors need the essential personal qualities required of any MHPSS provider together with other skills and competencies (see section 3 for more discussion of key competencies). Some qualities, such as empathy, may be screened for, but are quite difficult or impossible to train in, if not already present. However, for the most part, they can be built on in training to enable candidates for supervisory roles to become skilled facilitators, mediators, coaches, supporters and developing their ability to project these qualities in the supervisory relationship.

Organisations may wish to screen candidates for the supervisor role for various reasons. For example, they may be recruiting someone for a new post as supervisor. They may also be seeking to re-assign existing staff into a supervisor role.

Important Information

Essential personal qualities of supervisors

Essential qualities of supervisors that can be screened for by organisations include warmth, empathy, honesty, reflectiveness, trustworthiness and patience.

Ideally, supervisors should be individuals with good interpersonal skills who are calm and do not panic in difficult situations.

Supervisors should be approachable and have a degree of humility, an openness to learning and an interest in supporting less experienced staff members and volunteers to grow and develop in their development and growth.

Interviewers should observe the extent to which candidates demonstrate basic helping skills, such as active listening. To screen for humility, interviewers may seek examples of where the individual credits the work of their colleagues and others.

It is preferable for candidates to have some skills that are relevant to the supervisory role, such as teaching, facilitating or counselling. Alternatively, suitable candidates can be selected during training on the basis of demonstrating the required personal attributes and relevant skills. They can then be mentored and receive additional supervision and training to support their growth and development as supervisors. Using the apprenticeship model of training (described in section 1.4) candidates would receive extensive live supervision following training to reinforce newly introduced skills.

Any candidate being considered should be motivated to become a supervisor, rather than having the role imposed upon them. Asking direct questions during the screening process about an individual's desire to become a supervisor, their suitable qualities, as well as concerns they might have, will help the interviewers to better understand whether or not the candidate is a good fit for the role. Questions should encourage the candidate to reflect on their previous experience and to provide clear examples of how and when they demonstrated certain skills, what the result was, and what they would do differently in future.

Screening through observation can be helpful in identifying the specific skills which a candidate is bringing. This can be done, for example, by inviting individuals to participate in role plays that are scored on a set of pre-defined criteria, such as the ability to give and receive feedback (see section 3.6 for guidance for supervisors on how to deliver feedback effectively). Group discussions also provide a setting for screening for supervisory roles[11], as well as live supervision sessions, if the candidate is already working within MHPSS programming.

Interviewers should also explore the candidate's current self-regulation and self-care practices. It is important for candidates to have insight into their own well-being so that they can enable supervisees to practise self-care themselves. It is also essential for supervisors to have the internal resources to support themselves and others.

Finally, an important factor for screening is whether individuals have sufficient time to take on a supervisory role. Individuals recruited from community groups or organisations may already hold multiple responsibilities and demanding roles.[11] It may also take time to build their capacity as a supervisor, as well as the time required for them to prepare for and provide supervision sessions. Technical advisors or specialists may have many other duties and functions and adding in supervision may not be possible without reducing their existing workloads. It should also not be assumed that those at a more advanced stage in their career automatically possess the desired attributes to be effective supervisors.

All newly appointed supervisors should engage in appropriate training to ensure they have the required skills and a full understanding of what the role entails before embarking on it. For these reasons, it is important that organisations have realistic expectations of the role and are able to realistically assess whether the individual has the time to fulfil it. The supervisor's job description and/or terms of reference should therefore outline the time commitment needed for the role.

Practical Information

Sample interview questions

- Can you please tell me a bit about your own experiences with supervision? What worked well for you? What didn't work well for you?
- What qualities do you think are most important for a supervisor to have?
- What have some of your greatest challenges been as a supervisor and how did you overcome those challenges?
- Can you tell us about an ethical dilemma you've faced in your work and how you dealt with it?
- Who do you turn to for support or advice when facing an ethical dilemma?
- Can you tell us about a challenge you faced with a colleague and how you resolved it?
- Are there any types of service users you would find very difficult to empathise with?
- Which types of service users or situations would be especially challenging for you?
- How do you respond when a supervisee challenges you?
- What has motivated you in wishing to be a supervisor?
- Do you have any concerns about the role which you would like to raise?
- Please give us examples of the way you practise self-care.

Important Information

Supervision for specific interventions

Specific interventions, such as Problem Management Plus (PM+) and Early Adolescent Skills for Emotions (EASE), will necessitate supervised practice with a supervisor who has been trained in that intervention to support better outcomes for the intervention.

However, sometimes organisations do not have supervisors with the appropriate training. In these circumstances, organisations can engage an external supervisor (with relevant training) to enable MHPSS staff to complete their training and consolidate the skills related to the specific intervention.

A supervision agreement defining roles and lines of communication can be agreed between the external supervisor and organisation for this particular role.

2.2 Training supervisors

Supervision does not often receive a high priority within MHPSS programming. It is sometimes seen as unnecessary or unachievable when there are funding constraints. Practitioners often report being expected to learn how to coach and develop junior staff members and volunteers in their roles without any formal training or instruction.[5] However, research and experience in the field suggest that such unstructured learning does not reliably improve practice. In fact, it appears that improving practice depends on receiving specific feedback and applying skills in a deliberate way. Findings from a high-income specialised context[19] show that incorporating this into organisational procedures can produce significant annual improvements in service user outcomes. Although these annual effects are small, when this practice is embedded in organisational practice over time, it has potential to produce a large cumulative effect.

As described in section 2.1, organisations should aim to select MHPSS providers with certain personal attributes (e.g. warmth, empathy, openness) to take on supervisory roles. An effective supervisor must be able to project and model these qualities to supervisees, while also paying attention to cues from the supervisee in relation to their well-being and work performance.

Several of the essential functions of supervision outlined in the section on 'Defining supervision' (section 1.1) require deliberate practice and self-examination by the supervisor. For example, the practice of challenging bias, prejudice, stereotypes or stigmatising views held by supervisees requires a capacity in the supervisor for self-reflection. This should also be a skill which supervisors model and teach to supervisees in the context of supervision. Training should coach supervisors in how to do this in a way that optimises collaborative learning.

Other areas for training include how to deliver feedback in a clear and effective way and how to monitor its implementation, facilitation skills, structuring supervision sessions, designing activities for supervision sessions, and managing challenges in supervision. The key elements of an initial training programme for supervisors are outlined in the box on the next page.

In addition to training, supervisors should of course have access to their own supervision to solidify their learning and to progress their own development as supervisors. The development of the skills and competencies of good supervision should be seen as a process of ongoing learning that continues throughout the supervisor's career.

Important Information

Key elements for a training programme on supervision

Supervisor and supervisee roles and responsibilities:

- Logistics: organising meetings, clear communication
- The supervisory alliance
- Managing difficult disclosures such as abuse or harm to self or others
- Confidentiality and its limits
- Active and empathetic listening
- Giving and receiving feedback
- Coaching and mentorship for supervisees' professional development
- Key skills specific to different supervision formats, e.g. working with interpreters, group facilitation, providing supervision remotely
- Signs of stress, compassion fatigue, secondary traumatisation and burnout
- Self-reflection and self-care
- Self-regulation and how to manage difficult reactions
- Interventions, strategies and activities for supervision
- Limitations and knowing how and when to refer
- Ethical dilemmas and legal issues in supervision
- Diversity and power imbalances in supervision
- Managing difficult dynamics e.g. transference, counter-transference
- Assessment and evaluation in supervision

Note: This checklist is adapted from Watkins, C. E., & Wang, D. C. (2014). On the education of clinical supervisors. In Watkins Jr, C. E., & Milne, D. L. (Eds.), Wiley International Handbook of Clinical Supervision, 177-203. John Wiley & Sons.

2.3 Dual roles and relationships

When working in humanitarian contexts, dual roles can often be a common occurrence as members of the same community are often working side by side, and/or resources do not allow for specific role division.

Having dual roles - when the same person is both supervisor and line manager – creates certain difficulties for MHPSS providers. Research on supervision in MHPSS[6] suggests that supportive supervision should take place separately to line management. Where possible therefore, an MHPSS provider should not have the same person as their supervisor and line manager.

Supervisees may feel under pressure to present themselves in a positive light and meet managers' performance-related expectations and therefore less inclined to share difficulties and mistakes. Combining supervision and line management also increases the risk that supervision is used to discuss managerial and human resource issues (e.g. meeting targets, deadlines or contractual agreements).

An obvious solution to this problem is that organisations invest in human resources such that supervisors are able to maintain specific roles and functions separate from managerial ones. However, the reality is that there may be insufficient funding to do so, particularly if supervision is being introduced into an organisation's workflow for the first time.

There are strategies for dealing with the challenges of having dual roles within organisations. See the information box for tips for supervisors who are also line managers.

There are various ways of appointing supervisors to keep their role distinct from the managerial role. Organisations may, for example, seek to recruit different individuals from within the organisation. Alternatively, external personnel can be appointed to provide supervision. If supervision is provided externally, it is important that line managers should still remain available to provide additional support to supervisees where needed.

In addition to the dual role of a manager being the same person as the supervisor, there are also a number of circumstances in which there may be outside connections between supervisors and supervisees. An example of dual relationships might include a supervisor within a community-based organisation is providing supervisory support to a community based volunteer they also see socially.

In situations where this dynamic is unavoidable, a discussion around the boundaries of supervision should be discussed, as well as emphasis of confidentiality. Room to explore dual roles and relationships is encouraged throughout the supervison process.

Important Information

Tips for supervisors who are also line managers

- Discuss the dual role from the beginning of contact with your supervisee and give space for concerns
- Agree on clear boundaries within the supervision session of what will and will not be covered
- Be mindful of power dynamics
- If administrative tasks do come up in the session, make time at the end to schedule a follow-up administrative meeting
- Wherever possible, try to hold separate meetings for the ‘supportive’ and ‘administrative’ functions

2.4 Progress towards best practice

MHPSS programmes are often required to run with small budgets in resource-poor settings. Often there are unclear support structures for those who are delivering MHPSS within other sectoral programming.

Supervision should be included at the budget development and proposal stage of MHPSS and protection programme planning, as it contributes to staff well-being and professional development and to the safety and quality of programme delivery. This is relevant to both integrated MHPSS activities and 'stand-alone' MHPSS programming. However, many programmes do not have capacity to immediately implement regular individual supervision for all MHPSS providers.

Even when operating in the most challenging contexts, it is still possible for resource-constrained organisations to provide supportive supervision.

Resource constraints should not be a barrier to delveloping supportive supervision within organisations. Organisations can take immediate steps to implement basic supervision structures and initiate steps towards best practice. As a first step, organisations can assess existing personnel and resources to enable basic supervision structures to be put in place. For example, peer supervision might be implemented (see section 1.6.3) while evaluating existing resources to work towards individualised supervision for all.

A next step towards best practice can be to ensure that supervision is available following trainings and to providers in the early stages of their practice. Eventually, the goal should be for organisations to ensure that individualised supervision is available for all. The type and frequency of individualised supervision is recommended to take place at minimum every two weeks.

2.5 Monitoring and evaluation

One of the fundamental goals of improving supervision practice is "reduced suffering and improved mental health and psychosocial well-being" in populations affected by humanitarian emergencies.

One of the fundamental goals of improving supervision practice is "reduced suffering and improved mental health and psychosocial well-being" in populations affected by humanitarian emergencies. This is in line with the overall goal that guides the IASC Common Monitoring and Evaluation Framework for MHPSS in Emergency Settings.[20] However, service user outcomes are only one of several outcomes that should be considered in the evaluation of the effectiveness of supervision practice.[21] Improving supervision is also directed to the equally important goal of protecting and promoting the mental health and well-being of MHPSS providers, who are themselves often members of the populations affected by humanitarian crises.

Supervision can be included in organisational monitoring as an output. Monitoring in this case would include recording whether supervision is taking place, how many staff are receiving it, and with what frequency. It is also good practice for supervisees to have an opportunity to provide confidential feedback on the quality and perceived supportiveness of their supervision. As well as this, supervisors are encouraged to provide time for discussion at the end of each supervisory session concerning what is working well in supervision, and what may be working less well.

Consulting with supervisees about the quality of supervision provides an opportunity for the organisation to assess the quality of the process. It can also help to identify potential training and development needs of supervisors. Supervisory competencies may include skills such as:

- Providing feedback in a clear and respectful manner
- Agreeing goals with the supervisee appropriate to their level of experience and knowledge

- Recognising and responding to signs of burnout or emotional distress in supervisees

The quality of supervision can be evaluated based on certain supervisee outcomes such as:

- Improvements in competencies
- Levels of confidence and self-efficacy
- Stress levels
- Resilience and subjective well-being

Simple feedback forms can measure these. For example, supervisees may be asked to reflect on how confident they feel in applying new skills or in dealing with challenges in their work. These feedback forms can be designed internally by the organisation. There are also various scales for self reporting by supervisees to check levels of work-related stress or job satisfaction. See the information box for some examples. Whatever the organisation's approach to monitoring and evaluating the effectiveness of supervision, all parties should be clear how and why it is to be undertaken.

Assessment tools can also be used to measure supervisees' competencies. It is particularly important to assess trainees' competencies directly after the completion of trainings to serve as a baseline measure. This information can be used by supervisors to identify areas where support is needed and to monitor progress. Some interventions or trainings have specific accompanying assessment tools. Alternatively, assessment tools can be developed internally, based on a set of competencies linked to specific interventions or roles within the organisation. Supervisors can base their feedback on observation of their supervisees' practice during live supervision sessions. Please see Appendix B for a sample live supervision observation form. This type of structured feedback is helpful to supervisees in focusing their skills development. As a result, supervisees are motivated because they are able to observe their progress over time.

Combining goal setting with focused feedback is a well-documented method for promoting worker performance.[25]

Goal setting within supervision is linked to the competencies of the supervisee's role. This provides a structure for supervisors to assess progress together with the supervisee in achieving goals and in providing feedback.

In the supervision session, the supervisor together with the supervisee identifies specific knowledge and skills in relation to each competency. They can then discuss learning strategies to achieve these goals. This includes giving the supervisee opportunity to assess their own progress towards these goals.[26] The supervisor may provide feedback at key points during this process (see section 3.8 for guidance for supervisors on how to provide feedback).

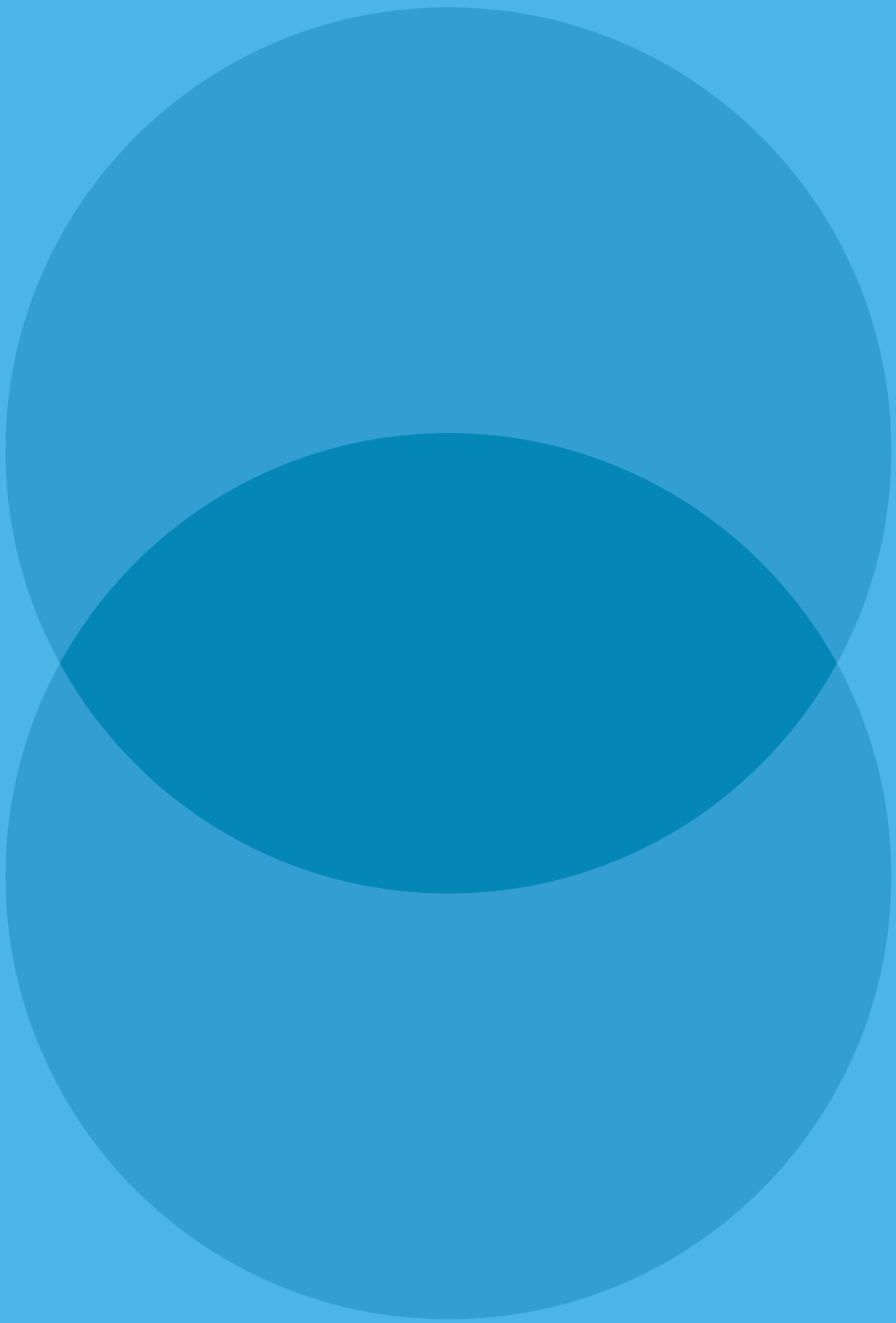
Encouraging supervisees to assess their own practice also develops their ability to independently identify their own training and development needs.

For more information, including specific scales and other tools, please see the accompanying **Integrated Model for Supervision Monitoring and Evaluation Guide** at www.supervision-mhpss.org

03

Preparing to become a supervisor

This section focuses on MHPSS practitioners who are about to become supervisors and those who are already providing supervision and want to develop their supervisory skills.



This section focuses on MHPSS practitioners who are about to become supervisors and those who are already providing supervision and want to develop their supervisory skills.

It is intended as a guide for supervisors to reflect upon and develop important skills required to deliver supportive supervision.

It is accompanied by case examples and illustrations to highlight key issues.

Key messages from this section:

1. Supervision is a complex task, demanding a range of different skills from supervisors. The types of skills required may also vary depending on factors such as the nature of the work and the experience and skill level of the supervisee.

2. Self-care and supervisor well-being are fundamental to the ability to provide good supervisory support. Supervisors should have access to their own supervision and other staff supports.

3. A good supervisory alliance is key to enabling supportive supervision to take place. Fostering a good supervisory alliance is a shared responsibility, but supervisors should make every effort to create a safe, collaborative and trusting space.

4. It is important for supervisors and supervisees to agree and be clear about the boundaries of supervision and about key areas such as confidentiality and its limits.

5. Supervisors should aim to project and model empathy, patience and non-judgement to their supervisees.

6. Supervision has three main purposes: It should be a space where supervisees develop their competencies in a structured way. It provides a means to monitor appropriate delivery of MHPSS activities. It should also be a space where supervisees receive emotional support.

7. Supervisors should reflect on power imbalances in the supervisory relationship, and where the supervisee feels comfortable to do so, openly discuss these imbalances and how they might impact on supervision.

3.1 The supervision journey

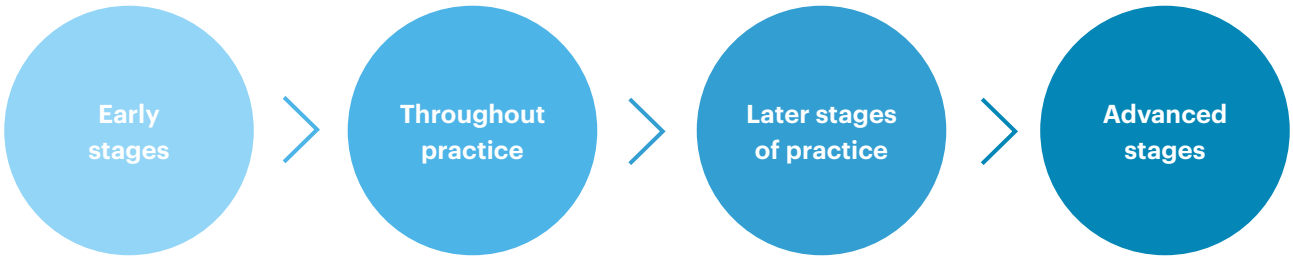
Supporting MHPSS practitioners through all stages of their professional practice is a complex task that demands a range of skills from the supervisor. These skills can be thought of as tools in a toolbox, where different tools may be required to respond effectively to different problems or situations. The focus of supervision sessions will differ depending on the goals of the session, the topics being explored, and the experience level and confidence of the supervisor and supervisee. The quality of the supervision sessions is also dependent on the strength of the supervisory alliance.

Supervision will therefore need to evolve over time depending on the progress of the work and the supervisee's growing knowledge and competence.[27] For example, early on in the supervisee's work, a more educational focus may be required, where the supervisor provides significant direction, knowledge and advice to the supervisee. In this initial stage, the supervisee is likely to have a lower level of professional confidence and a high degree of dependence on the supervisor. At various stages of the supervisee's practice, it is normal that their motivation and emotional states will fluctuate, again requiring different types of support from the supervisor at different times.

Over time, the supervisee's ability to develop insights into the problems faced by the service users they are working with and to offer solutions will develop to a more advanced level. The relationship between supervisor and supervisee will become more collaborative. Both parties will explore solutions together and discuss their merits and drawbacks. The supervisee will show an increased awareness of the areas where they require development. Eventually, when the supervisee's skills are developed to an advanced stage, supervision will take the form of mutual consultation, where the supervisor is not necessarily required to be more experienced than the supervisee.[28]

The supervision journey

Although all individual supervisees are different, the graphic on the following pages describes how supervisees' needs and working styles may evolve over time. This is adapted from the Integrative Developmental Model for Supervision.[28] It can also be helpful for supervisors to reflect on where they are in their own supervision journey.



Early stages

Description:

In the earlier stages of the supervisee's practice, the supervisor may need to provide more direction and advice to the supervisee. The supervisee is likely to be highly motivated at this stage, but lower in professional confidence and therefore quite dependent on the supervisor.

How to supervise at this stage:

At this stage, the supervisor should aim to provide structure and maintain awareness of the supervisee's anxiety levels about their capacity as an MHPSS provider. They may need to provide instruction and allow the supervisee(s) to practise and observe key skills within sessions. Role playing is useful throughout all stages of practice, but is especially useful at this stage, and the supervisor should take care to reinforce positive practice as well as delivering constructive criticism. The supervisee should be assigned service users with milder presenting problems or those who are receiving ongoing support.

Throughout practice

Description: As the supervisee develops their skills and gains more experience in their role, their levels of motivation, confidence, job satisfaction and emotional well-being will fluctuate. They will require different types of support from the supervisor at different times.

How to supervise at this stage: The supervisor can provide less structure to the supervisee and encourage more autonomy. Supervisees can be assigned to service users facing a greater range of challenges once they begin to develop the ability to work more autonomously. However, this is more likely to shake the supervisee's confidence. The supervisor should normalise these feelings and other emotional reactions to MHPSS practice, such as countertransference or overidentification. At times, supervisees might also become overconfident in their skills. The supervisor should also begin to encourage the supervisee to think about alternative perspectives, how best to express empathy, and increasing their appreciation of the complexity of presenting problems and situations.

Later stages of practice

Description: Over time, the supervisee's ability to develop insights into service users' problems and propose solutions will develop to a more advanced level, and the relationship between supervisor and supervisee will become more collaborative, where both parties explore solutions together and discuss their merits and drawbacks. The supervisee will show an increased awareness of the areas where they require additional training and development, as well as their strengths.

How to supervise at this stage: At the later stages of practice, the supervisee will determine the structure of sessions to a greater extent. The supervisee may wish to discuss their career decisions and longer-term objectives.

Advanced stages

Description: Eventually, when the supervisee's skills are developed to an advanced stage, supervision will take the form of mutual consultation, where the supervisor is not necessarily required to be more experienced than the supervisee.

How to supervise at this stage: At the advanced stages of practice, the supervisory relationship will be autonomous, and expertise can be shared collaboratively.

Note: Content adapted from Stoltenberg, C. D., & McNeill, B. W. (2011) Integrative Developmental Model for Supervision.

3.2 Supervisor self-care and well-being as the foundation of good supervision

The supervisor is the most important resource for effective supervision to take place. Good supervision requires that the supervisor is emotionally present and in tune with their supervisees, even in the challenging conditions of emergency contexts. This is very difficult to achieve if the supervisor is experiencing excessive demands from work, resulting in stress or burnout.

As such, supervisor self-care is crucial to enabling the supervisor to perform their role effectively. If the supervisor feels that the demands of their role are too much, they should raise this with their own manager. Where possible, supervisors should negotiate sufficient time and space for their supervisory role.

As well as this, supervisors should have access to supervision and supportive services to protect their own well-being. This is something that organisations have a responsibility to put in place and supervisors should not be required to organise this privately. Similarly, organisations must provide the professional development opportunities that supervisors require to progress and develop in the supervisory role.

Many of the basic skills required to be an effective MHPSS provider are the same skills that need to be developed to be an effective supervisor. These include:[29]

- Basic helping skills
- Personal development
- Self-care and well-being
- Self-awareness
- Interpersonal beliefs, attitudes and skills
- Reflective skills

Ongoing professional and capacity development for all individuals involved with MHPSS programming across the organisation also fosters a sense of team bonding and resilience.[30] Once supervisors' needs for support in their own roles are met, they will be far better equipped to provide high-quality support to others.

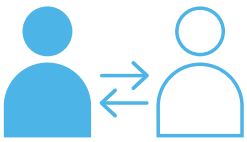
The next sections outline some practical ways in which supervisors can improve key skills and processes in providing supportive supervision.

3.3 The supervisory alliance

The supervisory alliance refers to the relationship and dynamic between a supervisor and supervisees. This relationship should be a collaborative one and aimed at building mutual trust. With a good supervisory alliance, the supervisee should feel comfortable to discuss difficult issues, ask questions and give and receive feedback. A strong supervisory alliance is key to the overall effectiveness of the process of supervision.

Good communication and interpersonal connections are fundamental to a good supervisory alliance. The supervision process should be as non-hierarchical as possible. This means that supervisors should not view themselves as 'above' the supervisee, but should approach interactions in the spirit of collaboration. Promoting a collaborative, non-hierarchical atmosphere in supervision can sometimes be challenging for supervisors. It requires the supervisor to switch between the roles of expert and learner.[31] This is particularly challenging when the supervisor occupies dual roles (see section 2.3). The supervisor should take care to make clear to the supervisee that the supervision process is separate to the managerial one. Holding separate managerial and supervisory meetings is a useful way to help prevent the two roles from becoming blurred.

Supervisors can encourage a positive alliance by demonstrating that they are listening to and considering supervisees' views and opinions. Supervisors should be open to learning from supervisees' experience and knowledge. They should value these learning opportunities, rather than imposing their own opinions and instructions. Practising this open style of communication during supervision ultimately builds confidence and empowers supervisees.



A healthy supervisory alliance can also be encouraged by the supervisor checking in regularly with the supervisee about how things are going within supervision sessions. Creating the agenda together, agreeing goals, and planning joint activities can also promote a sense of co-ownership of the supervisory process and further strengthen the supervisory alliance.

3.4 Clarifying expectations

It is important that supervisors clearly communicate the purpose of supervision to supervisees at the beginning of the process. Supervisors themselves also have a right to a clear job description setting out the full scope of their responsibilities, including the supervisory role. Supervisors should have clear guidance from their organisation about all aspects of supervision. Such guidance should provide direction to supervisors when agreeing goals and expectations with their supervisees. This includes, for example, the frequency, timings and duration of sessions, and what preparation might be expected in advance of supervision sessions.

Doing this helps supervisees understand how to make the most from sessions, as well as manage their expectations in relation to the functions of supervision. For example, it is important to clarify that supervisees may discuss any matters that affect their work within sessions, but that supervision is not the same as therapy. Supervisors do, however, play a key role in helping to identify when supervisees may need other supports or services. For example, a supervisee may be experiencing high levels of distress related to issues inside or outside of the workplace or may need help to manage vicarious traumatisation or burnout. Communicating clearly about expectations about such scenarios benefits both supervisors and supervisees and helps to focus the sessions.

An important aspect of cultural competence for supervisors involves not assuming that supervisees already have knowledge or experience of supervision as it is practised in certain cultures. Supervisors should be aware that some supervisees may have little or no experience of the process. The degree of hierarchy in the workplace is also a factor which tends to differ significantly across cultures. The supervisor should discuss this at the beginning of the supervision process, rather than making assumptions about what supervision will involve. Some examples of issues that should be addressed as part of this discussion, such as boundaries and confidentiality, are discussed in more detail below.

3.4.1 Boundary setting

It is good practice to set boundaries for supervision sessions clearly from the beginning, even with more experienced practitioners. If necessary, this can be reviewed throughout the supervisory relationship. Differing cultural norms relating to boundaries between people in the workplace may result in mismatched expectations between supervisors and supervisees if this is not openly discussed.

Supervisors should familiarise themselves with organisational guidance concerned with dual roles and relationships. In situations where supervisees are members of the same community, there is a risk that personal and work-related boundaries may become blurred. For example, it may be more likely that supervisees will see MHPSS service users in day-to-day situations, or they may be asked for support outside their work setting. Supervisors should work with supervisees to understand how to respond in such situations.

In addition, when MHPSS practitioners are members of the same community as those who have been impacted by adversity, they are also at risk of experiencing the same kinds of distress and difficulties as service users. Supervisors should remain aware of this and discuss within supervision the importance of supervisee self-awareness of the impact of adversity on their own lives. Experiencing adversity and traumatic events can place supervisees at an elevated risk of burnout and symptoms of secondary trauma. Prior exposure to traumatic events or adversity can also impact reactions that supervisees may have to certain situations. Supervisors should monitor the impact of trauma and adversity on their supervisees and be informed about the availability of specialised supports, if needed. Organisations are responsible for ensuring that functioning referral pathways are in place, both internally and externally, for additional or specialised support.

Important Information

Navigating boundaries in the supervisory relationship

Individuals from different cultures may understand the area of professional boundaries in different ways, and professional codes of conduct may differ considerably in relation to this. For this reason, it is important that boundary setting in the context of MHPSS supervision is sensitive to the context and the cultures of parties involved.

Supervisors from Western contexts should be aware that the practice of boundary setting in Western ethical and practice guides may be unfamiliar in other contexts. Research has identified cases where a very heavy focus on asserting boundaries between supervisor and supervisees triggered anxiety on the part of the supervisee and adversely affected the supervisory process.[32]

Case study

Ahmed is a supervisor for a medium-sized organisation that integrates MHPSS within its health, education, and protection services. He is new to his role and has heard that the previous supervisor was friends with many of his supervisees outside of the workplace. There is even a rumour that he had been involved in a romantic relationship with one supervisee. Ahmed is not sure if this is true, but he is concerned, because this conflicts with what he had learned about best practice in supervision. Ahmed has his own supervisor who he consults with from time to time. He arranges for a remote supervision session with his supervisor and they discuss his concerns. They explore Ahmed's feelings of discomfort with the idea of having friendships and relationships with his supervisees. They agree that it will be important for him to communicate with his supervisees what his boundaries and limits are. They also agree that Ahmed should familiarise himself with his organisation's policies on the matter.

Ahmed supervises a team of seven practitioners, using a combination of group and individual supervision. He has decided to hold his first meeting with his supervisees together as one large group. He doesn't want the meeting to be interpreted as critical or judgemental, so he puts a lot of thought into possible activities and ways of communicating his boundaries that will be clear but non-confrontational.

On the day of the supervision session, Ahmed sets up the room with chairs in a circle. He also brings in a flip chart and markers. He opens the session by introducing himself and doing an icebreaker activity. After the icebreaker, Ahmed then suggests that the group take some time to discuss what worked well, and what didn't work well in their previous experiences with supervision. He is mindful of the need to contain the conversation and ensure that it stays professional.

One of the supervisees mentions that they had a supervisor that was very nice, and it felt like they were all friends. Ahmed takes this opportunity to open a conversation about boundaries. He says:
"Thank you for sharing that experience. It sounds like you were very comfortable with your supervisor, which is important. I am curious from your own experiences how you feel about dual relationships for example when a supervisor is friends with someone they supervise outside of the workplace."

Ahmed continues to explore this with the group by reflecting what the team is saying and asking follow-up questions, such as:
"Are there situations where you think it is not appropriate for a supervisor to be friends or have other types of relationships with their supervisees?"
Ahmed then emphasises the group's feedback about boundaries.

Continued on next page...

Case study
(continued)

"Since I am new to your organisation and to this group, I think it might be helpful for me to talk a bit about my approach as a supervisor and my own boundaries. In my training, we talked a lot about boundaries and dual roles and relationships. Dual relationships are any types of connections that we might have, for example if you are friends outside of work with one of your colleagues.

As a supervisor, I do not view myself as being in a position of power or as being better at MHPSS than you, but I do recognise that it is my role to support you the best I can with your work, and its impact on you. In order for me to support you, I will avoid having connections with you beyond professional connections. I do this so that I can view you and your work clearly and objectively. This does not mean that I do not care about you or want to support you - quite the opposite actually! I do this so that I can better support you.

This way of working may be new to some of you, so I wanted to be clear about it from the beginning. I typically won't become 'friends' with those that I supervise on social media or socialize with them outside of work.

How do you feel about this? Do these boundaries feel comfortable to you? Do you have any questions?"

Ahmed spends the remainder of the session answering his supervisees' questions and listening to their feedback. Several supervisees say that they understand that it makes sense to have these boundaries. Ahmed knows that it might take some time for the group to adjust to this new way of working. He hopes that he will be able to model that the friendliness and closeness that they had experienced with their previous supervisor would still be possible without the dual relationships.

Practical Information

Key areas for discussions about boundaries

- Boundaries identified in organisational guidance or codes of conduct, including policy on dual roles
- Relationships outside of the workplace
- Limits to the scope of supervision
- Cultural and gender differences, if relevant
- Limits to connection on social media
- Keeping to time for sessions
- Interpersonal boundaries

Case study

Gloria is a master trainer for a scalable intervention. She and a co-trainer were recently recruited by an organisation to conduct a 'Training of Trainers' for 15 of their staff members. After the training, they are to provide follow-up and supervision to the group remotely.

After the training, Gloria and her co-trainer divided the group into two. They had spent time during the training discussing supervision and what to expect. Supervised practice cases were just as important as the training itself and the participants knew it was a mandatory part of becoming future trainers.

Gloria and her group agreed on the times, dates, and regularity of supervision, as well as the fact that in addition to group supervision they could also schedule individual supervision sessions.

During the first group supervision session, two of the six supervisees did not join the video call. Gloria continued the supervision session as usual and followed up with the two participants after the session. The supervisees said that they were having internet problems and would be sure to come to the next session. Gloria reminded them that if they were unable to make the session, to please send her an email or message in advance.

Gloria's group agreed on when the next session would be, but when the time came three of the supervisees were late joining the call. They said that they were either having connectivity issues or urgent situations at work. Gloria and the group then spent some time agreeing group rules for their sessions, including what to do if you were having internet problems or could not make a session. All of her supervisees agreed that they would be accountable to one another and were looking forward to the next session.

On the third session, the same two supervisees that missed the first session and who were also late to the second session did not join the call at all. They also did not send a message.

Gloria felt very frustrated about the situation. Most of the group had attended every session and came into the meeting prepared for discussion. Those who were unable to attend let her know well in advance and made arrangements for individual supervision sessions if needed. She knew that they were also feeling frustrated when their colleagues would join midway through the session. This delayed everyone and they would have to catch up the latecomers on the case they were presenting or the topic being discussed. She also knew that the whole group understood because everyone had a lot of work and the context they worked in was very unstable. Gloria wanted to be supportive and patient because she knew that her supervisees all had very difficult working conditions. But she also

Continued on next page...

Case study
(continued)

knew that it was her responsibility as supervisor to ensure that practice cases were supervised. Gloria sent an email to the supervisees individually later that day. She highlighted the absences and lateness and reminded the supervisees that they had to successfully complete their practice cases before they could complete their certification to become trainers. She suggested in her email that they set up individual appointments to discuss what challenges might be arising that were preventing them from engaging in a meaningful way.

One of the supervisees sent an email apologising and explaining why they did not make the session. They asked to set up an individual session. When they met, Gloria and the supervisee were able to work out how to deal with the challenges and the supervisee began attending regularly.

The other supervisee did not get back to Gloria. At the next supervision session, she noticed they joined the call 45 minutes late and had not prepared any practice case to present. Afterwards, Gloria arranged a call with the supervisee. The supervisee explained that they had too many responsibilities at work. They had no time to have practice cases and felt so embarrassed about the situation that they didn't want to come to supervision. Gloria and the supervisee came to the conclusion that it was not the right time for the supervisee to continue with the supervised cases at this point. They explained the reasons for this to the supervisee's organisation. It was then agreed that the supervisee would do refresher training and the required supervised practice cases later, once they had more resources to support the programme.

Gloria continued to supervise the rest of the group and was happy to see that after continued gentle reminders and a lot of patience, they were all attending sessions. On the occasions when anyone was unable to attend, that person would let her know and they would make other arrangements. Even though it took a lot of patience and she would often feel very frustrated, Gloria was glad that she continued to work on absences, lateness, and lack of communication with the group. She is hopeful that by doing this, her supervisees are able to see that their attendance and work matter to her, as does their well-being.

3.4.2 Confidentiality

Confidentiality is key to creating a safe and trusting space for supervision. It is important that supervisees can rely on the supervisor to respect confidentiality so that they feel comfortable in disclosing problems and difficult issues. It is equally important that supervisors and supervisees understand the limits of confidentiality and situations where confidentiality may need to be overridden for legal or safety concerns. These should be clearly outlined to supervisees from the outset. Examples include:

- Situations where an individual is at risk of harming themselves or others
- Signs of abuse and/or neglect
- Other situations of imminent risk

Supervisors should be familiar with the legal requirements in relation to delivering MHPSS and protection interventions in the context where they are operating, as well as in relation to internal organisational guidance and policy.

Supervisors should aim to secure a quiet, private space where supervision can take place free from interruptions. If an interpreter is needed because the supervisor and supervisee do not speak the same language, this presents additional confidentiality considerations. It is important that the interpreter is well trained and is aware of the importance of confidentiality. They should ideally be someone who does not have a personal relationship with the supervisor or supervisee (see section 1.10 for detailed guidance on working with interpreters).

Supervision in group settings where a number of supervisees are involved means that confidentiality cannot be absolutely guaranteed. It is essential to make this clear to supervisees in group arrangements. This enables supervisees to make an informed decision about what they do and do not disclose about themselves and the service users they are supporting. Explaining safeguarding measures for service user privacy includes concealing service users' identities by not using their real names and information that might be identifiable to others within the group (i.e. specific locations, job descriptions, etc.).

Remote supervision may also bring additional risks in relation to confidentiality. It is particularly important that names and identifying information of service users are never disclosed during remote sessions. While many platforms aim to maintain security and protect data, this cannot be guaranteed. Supervisors and supervisees should therefore make every effort to protect potentially identifiable personal information.

Important Information

Communicating about confidentiality

In some languages, there may not be different words for the terms ‘confidentiality’ and ‘secret’.

It is essential therefore that supervisors discuss what confidentiality means in practice, including examples of how, when, and why confidentiality may need to be overridden.

3.5 Demonstrating empathy, patience and non-judgement

Supervisors contribute to the success of supervision in large part by demonstrating positive qualities such as empathy, patience and non-judgement in relation to their supervisees. Within the supervisory relationship, as with all relationships, verbal and non-verbal cues are constantly being exchanged. Supervisors can use sessions to model these qualities through their own actions and words and the way they treat supervisees. This allows supervisees to observe and learn how to apply these qualities in interactions with service users. This improves practice within their MHPSS sessions, as well as helping to support supervisees' well-being.

All staff who work with populations that have experienced extreme adversity are at risk of developing compassion fatigue, secondary traumatisation, and occupational burnout.[33] This can happen to those directly providing services, as well as to others, such as their supervisors, because they regularly hear about difficult cases and traumatic events. For this reason, it is essential that all MHPSS practitioners have supervision where they are met with empathy, patience and non-judgement. This is important to protect against longer term, negative outcomes relating to secondary traumatisation.

Supervisors can consciously communicate these qualities and make space for supervisees to discuss their feelings and experiences.

Practising active listening and using open body language are essential throughout supervision sessions. This includes:

- Using a calm tone of voice
- Listening without interrupting
- Reflecting back what the supervisee has said to ensure understanding
- Maintaining eye contact throughout, where culturally appropriate
- Using body language (such as nodding head to indicate agreement) to ensure the supervisee feels listened to.

Where appropriate, humour and demonstrating authenticity can also build rapport in the supervision session.

Another key skill for supervisors is being able to contain a supervisee in the context of supervision. This sometimes arises when supervisees talk too long about something or become very distressed or perhaps go off topic or

into personal details that might not be suitable for supervision (see section 3.6 for more information on managing emotional distress and risk within supervision).

Supervisors can demonstrate non-judgement and patience by not imposing their views, beliefs, or own solutions directly on the supervisee. This can be particularly challenging when the supervisee discloses something that does not align with the supervisor's views or personal values. If something is disclosed in the supervision session that the supervisor feels is harmful, such as providing incorrect advice to a service user, they should raise this with the supervisee. This can be done in a way that does not pass judgement, by exploring the supervisee's underlying beliefs that are influencing their thinking on the matter.

Supervisees should ideally feel comfortable challenging the supervisor about their views and approaches too. This should be done in a way that is also empathetic and non-judgemental. It is important that supervisors are able to manage their own reactions and that they take care not to react negatively in these circumstances. Even if unintentional, acting in a judgemental way can harm the supervisory relationship.

It is important that supervisors remain patient, even when they feel that their supervisees have negative attitudes or are taking a long time to grasp certain skills or perhaps do not recognise a solution that the supervisor sees as the most helpful one. Supervisors can use these challenges as learning opportunities to promote their supervisees' sense of empowerment, self-efficacy and competence by seeking potential solutions or ways forward together.

Supervisors can use their own experience in MHPSS to help guide supervisees and demonstrate empathy and authenticity. For example:

- What you are describing can be a very difficult topic for many people. It seems you do not agree with the way that the service user is doing things and I wonder if this is something we should explore a bit more in our session?
- I wonder if there is anything about the training we had earlier in the month that might support you in this case?
- Once I was seeing a service user and I noticed myself having negative reactions to what they were telling me. I wonder if this has happened to you in your sessions?

If the supervisor becomes aware that something unethical or illegal is happening, they should take care to respond in a calm and non-reactive manner. They should communicate clearly to the supervisee their responsibilities in relation to reporting the matter and to take any necessary steps for reporting.

It is helpful for supervisors to be aware of strategies that they can use for their own emotional regulation (self-soothing or managing difficult feelings that arise). Supervisors can then use these techniques to feel more grounded when they notice themselves having strong emotional reactions towards a supervisee or about something that is being discussed. Grounding activities increase a person's sense of presence and awareness in the 'here and now'.

MHPSS practitioners should explore what works best for them, but some techniques that can be helpful include:

- Deep breathing
- Focusing on sounds, sights, and sensations
- Introducing a sensation to focus on, for example focusing on the smell of a citrus fruit or having a hot or cold drink
- Adjusting the body to feel more relaxed and releasing tension.

Using an empathetic approach to supervision is also a helpful way of managing problems, as it can help get to the root of the issue more quickly. Paying more attention to feelings, thoughts and bodily sensations in supervision can bring underlying issues to the surface. Having supervisees who are well practiced at doing this means that supervisors are able to identify and address potential problems at an earlier stage.[34]

For more ideas about tools to help promote self-care and well-being, see Appendix E.

Practical Information

Questions to prompt discussion about problems or experiences:

- *It sounds as though that might have been very difficult for you to listen to. Can you tell me more about how you were feeling and thinking when you heard about the experience the service user went through? Did it resonate with you?*
- *How did you feel when that happened? Did you notice yourself reacting physically in any way?*
- *I notice that your body language is changing when you are talking about this case (include observations such as raised shoulders or tightened fists). I wonder how it is impacting you?*
- *You have had several difficult cases lately. I wonder if this is having an impact on your well-being?*
- *I noticed that you were quieter than usual in our last supervision session. I wanted to follow up with you and see if everything is OK?*
- *Sometimes people can have difficulties sleeping or have intrusive thoughts, or find themselves facing other challenges when they are doing this work. Have you noticed any changes within yourself lately?*

Important Information

Appropriate self-disclosure

As a supervisor, you are likely to bring rich experiences from your practice and knowledge about providing MHPSS. Reflecting on these experiences appropriately through self-disclosure can be helpful in supervision. This allows you to teach through storytelling, share your own challenges and vulnerabilities, and demonstrate how you managed difficulties. However, it is important to keep self-disclosure within appropriate limits. This can vary depending on factors such as culture and level of familiarity with your supervisee.

Here are some principles to consider to guide use of self-disclosure in MHPSS practice:

- What is the purpose of your disclosure? Will it help to build a professional relationship with your supervisee? Will it help your supervisee to learn?
- Are you disclosing information that is personal and private? Does it involve personal information about anybody else? Are you keeping the content professional?
- Are you speaking more than your supervisee? Are you sharing more about yourself and your experiences than they are?
- Is the disclosure relevant to what the supervisee brought to the session?

3.6 Managing emotional distress and risk within supervision

Supportive supervision can play a key role in promoting well-being of MHPSS practitioners.[35] As a form of organisational support, supportive supervision has been shown to decrease rates of burnout, vicarious traumatisation, depression, and anxiety among those receiving it.[36, 37, 38] Indeed, preliminary data on the IMS is associated with reductions in secondary traumatic stress and burnout in addition to helping to meet the need for providing emotional support.[35]

Despite this, there will be times when supervisee(s) will be in distress. This can happen at any time during the supervision process, arising during session, or outside of sessions, prompting intervention. Reasons behind the distress may be due to work-related issues, environmental issues such as natural disasters, conflict, adversity, or personal issues.

Supervisees can experience first and second-hand trauma (vicarious trauma), compassion fatigue, and any number of emotional responses during their work and lives. Supervisees may be experiencing chronic stress in their lives or acute distress as result of a specific situation.Supervisors should be prepared for when this will happen, and know that their ability to demonstrate empathy, patience, and non-judgement while the supervisee(s) is distressed will be an invaluable tool.

In addition to managing stress, it is essential that supervisors be able to understand risk, and how to manage risk. It is important that they receive appropriate training on how to identify risk, understand risk and protective factors, and be well equipped to respond to risk. This is not something that can wait until a situation necessitates. In addition, supervisors will be supporting their supervisees when they have service users who are at risk, so having a comprehensive understanding on how to respond is key. The following information is meant to support supervisors with this, but it is in no way comprehensive. Key resources and additional information can be found in Appendix E.

Resources, guidance and tools on managing risk, suicide prevention, and managing distress can be found in Appendix E.

Important Information

The following information includes key concepts and terms to support the understanding of adversity, workplace stress, and traumatic experiences.

What is adversity?

- Humanitarian contexts are often characterised by difficult circumstances and stressful events
- Such events can lead to a range of different emotions like fear, grief, sadness and even feeling numb
- For many people these feelings and reactions go away over time but for others they can persist and start interfering with their life and work
- MHPSS staff may themselves be affected by humanitarian emergencies and are also frequently exposed to persons in distress, this leads them to increased risk of burnout, compassion fatigue and trauma

What is burnout?

- High levels of persistent physical, emotional and mental exhaustion
- Leads to negative attitudes/cynicism towards work

Continued on next page...

Important Information *(Continued)*

What is compassion fatigue?

- Described as 'the cost of caring'
- Reduced interest and ability to take on the suffering of others
- A common psychological response to dealing with trauma
- Highly treatable

What is vicarious trauma?

- A range of psychological responses including compassion fatigue and secondary traumatic stress
- Results from a workload that is emotionally difficult to manage

Compassion fatigue, vicarious trauma and burnout affect wellbeing across physical, psychological, behavioural, spiritual, cognitive and relational domains. It also impacts the health of organisations and their capacity to provide sustainable and effective supports to the affected communities they work with. Specific organisational impacts include:

- high rates of staff turnover
- decreased productivity and motivation
- poorer continuity and quality of work

Affected individuals may avoid certain tasks, withdraw interpersonally, be less productive or might be regularly absent from work.

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Important Information *(Continued)*

Key organisational risk factors for negative outcomes following exposure to trauma and adversity

- Involvement in tasks outside of usual remit or competence, as well as general **role ambiguity**
- Poor relationships with managers and **dissatisfaction with supervision**
- No access to care or support

Key organisational protective factors following exposure to trauma and adversity

- Perceived organisational support
- A sense of professional **knowledge, competence and confidence**
- Training and preparedness

Additionally, factors such as gender, prior trauma history, pre-existing mental health conditions, can also influence outcomes. Along with peri-traumatic factors e.g. proximity to the event, harm to self or others. The individual's own social support and coping strategies will also influence their wellbeing.

Information

Psychological trauma = a response to highly stressful, frightening and/or disturbing event(s)

Some potential consequences of trauma exposure (primary or secondary):

- Compassion fatigue
- Burnout
- Vicarious trauma
- Mild to moderate distress (symptoms e.g. low mood, not reaching the threshold for a diagnosis)
- Post-traumatic stress disorder (PTSD), anxiety, depression (and other common mental health conditions)

Post-traumatic stress disorder (PTSD)

- Results from exposure (direct or indirect) to a significant stressor (such as death, threatened death, sexual violence, serious injury)
- Re-experiencing (e.g. intrusive memories, nightmares, dissociation)
- Hyperarousal (e.g. exaggerated startle response, sleep difficulties, difficult concentrating)
- Avoidance (avoidance of experiences – internal and external)
- Altered mood and memory (e.g. negative beliefs about the world; inability to remember key aspects of the trauma, difficulty feeling positive emotions)
- Functional impairment (impact on work, social relations etc.)
- Symptoms must persist for more than one month following the trauma

Practical Information

Tips for engaging with someone who is in distress

- If the person is in an unsafe environment or a danger to themselves or others, take steps to ensure safety. See the accompanying text box on identifying risk. See also resources in Appendix E for more information.

- If possible and appropriate, invite the distressed person to find a space that is private and comfortable to go to. If remote, invite them to find a place where they feel comfortable in their space. Ensure that your space is also free from distraction so that you can dedicate your full attention. Please note this may not always be possible, but effort should be made to ensure supervisee is comfortable and not on 'display'.

- In in a group setting, such as group supervision, it is possible that other members of the group will naturally provide support to the group member in distressed, and this may be appropriate. It is also possible that this will cause distress for other members, or escalate the distress. Supervisors will play an important role in observing if it is more beneficial to invite the group to take a break and offer 1:1 support to the person in distress.

- During remote sessions, if possible, ask for alternative means of contact in case the connection drops. Also explore if there is an emergency contact person that can be contacted should the need arise.

Continued on next page...

Practical Information *(Continued)*

- Provide for basic needs: does the distressed individual want a glass of water, cup of tea, blanket to keep them warm? These can also help to support the 'grounding' of the individual who is distressed. If they are remote, suggest they get water or tea if they can.

- If in person, do not stand over the person who is in distress, rather meet them at their level when possible and appropriate.

- Maintain open body language, and a calm demeanor. If the supervisor has a strong reaction to the person in distress, this has the potential to cause harm or escalation.

- Give space to allow for the distress. If the supervisee is crying for example, allow space for them to continue crying. After a period of time, it may be appropriate to invite the supervisee to take a sip of water, or invite them to take a calming breath with you.

- Remember that emotions, while sometimes uncomfortable or scary for the other person to witness, are important and are valuable. It is ok for them to be expressed, and it is important that the supervisee see that they can express a range of emotions without judgement. After expression, the supervisor can take steps to contain, by doing a grounding exercise together, for example.

- If the supervisee is angry, allow the opportunity for that anger to be expressed so long as it is being expressed in a safe way. Often at times once anger has been expressed, the person can feel calmer, and then it is possible to have a conversation around what is going on.

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Practical Information *(Continued)*

- Invite the supervisee to do short breathing exercise, movement, or engage in coping activity of their choosing. Ask, when you feel upset, what helps you to feel better/ calmer? Note that not all activities feel the same- for some individuals, breathing exercise may cause discomfort.

- If at any point distress reaches the level of a safety concern for anyone engaged, take steps to ensure immediate safety.

- In certain situations, it may be beneficial to ask if the distressed individual would like a trusted support person in the room with them. This should be directed by the supervisee.

- Once the distressed individual is feeling calmer, use basic helping skills to understand what is causing distress. Be aware that the cause of distress may unintentionally be the result of something that you, the supervisor, has said or done. It may be helpful to incorporate space for reflective practice (see section 4.4 for more information on how to be reflective).

- Explore what can be done to address the causes of distress. Understand what is in their control and not in their control. For example, personal and and organisational cause versus when the causes that cannot be changed, such as a natural disaster.

- Discuss actions that may be necessary to address causes of distress. Connect with additional supports if needed.

- Follow up afterwards and provide a chance to re-visit and reflect the causes of distress, and re-visit resolutions. This should be done in a way that does not re-open strong feelings, rather in a way that expresses concern and contains.

Risk and protective factors

Supervisors should be aware of risk and protective factors and how they will play a role in the context that they are working in. Supervisees that they are working with will have their own unique combination of risk and protective factors in their lives. Understanding their risk as well as how to promote protective factors will be important to support supervisees. Supervisors should remember the limits and boundaries of their role as a supervisor, and support supervisees connection to external supports (see section 3.4 for more information).

Risk factors

- Previous suicide attempts
- Having a family history of suicide
- Being exposed to or influenced by others who have died by suicide
- Psychiatric conditions
- History of abuse and neglect
- Lack of social support and increasing isolation
- High levels of shame, humiliation
- Hopelessness
- Job and financial losses
- Relational or social losses
- Access to lethal means such as pesticides, knife, guns, poison, or fire
- Major physical illnesses, especially with chronic pain
- Impulsivity
- Alcohol and/or substance abuse
- Chronic stress
- Moral injury
- Stigma associated with help seeking
- Barriers to access health care
- Exposure to suicidal behaviours, including in the media
- Local clusters of suicide in a community
- Being a member of the LGTBQI community
- Belonging to an ethnic minority

Protective factors

- Social supports leading to a sense of belonging
- Sense of responsibility towards family
- Having a variety of coping skills
- Possessing problem-solving skills
- Having conflict resolution skills
- Religious faith or cultural beliefs that discourage suicide
- Activities that give a sense of meaning to life
- Positive self-image
- Help seeking behaviour
- Access to good quality mental and physical health care, including substance use support
- Support from ongoing psychosocial care
- Employment
- Balanced physical health

These tables have been reproduced with permission from the IFRC Psychosocial Centre's Suicide Prevention Guide. They include examples of risk and protective factors.

These tables have been reproduced with permission from the IFRC Psychosocial Centre's Suicide Prevention Guide. They include examples of risk and protective factors.

Risk factors for youth

- Previous suicide attempts
- Family history of suicide
- Local clusters of suicide in a community
- Access to lethal means such as pesticides, knife, guns, poison, fire
- Psychiatric condition
- History of abuse
- Survivor of incest
- Bullying
- Witnessing or experiencing violence, including sexual and emotional abuse
- Loss
- Feelings of shame, hopelessness, humiliation

Protective factors for youth

- Supportive caregiver
- Family supports
- Peer supports and sense of connectedness
- Positive adult relationships (example with educators)
- Positive self-image
- Access to good quality mental and physical health care, including substance use support
- Support from ongoing psychosocial care
- Coping and problem-solving skills
- Involved in activities that bring a sense of meaning and belonging

Supervisors may find themselves in a situation where their supervisee(s) is in need of immediate emergency support. It is essential that individuals are medically stabilized in order to keep them safe. Signs of this may include:

- Physical signs of harm, including self-inflicted wounds
- Signs of poisoning or intoxication,
- Extreme lethargy

Supervisors should be aware of organisational emergency protocols and aware of the appropriate and safe response.

Important Information

Levels of risk

This table has been reproduced with permission from the IFRC Psychosocial Centre's Suicide Prevention Guide. It includes levels of risk, how that risk might be presenting, and response. Always follow organisational protocols on risk management policies and procedures.

Emergency	Evidence of self injury such as signs of poisoning or intoxication, bleeding from self inflicted wound, extreme lethargy, loss of consciousness	• DO NOT leave individual alone • Connect to medical treatment • Continue to follow up with the individual and provide suicide and self-harm prevention support
Imminent	Current thoughts and plan to self harm or suicide Access to means of self-harm Previous attempt in past year or history of thoughts or plan in last month Individual might be in distress, hopeless, agitated, not communicating	• DO NOT leave individual alone, • Involve loved one if possible • Remove means for self-harm • Consult supervisor • Create a safe and supportive environment, if possible • Get specialist support, if possible • Create a safety plan • Practitioner should follow up regularly
Risk	No immediate risk, but may have thoughts of suicide, history of thoughts or plans to self-harm in past month, or an act of self-harm in the past year	• Provide psychosocal support • Create a safety plan • Activate supports for individual • Refer to specialist support where possible

Important Information

Supervisors play a key role in promoting the well-being of supervisees. They do not, however, take the place of a therapist, counselor, or other mental health supports

It is important for organisations to have clear protocols in place to support staff and volunteers to be able to access mental health services should they desire.

Supervisors who are aware that their supervisees may be in need of support beyond the scope and boundaries of supervision can encourage supervisees to avail themselves of external support.

3.7 Reflecting on power dynamics

Some degree of power imbalance exists within the supervisory relationship, with the exception of peer-to-peer approaches. For example, supervisees are usually of lower seniority or have less experience than their supervisor. There are, however, other factors that contribute to power differences including gender, socioeconomic background, race, culture, religion. This is particularly important to consider when supervisees are part of the affected communities.

It is essential that supervisors are aware of power differences and how they may impact on supervision sessions. This is particularly important in situations where supervisors occupy a dual roles (see section 2.3). Supervision sessions themselves often require discussion of ethical issues in MHPSS provision that may be sensitive and difficult. For example, this could be where a practitioner is supporting a service user who has a problem that is similar to one that the practitioner has experienced in their own lives. Supervision should ideally encourage reflection on this, enabling supervisees to recognise and handle it.

Supervisors can model this reflective practice by addressing ethical issues such as power differences within supervision sessions with their supervisees.[31] For example, supervisors have an ethical responsibility to provide a degree of emotional support and encouragement to supervisees. However, they also hold certain legal duties, depending on the context. Sometimes, this includes supervisors bearing the legal responsibility for any mistakes made by supervisees in the course of their work. They must therefore be sure that the work is being carried out according to best practice.[44] Serious errors or omissions on the part of the supervisee may require the supervisor to take action and inform a manager or have the supervisee removed from the case. Where these types of power differences exist, they should be discussed openly between the supervisor and supervisee. This includes the supervisor clearly outlining the criteria for taking further action outside of supervisory sessions.

If possible, it can also be helpful to discuss how a perceived power imbalance impacts how comfortable a supervisee feels to disclose mistakes and negative experiences within supervision. This type of discussion could include discussion of the ways the supervisee might be empowered within the context. It may also involve producing documentation of supervision sessions together, and mutually agreeing what goes into the records made.[43] Allowing the supervisee to agree what is recorded can empower them and help increase their sense of agency and ownership over the process.

Supervision is the ideal space for practitioners to examine the ways in which various aspects of their identities and experiences affect how they see their practice. However, whether this is appropriate for supervision may be somewhat dependent on the context. Supervisors should therefore never pressure the supervisee to discuss these matters if they are not comfortable doing so.

Conversations about power dynamics may involve the supervisor recognising and naming their own sources of privilege and power, for example, "As a manager, I hold a position of power because I am a more senior person in the organisation. However, as a woman, I can sometimes be in a lower power position within the organisation and community. For example, I might sometimes be treated differently or discriminated against because of my gender. This perspective and set of experiences might impact how I perceive and approach my work, and I need to take care to be aware of how my own experiences might interact with my role as an MHPSS supervisor. I would encourage you to reflect on your own sources of privilege and power and how they might impact dynamics in our practice."

The supervisor should also encourage the supervisee to reflect on their own sources of power, and both can discuss the ways that these perspectives might impact the supervisory relationship. The supervisor should emphasise the goal of creating a safe space for the supervisee and ask the supervisee to identify any barriers to this, or if there is anything the supervisor can do to increase their feeling of safety.

Some supervisees may find these kinds of conversations difficult. Some may be extremely sensitive about having them or even resist wanting to address these issues. However, research suggests that supervisees have increased self-efficacy and higher levels of satisfaction of supervision, when supervisors discuss diversity in a positive, supportive way.[45] A study of ethical issues in transnational supervision settings found that a lack of discussion around cultural issues was one of the three most common ethical concerns cited by both supervisors and supervisees.[31]

This is also an important reason why supervisors themselves need supervision on an ongoing basis, as no-one is immune to the effects of their own personal biases and prejudices. Consultation with an effective supervisor provides a valuable way of examining how such dynamics of power, privilege or marginalisation may be relevant to one's own professional practice.

Practical Information

Ways to explore power dynamics in supervision sessions

Here are some examples of ways that the concept of power dynamics can be introduced into supervision:

- *As you know, the term 'supervisor' indicates that there is some sort of hierarchy within the supervision setting. I think it can be important for us to talk this through together to understand what this means for us and for our work.*

- *It can be helpful for us to explore power within our own contexts and cultures. Sometimes, I like to take a bit of time and space to reflect on this within supervision sessions. I wonder if we could do a short activity together to help us to reflect. Let's take five minutes to both write down the ways in which we might hold power within our work, communities, and relationships. Then we can come back together and explore how this impacts our supervisor relationship and our MHPSS work.*

3.8 Providing feedback

Feedback is one of the key facilitators for reflection and growth in supervision. How and where feedback is delivered influences whether or not the feedback is considered and integrated by the supervisee. Feedback can be delivered in real time, ad hoc, or in a more formal setting, such as a supervision session. It can take place one-to-one as well as in group and peer settings. Supervisors and supervisees should work together to determine the preferred way of receiving feedback, as well as how receiving and giving feedback impacts them.

Supervisors should give feedback which is specific, clear and timely. This allows supervisees to continuously develop their skills and to apply information from training to practice. Feedback should include discussion of what can be improved, as well as acknowledging and reinforcing aspects of practice that are going particularly well. To be constructive, feedback should be based on observations supported by examples. This helps the supervisee to bridge theory and practice and develop their own sense of professional self-awareness.[39]

Practical Information

Tips for providing feedback

The supervisory alliance plays a key role in how feedback is received, and how supervisees develop skills. Feedback works best when the person on the receiving end feels supported, so safety and trust are key facilitators of the process. In addition to the supervisory alliance, some tips for providing feedback are provided below.

Before giving feedback, consider:

- Have you and your supervisee(s) taken time to reflect upon and discuss how you would prefer to give and receive feedback? Also consider situations where preferences may not be upheld, such as safeguarding.
- What is the reason behind giving the feedback? Is it meant to correct, improve, or develop a skill, serve as a motivator? Reflection on why it is being delivered can be helpful in ensuring clarity in the message.
- Consider, if you were receiving the feedback, how would you want it delivered? Put yourself in the receiver's shoes.
- What will the setting of the feedback be? If in a group setting, will the feedback cause the receiver to be embarrassed or feel shame? If so, find a private space.
- Has permission to give feedback been asked first? *"Would it be ok if we talked about how that session went?", "Would now be an ok time for us to reflect on how things have been going?"*.
- Check in with yourself before providing feedback. Supervisors can often find it challenging or difficult

Continued on next page...

Practical Information *(Continued)*

to provide constructive feedback. It can be helpful to talk to your own supervisor if you notice you are particularly anxious or worried about giving feedback.

During feedback:

- Consider the tone of voice and words being used. Feedback that sounds judgemental, fault-finding, and punitive is not likely to be well received.

For example, to reinforce positive practice, the supervisor might say, *"I thought you handled that situation very well. I noticed you really used your basic helping skills in session. You came across as very authentic, and it was obvious that it put the service user at ease."*

To deliver constructive criticism, the supervisor might say, *"I wonder if you have any questions about how to avoid providing direct advice to the service user? I noticed that this is an area that you sometimes struggle with. For example, when you were presenting your case, you told us of how you advised the service user that if they want to feel better, they should exercise three times a week. Can you think of an alternative way you could have approached that problem? Do you remember some of the reasons why we try to avoid giving direct advice?"*

- Understand that feedback is not always well received. It is important to consider the receiver's reaction to the feedback without defensiveness and to reflect on whether the message you wanted to convey was the message received. How feedback is interpreted can often be influenced by previous experiences.

- Consider whether there is more work to be done to build the relationship between the supervisor and supervisee before constructive feedback can be well received, and where honest dialogue and reflection is possible.

Continued on next page...

Practical Information *(Continued)*

- Explore the reasons for any negative response to feedback with the supervisee. Some possible barriers to effective feedback might be hierarchy, disagreement with feedback, feedback not being clearly expressed, or the supervisee not having enough support to implement it.

- Explore experiences with feedback in own supervision.

Examples of phrases that can be used to check how feedback is being received include, *"Is there a part of the feedback that upsets you, or maybe you don't agree with?", or, "What did you understand when I said___",*

- Supervisors should be open to discovering that they aren't always right, and at times, they might not give the 'right' feedback. When this happens, supervisors should lead by example, by acknowledging when they make mistakes in providing feedback. Doing this helps to foster a culture of mutual learning and collaboration, and builds trust between the supervisor and supervisee.

Providing feedback that starts with phrases such as, *"From my experience... but I am curious to hear your perspective..."* can also help to create open dialogue, and to show the supervisee that their opinions and experiences are valued.

Continued on next page...

Practical Information *(Continued)*

After feedback, supervisors should:

- Reflect on how providing feedback felt to them.
- Check in with the supervisee to see how feedback was received and integrated.
- Include further discussion on the topic of feedback future sessions if there are barriers to taking on feedback, such as resistance or reluctance.

Preferences and styles of providing and receiving feedback will differ from person to person. However, having a strong supervisory relationship and exploring preferences for giving and receiving feedback create the necessary conditions for feedback to be as individualized and supportive as possible.

3.9 Effective coaching

Effective coaching and mentoring are important supervisory skills to help develop the knowledge, confidence and skills of supervisees. Coaching and mentoring help supervisees to make connections between knowledge to practice, such as applying learning from training to understand service users' presenting problems.

- Coaching is typically provided for a short period of time, using a more structured and formal approach.
- Mentoring is provided over a longer period of time and usually focuses on creating an informal association between the mentor and mentee, where the mentee learns from the mentor in a less structured way.

Good coaching is a core component of the apprenticeship model. In order for coaching to be effective, clear goals should be agreed by the supervisor and supervisee, which can then be monitored over time. In supervision, the supervisor should regularly check in on how the supervisee feels they are progressing on their goals, with the supervisor providing specific feedback in key areas.

One example of where coaching can be a useful tool is during case presentations, or activity review presentations. It is helpful to discuss case presentations and their format early on in supervision, even if supervisees have previous experience of giving case presentations. To use feedback in the best possible way, supervisees will need to continuously develop their case presentation skills. Templates, such as the example in section 4.6, can be helpful to structure case presentations.

The coaching process should not simply involve the supervisor feeding information to the supervisee. It should guide the supervisee towards more independent learning, helping them to develop their own knowledge and professional judgement. For example, a supervisee can be invited to present a case and the potential solutions to the issues raised and then indicate which options might be most suitable. The supervisor can then direct the supervisee to relevant information, skills, or interventions. This will assist the supervisee in deciding on the right course of action or in gaining a clearer understanding of the case.

Supervisory coaching should be focused on promoting competencies, confidence, self-efficacy and professional self-awareness. It should reinforce positive behaviour change, as well as reducing stress and building resilience and capacity to self-soothe and manage one's own emotions.[40] Providing positive reinforcement is particularly important for supervisees'

stress and resilience. Taking the time to do this can have a significant impact on supervisees' well-being. Helping the supervisee to appreciate positive aspects of their work can help them develop a more self-compassionate approach towards work. Greater levels of self-compassion in turn are associated with more positive mood and with greater capacity to be compassionate towards others.

Good use of questioning is a very effective way to encourage supervisee learning and reflection.[41] For example, the technique of Socratic questioning (see next page) encourages supervisees to think critically and question assumptions that impact on their practice.

Videotaping or audio recording practitioners delivering MHPSS interventions (with full consent of service users) and watching these together during supervision can also assist with reflective learning. For example, the supervisor can encourage supervisees to reflect on what internal processes were occurring for them during specific parts of the intervention.

At earlier stages of professional development, supervisees will have less capacity to reflect and will rely more heavily on the supervisor's advice. Supervisors should aim to build and develop this capacity over time.

Important Information

Additional resources on supervision and coaching

Supervisors interested in learning more about coaching in supervision can also refer to the Case Management Supervision and Coaching Training Package. This is a set of training materials for supervisors, building their capacity to coach and focused on the supervision of case managers.

See Appendix E for a link to the training package.

Practical Information

Socratic questioning

Socratic questioning is a technique to explore the values or assumptions governing supervisees' professional opinions or decisions.[40] Socratic questioning involves the supervisor asking a question about some aspect of the supervisee's practice or perception in relation to a particular situation. They follow this with further questions inviting the supervisee to justify their previous answer to reveal the supervisee's reasoning process.

For example, a supervisor might ask about a difficult case being managed by a supervisee. The questions should help them to come to conclusions about the case collaboratively. For example:

Initial question: *"What did you observe about this service user that made you arrive at the conclusion you did?"*

Follow-up question: *"Based on the information you've just described, can you think of any other explanations for what happened?"*

Another follow-up question: *"Based on that information, can you describe the thought process that led you to this conclusion?"*

Questions for supervisees who have more experience of reflection and where the supervisor judges it to be appropriate for the context could be:

"Do you think that your personal values influence the way you view this situation at all?"

"Could you imagine how someone with different values to yours might interpret the situation differently?"

Continued on next page...

Practical Information *(Continued)*

Supervisors should help the supervisee to recognise situations where they may be searching for evidence that confirms their pre-existing ideas and opinions, gently encouraging them to consider evidence using a more critical approach.

This technique promotes independent learning, reflection and self-discovery. It helps to build the supervisee's sense of self-efficacy and decision-making skills. They see that they do not have to rely solely on their supervisor's judgement, but that they may also suggest solutions to problems. However, the technique should not be overused, particularly with practitioners in the earlier stages of their career. Supervisors should be aware of the learning needs of those they are supervising and, where appropriate, take the lead in providing information.

3.10 Effective facilitation

The process of facilitation involves supervisors encouraging the learning and collaboration of members in the context of a group supervision session. Supervisors can facilitate learning and peer support by:

- Fostering a supportive atmosphere
- Modelling key skills
- Setting appropriate boundaries
- Encouraging engagement and participation[41]

Supervisors draw on the strengths and resources of the group to promote social cohesion and connectedness, which enhances trust and mutual learning.[43]

Effective facilitation of group supervision depends on the supervisor planning ahead to ensure that the session is managed well. This means allocating time carefully to all aspects of the session. This may include instruction, group discussion and activities, case presentations or role plays and other activities for skill development and reflection (see section 3.12 for more detail of how to run these activities). It is also important to include time and space to reflect on staff well-being, emotional regulation, and personal development.

Throughout the session, supervisors should stay alert to timings and the balance of activities, keeping the discussion focused to ensure the session objectives are met. It may be helpful to ask supervisees to list the types of issues and cases they face in their work in advance of the session so that supervisors can plan sessions that are relevant to supervisees' work. Supervision forms can use the same headings as case presentation forms (see section 4.6) but also include headings for intervention or activity types. Supervisors may also review case files of their supervisees to inform the content of the supervision session.

Participatory methods such as role plays, case presentations and simulations are useful for group settings. It is important to recognise that each member of the group has experiences and insights that are valuable for others to learn from. When facilitating, the supervisor should therefore be mindful of the need to provide space for each supervisee to contribute.

Care should be taken to provide feedback that promotes collaborative and continuous learning. It should not be fault-finding or punitive. This is especially important in group settings, where negative feedback delivered in front of peers may be experienced by supervisees as shaming.[12] Taking time to work with supervisees to explore

Important Information

Reviewing case files

Supervisors are often responsible for reviewing case files to ensure that documentation is completed properly and that service users are receiving appropriate care. Supervisors should take note of any issues in connection with the way a supervisee may be working, for example, in how they conceptualise care for the service user. They should also be alert to concerns that are recorded in the files which may not be raised in supervision by the supervisee. These can be used as discussion points in supervision. Supervisors should also be conscious of how the supervisee is recording their work in their case files. If they are repeatedly using the same phrases throughout for all service users, this might be an indicator that they could benefit from additional support.

their preferences around providing feedback can be helpful during initial group sessions. Supervisors can prepare group members before they begin role plays, etc. by explaining that it can be difficult to perform in front of their peers. The supervisor should normalise the fact that everyone will do some things well and other things less well.

Creating a safe and supportive atmosphere can be more of a challenge in a group setting than in individual supervision. For example, ground rules around disclosure and confidentiality may be overlooked and so supervisors need to facilitate carefully. They may need to step in to prevent any information from being shared that is potentially too sensitive or that poses an unacceptable risk to confidentiality (see section 3.4.2 for further details on confidentiality).

Where it is clear that supervisees are experiencing problems more severe than can be appropriately dealt with in the group supervision

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Important Information

Tips for positive practice in facilitation

- Be prepared for supervision sessions. Have an agenda ready and be flexible and encourage supervisees to help shape the sessions.
- Agree ground rules with supervisees, including confidentiality and its limits.
- Spend time discussing how to provide feedback.
- Check own needs before the session begins. Use techniques such as deep 'belly' breathing to self-regulate, if needed.
- Contact supervisees well before the session if they are going to do a case presentation to make sure they are prepared for the session.
- Prepare activities for teaching skills in advance.
- Test the platform before starting if working remotely and make sure everyone can access the supervision session. Encourage supervisees to test it from their end too.
- Be aware of modelling appropriate communication and reflection skills that are essential to MHPSS and prompt supervisees to observe and reflect on these skills.
- Know the referral pathways available to supervisees who may need additional support. If there are none, identify other external supports.

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Important Information *(Continued)*

- Consider adding stress management and well-being sessions to the regular, scheduled supervision sessions. These could include teaching coping skills and relaxation activities to promote personal resilience and self-coping. These should not be therapeutic sessions.
- Mix teaching content with interactive approaches. Use role plays, discussion and collaborative work to energise and engage participants. Take care to also have time to discuss and reinforce learning points.
- Acknowledge success and good practice, by providing clear details of exactly what it was that constituted good practice.
- Reflect on negative feedback in a sensitive way. For example, say, "I wonder what would happen if you had used an open-ended question instead of telling the service user a solution?" or instead of asking, "What went wrong?" ask, "What could have been done differently?"
- Invite questions and allow time for clarification.
- Be aware if using an interpreter that extra time is required. This is approximately double the time taken. All participants should be made aware of the need to communicate slowly and clearly, leaving enough time for the interpreter to translate everything.
- Begin and end the session on time. This helps to demonstrate that supervisees' time is valued and helps model how to maintain boundaries.

Note: This guidance is adapted from IFRC Reference Centre for Psychosocial Support (2020). Supportive supervision during COVID-19. https://pscentre.org/wp-content/uploads/2020/05/Supportive-supervision-during-COVID-19.pdf and World Health Organization, War Trauma Foundation & World Vision International. (2013). Psychological first aid: facilitator's manual for orienting field workers. World Health Organization. https://apps.who.int/iris/handle/10665/102380

setting, supervisors should arrange individual supervision sessions if these are not already available. In some cases, it may be necessary to refer supervisees to other supports or services (please see section 3.6 for more information). Similarly, if supervisees present particularly difficult cases that require more intensive support, the supervisor should schedule individual supervision to ensure that their support needs are met.

Maintaining an awareness of group dynamics and how these impact on a supervisory session is another important aspect of good facilitation. For example, supervisors should pay attention to who is speaking a lot, who might be speaking very little or not at all. They could then invite quieter group members to contribute in a way that is comfortable for them. Supervisors should be aware of any dynamics that might constitute 'ganging up' against other members or bullying. Dysfunctional group dynamics can have a very negative effect and detract from the learning experience of all supervisees. If addressed sensitively, supervisors can use this to model effective ways of dealing with difficult dynamics, which can be a key learning point for supervisees. In addtion, if co-supervision is being used, it is critical to be aware of the dynamic between supervisors. Supervisees learn much through direct observation so it is essential to consistently model positive facilitation skills.

Transference and countertransference are also issues that may arise in the supervisory relationship in group or individual settings. Practising regular reflection of the supervisee's feelings and of the supervision sessions themselves can help to identify such processes. This can prevent them from impacting negatively on the work or on the supervisory relationship.

Where group supervision is carried out remotely, it can be more difficult for supervisors to observe group dynamics and manage difficulties, such as group members talking over one another or having side conversations. The temptation to do things unrelated to the session on screen such as reading other documents, chatting, or otherwise not fully engaging can also be challenging. These issues should be included when agreeing ground rules at the beginning of remote group supervision. The ground rules can then be used where necessary to diffuse difficulties. Supervisors can also gently and respectfully point out difficult dynamics, if they see anything, such as, "I can see today that some of you seem a bit tense. Would anyone like to share how they are feeling and what they are thinking?" Challenging dynamics in this way can sometimes serve as teaching moments. Supervisors can use psychoeducation to reflect on certain behaviours within the group and model ways of managing group members more constructively.[14]

Group sizes should be kept small (ideally no more than six) to enable everyone to comfortably participate and for the supervisor to engage with each group member. As the facilitator, supervisors should be accepting of different reactions and perspectives within the group discussions and use these to demonstrate diversity and similarities. Finally, at the end of the session, supervisors should make sure that supervisees understand and retain the relevant lessons from group supervision. This can be done by inviting the group to summarise or the supervisor may close by listing the main learning points from the session.

Important Information

Ground rules for supervision sessions

There are different types of ground rules that can be discussed and agreed with supervisees.

Functional ground rules: these are rules that aim to promote accountability, transparency and ownership, such as confidentiality and respect.

Pragmatic ground rules: these are guidelines to help clarify the supervisor's approach and define communication style and relationships.

Transference is when an individual reacts to a situation (often within therapy or supervision) that is based on their own life experiences. For example, a supervisee may redirect their feelings about a difficult person or experience onto their supervisor.

Counter-transference refers to situations where the supervisor redirects emotion or experiences to the supervisee.

Case study

Managing difficulties in group supervision

Laurence is a supervisor at an organisation that provides MHPSS services in a community health centre. One of the groups that he supervises is a multidisciplinary team of psychiatrists, psychologists, counsellors, and case managers. This group has been meeting twice a month for the past six months. They typically do case consultations where they discuss some of their more vulnerable or challenging cases and everyone comes together to coordinate the response across disciplines. Laurence has found it difficult to facilitate because each discipline often wants to spend as much time as possible emphasising the importance of their intervention. He has noticed that the medical doctors and the psychiatrists tend to take over the sessions, leaving the psychologists and case managers in a position where they are usually running out of time to make their contribution.

One of the doctors in particular tends to take over the session. Even when Laurence comes with a plan for how to structure the session, this doctor seems to try to run it every time. No amount of redirecting or trying to include the others seems to make this any easier.

Laurence himself realises he feels a bit intimidated by this doctor. He has noticed now that the case managers in the session have become more and more withdrawn, and one of the psychologists has become a bit confrontational towards the doctor. In the last session, one of the case managers expressed in frustration that she did not find these sessions to be helpful at all, and that she has no idea how to coordinate care for those who are on her caseload. She said that she would prefer to stop having group supervision so that she can spend more time providing services.

Laurence decides that in the next group supervision session, he will have a discussion about the group and how to move forward. He also thinks that it might be helpful to talk with the doctor alone, but he wants to be sure that the doctor didn't feel like he was being accused of purposely disrupting the group.

Laurence emailed the group members. He told them that in the next session they would reflect on their group and how to make the most of their time together. He asked each member to consider the following questions:

- Consider situations in group supervision where you have felt supported by your colleagues. Were there certain behaviours, activities, or ways of working that helped?
- Consider situations in group supervision where you have felt like you were not getting what you needed from the session.

Continued on next page...

Case study *(continued)*

- What do you think would be most helpful for you to make the most out of group supervision? Consider agenda, dynamics, and activities, etc.

On the day of the supervision session, Laurence takes a few minutes to settle himself. He notices that he is feeling anxious about the session and worries that it is a poor reflection of himself that the sessions have not been going well. He takes a moment to reflect on this and does some deep breathing to calm himself. He then does a visualization exercise that one of his previous supervisors taught him. It was to imagine the situation going well and see yourself feeling comfortable, safe, and competent. Laurence notices that he feels calmer and more confident after doing this. He writes a suggested agenda on the flip chart in the front of the circle of chairs. He thinks it might be useful to do a 'stop, start, keep' exercise (see explanation of this activity below) with the group. On the agenda, he writes: Reason for discussion, activity, reflection, ways forward'.

When the group enters the room, he welcomes everyone and encourages them to get some tea and coffee before beginning. (Laurence had arranged for this at the start of the session). After that, he welcomes everyone and explains:

"It is no secret that our group has been having a few challenges these past months. I have observed that some people feel frustrated, others feel unsupported, and some have started to withdraw a bit. I have noticed that even within myself. I can feel that somehow things are a bit off. I thought it would be a good idea for us to take time today to reflect on what we think has been working well for us as a group and what we can do differently. Ultimately, I think that it would be helpful for us to finish today's session with some clear ideas for how to move forward. As you know, supervision is supposed to be supportive. All of us in this room are experts in what we do, and we have so much to learn from one another. Is everyone OK if we move forward with this plan?"

After seeing that the group agrees, Laurence then explains the agenda for the day, and asks if anyone would like to add anything to it. All agree that it seems like a good plan and that they can check in partway through and make changes if needed. Laurence then continues:

"Everyone has paper and coloured pens in front of them. For the next few minutes, we can reflect on what we would like to stop doing in our supervision sessions, what we would like to begin to do, and what we think is working well and that we would like to continue to do. This paper is for you to write down your ideas, so don't worry about having the best ideas or right answers. This is just a way for you to begin to organise your thoughts. When you are finished, we can come together as a larger group and share these ideas and try to agree together on a few key things we would like to stop, start, and keep."

Continued on next page...

Case study
(continued)

After giving the group about 15 minutes to do the exercise, Laurence brings them together as a group. He draws a table that has three columns for stop, start, keep, and invites one of those who had become more withdrawn if they would like to begin by sharing what they have come up with. Laurence takes notes and facilitates the conversation. After the first person has shared, he asks if others would like to contribute. He tells the group that he would like to make sure that everyone has the time to share what they want to, so he will facilitate the discussion in a more direct way than usual.

Stop	Start	Keep
•	•	•
•	•	•
•	•	•
•	•	•

The group shares that they don't feel that they are able to learn or coordinate with one another, and that perhaps a different structure to the sessions is necessary. At the end, they conclude that they would like to set up a stricter schedule for case presentations and rotate between each discipline as to who would lead the case conference.

There is a moment where things become a little tense, and group members express the view that certain members talk over others. Laurence is cautious of this conversation but allows it to take place. The doctor acknowledges that he sometimes has difficulties with talking over others and admits that he doesn't always give space to others. He reflects that this is possibly because this form of supervision was new to him. He explains that when he was training as a doctor, it was common to have to compete for the time and attention of the supervisor. He acknowledges that he might be bringing some of those old habits to the group. Laurence acknowledges this reflection from the doctor and asks the group if they have anything they would like to add or say. When he feels as though the conversation has naturally started to end, Laurence moves towards wrapping up.

Laurence then asks the group to turn their paper over. He invites them to reflect on what they themselves might want to do differently in coming sessions. Laurence does the same for himself. He gives time for those who want to share to do so. He then asks everyone to write down any

Continued on next page...

Case study *(continued)*

feedback or comments that they might not have felt comfortable sharing with the larger group, but that would be helpful for Laurence to know. He emphasises that this can remain anonymous.

Laurence ends the session and thanks the group for their openness and for their commitment to continuing to make the group work. He then reads and reflects on the written feedback that some of the group gave to him. He decides to schedule a supervision session with his own supervisor to debrief on the session. He plans to brainstorm structured ways of managing the group dynamics in the group.

3.11 Legality and ethics

Supervisors should be aware of, and comply with the various ethical and legal codes governing the practice and delivery of supervision in the context where they are working. These are likely to have been set by health authorities, professional bodies, and social welfare boards/councils and will comply with relevant legal standards.

The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings[1] are also central to the implementation of minimum MHPSS responses in emergencies.

The MHPSS Minimum Service Package (MHPSS MSP) emphasizes that MHPSS practitioners should be adequately trained, supervised and supported, highlighting that continued supervision can support staff and volunteers in their roles, create a safe place to discuss challenges, support continuous learning and skill development, ensure that ethical considerations are addressed, and reinforce self-care and wellbeing. The MHPSS MSP provides a checklist of actions to support MHPSS competencies of staff and volunteers (MSP Activity 2.4), which includes establishing structures, schedules, and confidential spaces and means of communication for supervision.

In addition, the Sphere guidelines[46] present the general standards for practice in humanitarian work. Although they do not provide specific guidance on supervision practice, they do contain general guidance on areas, including confidentiality issues, which also apply to the practice of supervision.

Supervisors must also be aware of child safeguarding principles and other protection protocols to ensure that they know how to appropriately respond in situations of suspected abuse or neglect. Supervisors should be aware of these principles, whether or not they were part of their official induction within the organisation, and take care to seek clarification on any protocols or guidelines that are unclear to them. Other guidance and tools are regularly being developed and disseminated to promote MHPSS and create minimum standards for practice. Supervisors should be familiar and up to date with these publications. Key areas for consideration in relation to ethics also include dual relationships, limits to confidentiality, including duty to warn, and above all, the principle of 'do no harm'.

If supervisors become aware that something unethical or illegal is happening, they must report it through the appropriate channels. These mandatory reporting responsibilities should be clearly communicated when supervision is first set up and should be reviewed in relation to practice during sessions.

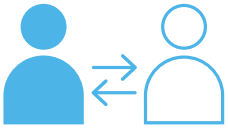
The Mental Health and Psychosocial Support Minimum Service Package. Available at https://mhpssmsp.org/en (accessed August 25, 2023).

3.12 The supervision session

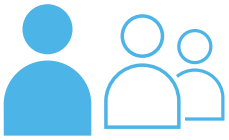
Supervision sessions will differ depending on the format and mode of delivery. This section features examples of how various types of supervision session can be structured.

They include individual, group, and peer supervision sessions and outline sample structures for initial sessions and subsequent sessions. There are also tips for adapting these sessions to remote platforms. For detailed information on live supervision, please see section 1.6.4

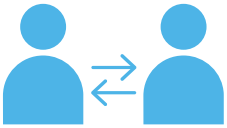
All examples and scripts should always be adapted to fit the context.



Individual supervision



Group supervision



Peer supervision

Practical Information *(continued)*

Individual supervision (duration 60 minutes)

Individual sessions take place between a supervisor and supervisee. They do not include any other parties, except when an interpreter is needed.

The set-up: It is recommended to have the supervisor and supervisee face one another without barriers such as tables or desks between them, if this is culturally acceptable in the context. If an interpreter is included, they would be ideally seated between the supervisor and supervisee, creating a triangle. The set-up should enable the supervisor and supervisee to have eye contact and open facing body language, if this is culturally acceptable in the context.

The space: Having a quiet and private environment helps to increase openness and confidentiality in the session and reduce distractions. If it is not possible to have a completely private space, the supervisee and supervisor can use a semi-private space and work out how they can maintain privacy as well as they can (see section 3.4.2 for more information on maintaining confidentiality in a supervision session).

Practical Information

Initial session

The supervisor says: *Thank you very much for coming to today's supervision session. I know that this is our first time meeting for supervision. I am happy that you are here. Have you had previous experience with supervision? Can you tell me a bit about those experiences? What worked well for you, what didn't?*

(Give supervisee time to respond, and use active listening skills)

We have already agreed and signed a supervision agreement through the organisation. This gives details such as how often we will meet and what the purpose of supervision is. Before we begin, do you have any questions about the supervision agreement?

(Give supervisee time to respond, and use active listening skills)

I also wanted to remind you about the protocol that we should follow if any of your service users are at risk of harming themselves or others.

(Take time to review your organisation's suicide and harm prevention protocols with your supervisee and be sure they understand if and how to contact you when an urgent situation arises)

Before we begin, let me remind you about confidentiality within our sessions.

(If possible, have your organisation's statement about confidentiality available).

Continued on next page...

Practical Information *(continued)*

When we meet, we will be discussing a number of topics, such as cases you are working with, how you are feeling about managing those cases, as well as how you are feeling generally in the workplace. At times, we might be discussing personal details that relate to your work. As your supervisor, I will not discuss what we talk about in these sessions with my colleagues or anyone else. There are of course limits to confidentiality, similar to your work as an MHPSS practitioner.

(Discuss limits to confidentiality including harm to self or others in supervision).

Please know that I take your privacy very seriously, and I would not want to do anything to break your trust. If ever I do need to break confidentiality, I will do my best to speak with you about it first so that we can agree on this together. Do you have any questions?

(Take time for questions and clarifications)

Since it is our first time meeting, I thought it would be a good idea for us to discuss what we hope to get from supervision, as well as what our expectations are from one another.

(Take time to explore goals and expectations)

During our time together, we will do several activities. Sometimes you might do a case presentation, or we will do a role play, or we might review a live supervision session together. Other sessions we might focus on learning new skills, discussing self-care, or managing difficult cases. The focus of the supervision sessions will be decided by the two of us together. We will spend time at the end of each session to talk a bit about what worked well or less well. Do you have any questions?

(Take time for questions)

Continued on next page...

Practical Information *(continued)*

Today's session was largely focused on formalities. When we meet next time (confirm date and time), we will begin to get into more detail about your work. To help you to be prepared for this, I think it would be helpful for us to start to discuss case presentations. Here is an example of a case presentation. You don't have to prepare one for next time, but it would be helpful for you to review and we can discuss together next time. (See the template for case presentations in section 4.6)

I am really looking forward to our sessions together.
Do you have any final questions or concerns?
How are you feeling about this process?

(Take time for a brief conversation and close session)

Practical Information

Subsequent sessions

Supervisor tip: It is always a good idea to ask directly about risk during your supervision sessions to get your supervisees into the habit of reflecting and reporting any urgent or risk situations.

Hello and welcome back! It's great to see you again today. For today's session, I thought it might be helpful for us to follow up on the difficult case we were discussing last week. From there, I think it might be nice to discuss your self-care, as I know you have several challenging cases in your caseload at the moment. Are there any other topics or issues that you would like to discuss today or is there anything urgent that has come up since we last met?

(Provide space for feedback from your supervisee and then summarise the agenda for the day)

Thank you for bringing to my attention that the technique from last week's training isn't clear to you. We can definitely include that in our session today. So for the agenda today, we've decided to discuss your case from last week and any other challenging cases you might have at the moment (and successes!) first. Then we will review the intervention from last week and do a short role play together, and then we will finish up with your self-care. Does this sound OK for you?

(Ask the supervisee to present their case, using the template for the presentation, if this has been agreed. Use active listening skills and pay particular attention to details of the case. Ask follow-up questions to clarify any points)

Thank you for presenting the case and for giving the updates since we last met. It seems as though (the service user) is (include details your supervisee shared with you). What do you feel is the most important aspect of this case for us to focus on today?

Continued on next page...

Practical Information *(continued)*

(Continue discussing the case, using Socratic questioning, open-ended questions, and other techniques - see sections 3.5 and 3.6. Normalise any challenges raised and be patient and non-judgemental. Remember that your role is to guide your supervisee to find solutions and ways forward on their own before moving on. If there are any concerns for safety, address them immediately in the supervision session)

Now that we have a clear idea of how you would like to move forward with your service user, are there any other cases you would like to discuss today?

(Give space to discuss any additional cases, being mindful of the time and other agenda items)

It is also helpful for us to reflect on what has been working well or if you have had some successful moments throughout the week. Is there anything you might be feeling particularly proud of or happy about that might have taken place this week?

(Give space for reflection and validate successes. In some cultures, this might be particularly difficult, as talking about things going well might be considered to be being boastful and bragging. This may be a learning opportunity for the supervisee. Reflecting on strengths as an MHPSS is as important as reflecting on challenges or what is not working well)

I wanted to thank you for letting me know that the technique that we learned in last week's training wasn't clear to you. Let's spend the next few minutes reviewing the technique and then practise together. Would this be helpful for you?

(Review the technique and role play with your supervisee. Provide feedback on the role play. Afterwards, allow space for reflection)

I really like how you approached the technique. I can tell that it is starting to become clearer to you. I think it would be helpful if

Continued on next page...

Practical Information *(continued)*

you practised with some of your peers as well. I have a feeling that they might also find it useful to have a bit more experience. How do you feel that went? Do you have any further questions? Do you have any ideas for how you would like to use this technique in your own MHPSS practice?

(Allow for reflection and any outstanding questions. Remember that it is important to demonstrate patience and non-judgement if it seems your supervisee is not getting it!)

Lastly, before we wrap up, I just wanted to check in on how you are doing. You have had several challenging cases recently as well as a very high workload.

(Take time to discuss how the supervisee is doing. Pay particular attention if there are signs of burnout, secondary trauma, or mental health conditions or concerns that need specialised support)

In previous sessions, you shared that you really like to meet with your friends as a way to de-stress after work. Does this still help you?

(Explore self-care practices and validate where appropriate. It may be necessary to identify existing or possible supports)

I am really looking forward to our future sessions together. Do you have any final questions or concerns? How are you feeling about this process? Is there anything you would like to do differently for next week's session?

(Allow time to reflect and confirm the next session time and date)

Before we close, it might be nice for us to do a short breathing exercise before we go back to our busy days. Would you like for me to lead us in a short deep breathing activity? I will use the one we learned last week in the training.

(Close the session by reflecting on any positive benefits that your supervisee might have shared with you after finishing the exercise)

Important Information

Selecting a case to present in supervision

Case presentations are a good way for supervisees to receive feedback on situations or cases that might be challenging. There are a few different ways of selecting the case to present:

- If there is time before the session for the supervisees to send several cases, the supervisor can help to select the case that might be the most relevant for learning.
- Supervisees themselves can select the case or situation that they feel they need feedback on.
- Supervisors can suggest a particular case based on file reviews or observation. However, it is important that the supervisee feels prepared to discuss the case and does not feel 'put on the spot'.
- In group or peer supervision sessions, the person facilitating the group can help the group to decide which case would be most helpful for group discussion. For example, the selection could relate to the urgency of a situation or it could be based on discussing a challenge shared by all the group members.

Important Information

Tips for adapting individual sessions for remote delivery

Individual sessions can function in a similar way to face-to-face sessions, even though you are communicating via a screen. Here are some tips:

- Familiarise yourself with the platform before the session and agree other options as a backup in case the internet goes out.
- In the initial session, discuss the best ways of making the most of your remote supervision session (see section 1.7.2 for suggestions).
- Be sure to schedule your session within usual working hours. Busy schedules might sometimes tempt you to work outside of regular hours, but this is not best practice for supervision.
- Use the 'share screen' function if a supervisee is doing a case presentation, if this is helpful.
- When doing a role play 1:1 virtually, ask how the activity might be different if it were being done in person.
- Use verbal cues and ask for verbal feedback when doing the breathing exercise at the end of the session. This may be helpful, as it can be difficult to see if your supervisee is doing the exercise properly via a screen.
- In general, whether you are standing or seated, the camera should show only your head and shoulders.

Practical Information

Peer supervision (duration: 60-90 minutes)

Peer supervision is attended and facilitated by peers only. It takes place without a supervisor present. It is recommended to have no more than six members in a group. It may be helpful to aim for even numbers if groups intend to do role plays and activities in pairs.

Peer supervision may be most suitable for:

- Groups who are already familiar with one another
- Those who have a fair amount of experience
- Those who have attended group supervision sessions so that they are familiar with the process.

A peer supervision session should be owned by the peers who are participating in it. They are responsible for setting up and running the sessions.

The set-up: Having a quiet and private environment for the session, where this is possible, reduces distractions and helps to facilitate openness and confidentiality. If it is not possible to have a completely private space, peers may use a semi-private space and work out how they can maintain privacy as well as they can (see section 3.4.2 for more information on maintaining confidentiality in a supervision session).

Continued on next page...

Practical Information *(continued)*

Special attention should be paid to confidentiality during peer supervision. It is not guaranteed that members of the group will maintain confidentiality. Supervisors assisting those setting up peer supervision groups should highlight this, and stress that service user and peer privacy is critical.

The space: Arrange the chairs in a circle so that all members of the group are able to see one another without obstruction. This allows direct eye contact and open facing body language between all members of the group which promotes an open and supportive atmosphere. However, in some contexts, this may not be appropriate, particularly with mixed genders and other arrangements should be made. During the initial session, peers can agree their preferences for their specific group. Have some resources available for the session, including flip charts, paper, markers and pens.

Important Information

Suggestions for peer group supervision sessions

- Peer group members should set their own rules and expectations. These should be in line with organisational policies.
- Peer group members may choose to take turns each week to facilitate the group.
- Peer group members can take turns to do case presentations and work with each other to discuss what is working well and identifying key challenges.
- Peer group members can discuss challenges they might be having in their daily routines and offer support to one another.
- Peer group can serve as a reflective team, working together to manage the situations they are facing (see section 4.4 for more information on reflective practice).
- Peer group members can focus sessions on their own well-being and include activities that promote self-regulation, self-awareness and skill-building on giving and receiving feedback.

Important Information

Tips for adapting peer supervision for remote delivery

Peer supervision sessions can function in a similar way to face-to-face sessions even though you are communicating via a screen. Here are some tips for peers:

- Familiarise yourselves with the platform to be used before the sessions begin and agree a backup in case the internet goes out.
- Before the sessions begin, make time as a group to discuss best practice in making the most of remote supervision sessions (see section 1.7.2 for suggestions).
- Keep cameras on for the most part and mute microphones when agreed. When a peer supervisee is doing a case presentation, turn off cameras and mute microphones or use 'spotlight' so that only the person speaking is featured.
- Use 'gallery view' to see all group members on the screen at once. This helps in seeing one another's reactions and non-verbal language.
- Use the 'share screen' function to record discussions about group expectations and ground rules.
- Use 'breakout rooms' for role play so that everyone can participate fully in activities.

04

Preparing to be supervised

This section is aimed at supervisees to enable them to make the most of supervision as a source of personal development and support in their work.

This section enables supervisees to make the most of supervision as a source of personal development and support in their work.

It provides information on skills that the supervisee can reflect on and develop to make the most of supervision. It outlines what supervisees should be able to expect from their supervisors and organisations with practical guidance on how to be reflective, how to use feedback, and how to give case and activity presentations.

Key messages from this section:

1. Supervision is a space for supervisees to safely discuss cases, MHPSS activities, and reflect on their experiences, explore challenges in their work, receive constructive feedback, build technical skills and discuss the impact of work on their well-being.

2. Supervision is a place of mutual respect and non-judgement between the supervisor and supervisee(s). It is a place where it is safe to be open about challenges and concerns, to engage in joint problem solving, and to explore areas of success.

3. Supervision may start as a place where there is more teaching or skill building in the beginning. As competencies and confidence develop over time, the supervision process will become more collaborative between the supervisor and supervisee.

4. Supervisees should aim to engage with supervision with openness, honesty, reflectiveness, curiosity, preparation and initiative.

5. Reflection that allows MHPSS practitioners to consider their own practice, attitudes, knowledge, beliefs, and assumptions is an integral component for personal and professional growth.

6. Feedback, both positive and constructive, allows for deeper exploration of one's practice in addition to personal experience. It allows others within the supervision process to reflect on what has worked well and what can be improved upon. Giving and receiving feedback plays a key role in supervision sessions, and is based upon mutual respect.

7. Case presentations help MHPSS practitioners to conceptualise their cases and receive feedback from their supervisors or peers for the benefit of the service users they are supporting.

4.1 What to expect from supervision

Supervision should be a space for supervisees, learning and self-development, providing support for work with service users, building MHPSS skills, increasing knowledge and confidence, and promoting your well-being.

Supervisees should feel free to use the time to discuss a wide range of issues. It is an opportunity to raise anything affecting work with a supervisor. It is not the place, however, to resolve personal issues or to deal with severe distress such as vicarious trauma or serious psychological stress. These will need to be dealt with using specialised mental health supports or other services. Referral information should be available from the supervisee's organisation or supervisor. Supervisees can also request information about staff care.

The supervisor or organisation should provide a supervision contract or agreement which is to be jointly agreed by the supervisee and supervisor. This agreement should outline the types of issues and discussions that are appropriate for supervision, what to do in response to any difficulties encountered in supervision, and actions to take if any additional support is needed (see section 1.9). It should include assumptions of what supervision is and is not, each person's roles, responsibilities and rights, as well as any other ground rules or boundaries.[47]

For supervision to work best, both supervisee and supervisor should come prepared and with an open mind.

Supervision is a two-way relationship and both parties hold shared responsibilities for its success.

For supervisors, this includes providing a confidential space to enable supervisees to be confident about sharing information about their work (for more details on confidentiality and limits, see section 3.4.2). For supervisees, this includes developing skills to improve their practice in MHPSS interventions.

Above all, supervision sessions can be a place where participants are respectful, use active listening skills, support one another, and maintain a collaborative space with the ultimate goal of promoting safe, effective MHPSS.

4.2 Shared responsibility, mutual benefit

Both supervisors and supervisees have a shared responsibility to think intentionally about what they would like to achieve within supervision. They should discuss this together before starting supervision sessions. Supervisees should play an active role in setting goals for supervision, working collaboratively with their supervisors to identify key areas for growth. Goals should be referred to regularly in supervision, with continuous feedback both from the supervisor and supervisee. This enables supervisees to monitor their development and critically reflect on their practice. This is a good skill for any MHPSS practitioner. Having a good understanding of one's own competence and being able to assess one's own training and development needs are useful at any stage of professional development.

4.3 How to use supervision

In order for supervision to be most effective, the supervisor and supervisee should both keep an open mind to allow for the exchange of experience and learning. In its early stages, when the supervisor and supervisee are first building up a relationship of mutual trust (a 'supervisory alliance'), supervision may focus more heavily on the supervisor taking a guiding or a teaching role. It can take time to build trust and rapport within the supervisory relationship. However, over time, supervision should progress to a more collaborative relationship. Fostering this type of relationship relies on mutual trust, accountability, non-judgement and respect.

As a preparation for supervision, it is recommended that supervisees reflect on what has been going well in their work, and what they have found challenging (see the box below for suggested reflection questions). A supervisee who is willing to be reflective and open helps the supervisor to better mentor and coach them. This strengthens their competence as an MHPSS practitioner and also helps them to identify limits in their role. Recognising when one needs support (also known as 'meta-competence') is an important professional skill to be developed over time. The supervisee should try to be aware of areas they find difficult or distressing and bring these up in supervision where possible.

Supervisees can agree on goals for each supervision session with their supervisor to ensure that they are meaningful to both. However, some flexibility is also necessary so that time can be given for issues and concerns that need to be addressed immediately because of risk of harm.

The supervisee's willingness to learn and openness to building new skills can help enhance the effectiveness of supervision. Supervisees should aim to use their own initiative to seek out opportunities for learning and growth. Having an attitude of curiosity, openness and reflectiveness helps greatly. Supervision should not be experienced as a test or a space where supervisees must justify their performance. Instead, they should be able to develop skills and competencies and foster their own growth as MHPSS practitioners.

Important Information

Qualities and actions to enhance supervision

Openness: Try to listen to others' points of view, even when you may not agree with them. Bear in mind that in MHPSS there is often not one 'correct' way to look at a problem or solutions, but there are usually multiple perspectives.

Honesty: Talk to your supervisor about the issues in your work at an early stage. If you are struggling, let them know, so that you can explore pathways for support.

Preparation: Put some time into gathering your thoughts and ideas and have any notes or documentation ready in advance of supervision sessions. This is especially important if you know that you will be doing a case presentation in the next session or reflecting on how you facilitated an activity.

Reflectiveness: Develop the habit of thinking critically about your work – what is going well and what is going less well. It may help to use a reflection journal to support this process.

Curiosity: Try to look at difficult cases as opportunities to learn and develop your skills. Ask questions and try to make the most of the resource of your supervisor's expertise and experiences.

Initiative: Try to identify ways that you can develop in your role and suggest your ideas to your supervisor.

Practical Information

Making the most of role plays

Role plays are often used in supervision to help support the learning and development of supervisees. Here are some examples of how role plays can be used in supervision:

In an individual supervision session, the supervisor could role play being the service user and the supervisee could be the helper. The supervisor could also demonstrate the correct application of a skill with the supervisee.

In a group supervision session, two supervisees could role play a specific technique they have learned as a demonstration to the rest of the group.

In a group supervision session, the whole group breaks into pairs. Each pair role plays a strategy, with time given for each to be the helper and the service user in turn.

It is important that those taking part in the role plays take the exercise seriously. It can often feel uncomfortable or silly at first, but role play provides a very useful way to receive feedback from the supervisor and peers. It can also help supervisees to gain insight into what it might feel like to be a service user. In role play, supervisees can adjust aspects of the character to make it feel more authentic so that they can role play more realistically.

Case study

Abdullah is a new case manager in a small organisation. He was recently trained in a programme to talk to communities about violence in the household. Abdullah had been a case manager at a different organisation for several years and he has heard many stories of child abuse and neglect. Where he is from, there is often frustratingly little that can be done in these situations. The hotline that is run by the protection branch of the intergovernmental body records the cases, but they regularly tell Abdullah that there is almost nothing they can do unless the child is in grave danger. Even then it can be difficult for them to intervene. Abdullah had never had anyone to talk to about these issues, so he just accepted that that was the way it was. He was so disillusioned that he even stopped calling the hotline unless it was a very serious situation.

In his new job, at a recent information session teaching children about abuse in the household and how to talk to an adult if it is happening, one of the service users began to get very agitated and started to talk and disrupt the group. Abdullah asked one of the other case managers to continue the session while he went and talked with the child. Abdullah sat down next to the boy and asked him if he wanted to take a break for a few moments. He suggested they play a game throwing the ball to one another.

As they were playing, Abdullah noticed that the boy had a lot of bruises on his arm. He knew that many of the children in his programme were referred because there were difficulties in the household, but he had not often seen physical signs of abuse before. When he asked the boy what had happened, the boy started to throw the ball violently against the wall and began to jump around. When he calmed down, he said that he had fallen out of a tree when playing with his brother. Abdullah knew the boy's parents and he didn't think that they would ever hurt their child. Abdullah and the boy returned to the larger group and did the final activity.

As the group was wrapping up and the children were having snacks while waiting for their caregivers to pick them up, a girl approached Abdullah and asked if he could keep a secret. She told Abdullah that the bruises on the boy's arm were because his parents beat him when he misbehaved. She said she knew this because she lived next door and sometimes she heard them or saw it happening in their garden. She said that Abdullah couldn't tell anyone about it or else he would be in trouble. Abdullah thanked the girl for telling him and said that he would need to tell another adult what she had told him, so that they could help to keep the boy safe. He told her that when it comes to someone's safety, it is best not to keep information a secret. She said that she thought it would be OK if Abdullah shared the secret, so long as it would help the boy.

Abdullah went home that afternoon not knowing what to do. He knew that there wasn't much support available for the boy, but he felt that he should do something. But he remembered that when he had joined his current organisation, he had received training in child safeguarding. He

Case study *(continued)*

had had to sign in his contract that he understood these principles and would follow the policies and report any abuse. Abdullah sent a message to his supervisor the next day and asked if they could speak. Abdullah never had supervision in his last organisation and wasn't really sure what to talk about in sessions, but thought this would be a good place to start. His supervisor said that they could meet in one hour.

In the session, Abdullah suddenly felt very shy and unsure of himself, feeling as if he was doing something wrong. What if he were in trouble for not reporting what had happened right after it happened? What if somehow it was discovered that in his last role, he had given up and stopped reporting unless it was a really critical situation. Abdullah decided to just be open and honest about the situation. His supervisor listened to him and Abdullah felt like his supervisor really understood where he was coming from.

When Abdullah finished explaining what had happened the day before, his supervisor told him that he really appreciated him taking the initiative to discuss the situation. He validated Abdullah for trusting his instincts and remembering his training, knowing that he must do something about the situation. Abdullah and his supervisor discussed the organisation's child safeguarding principles and how to move forward.

Abdullah then told his supervisor that in his last role, when he tried to report suspected abuse, the protection unit said there was nothing he could do to help. He asked if there were any other ways that the family could be supported in addition to calling the hotline. The supervisor said that he very much understood how disheartening the formal channels could be, and that was why their organisation worked in several ways to support families and also worked to strengthen the system externally to protect children. Abdullah and his supervisor brainstormed a few possible courses of action. The parents were on a waiting list to receive MHPSS services, and they decided that Abdullah could consult with the MHPSS practitioner who had done the family's intake.

The MHPSS practitioner explained that the boy's caregivers had contacted the organisation because they didn't know how to manage their child's challenging behaviour. They said that they sometimes became angry and were violent towards their son. The MHPSS practitioner told Abdullah that they had discussed their child safeguarding responsibilities with the family, and that the family had been informed that the MHPSS practitioner was obliged to report the abuse. The MHPSS practitioner had made a plan with the caregivers to explore ways to support them with their child, and to teach them non-abusive strategies for managing their child's behaviour. The MHPSS practitioner had also suggested to the caregivers their son should receive some direct support to better understand his own needs and to monitor his safety and well-being. The caregivers were upset that the MHPSS practitioner had to report the abuse, but said that they understood.

Case study
(continued)

Abdullah and the MHPSS practitioner decided it would be important to have regular meetings to discuss the case, and since they had the same supervisor, they could bring him in. They also invited the psychologist to attend the first meeting so that they could determine the way forward.

Abdullah left the office that day feeling relieved that he had spoken up and that he was not judged for not taking action straight away. He felt that he had an entire team to support him and that he wasn't alone, which is how he had felt in his previous organisation. In his next supervision session, he and his supervisor talked more about how to manage difficult situations such as abuse, neglect, and risk. They reviewed the organisational protocols and answered Abdullah's questions.

Practical Information

Some reflective questions as preparation for supervision

- What issues or problems have I faced in my work recently?
- What issues is this service user/service users presenting with?
- What strategies have I used to try to address the problems I have identified?
- What is my assessment of why these difficulties have occurred?
- Could there be another way of looking at this?
- How do I feel about this issue? How did I feel when I began working with this service user?
- How is this impacting me?
- Are there any skills, knowledge or tools that I need to develop to handle this issue or service user?
- What has been going well with my work?
- What are my plans for the coming period before my next supervision session?
- How can I give feedback to my supervisor?

4.4 How to be reflective

Reflection is an important part of MHPSS work, both in service provision and in personal and professional growth and development. To reflect means to carefully consider one's own practice, beliefs and attitudes, and the knowledge or assumptions on which they are based. Strengthening the ability to reflect can result in more considered and less reactive practice[48] which is essential for MHPSS practitioners who are often working in high stress environments. Ideally, reflection supports the development of self-awareness and encourages the supervisee's creativity and curiosity.

Reflection is also important to help MHPSS practitioners to link the knowledge and skills from training to their professional practice.[49] It helps supervisees to understand that reflection is not about finding the 'correct' answers, but instead acknowledges that the provision of mental health and psychosocial support in humanitarian contexts, situations is often complex with no one right answer.[50] However, a reflective approach can help you to consider your options by taking all relevant information into account and using logic and reason to help you choose a couse of action.

Supervisees may want to practise using a journal to record reflections for discussion in supervision. Feedback from supervisors can help supervisees to develop insights to produce better formulations. Journalling may also be a useful means of tracking progress in relation to critical thinking and reflection over time. Other practices, such as mindfulness, meditation, storytelling or prayer, can also complement more deliberate reflection on professional practice.

Practical Information

How to think reflectively about your practice and the practice of others

Reflective thinking for MHPSS practitioners is a deliberate practice of exploring thought processes and decision-making. In supervision, your supervisor should help you to develop your reflective thinking skills. You can also use reflective thinking to explore the decision-making processes of peers in group supervision sessions. All people hold biases and prejudices, but critical thinking helps to avoid allowing those biases or prejudices to affect the decisions you make in your work as MHPSS practitioners. Practising reflective thinking in relation to MHPSS involves the following elements:

- Think about the different sources of information available such as examples from training or education, information from observation, communication with other people such as supervisors, and reasoning or reflection. You can ask yourself, "What do I know about this case/problem/situation, and how do I know this?"
- Think about whether there might be alternative ways to consider the problem or information that you may have overlooked.
- Consider how your own personal beliefs or values might influence how you are interpreting information.
- Compare your ideas with other ideas or solutions to decide which approaches or actions might be more likely to lead to better outcomes.
- Understand that it's OK not to know everything or to have all the answers. Even very experienced MHPSS practitioners continue to learn throughout their practice.

4.5 How to use feedback

Feedback plays an integral role in the supervision process. Receiving feedback, particularly constructive or critical feedback, can be challenging. Supervision can be a space to discuss feedback given by supervisors. It also provides opportunity to clarify anything about the feedback that is unclear in order to fully understand the points communicated.

Using feedback from supervision is central to improving professional practice for MHPSS practitioners, whether the feedback is positive or constructive. Supervisees can learn a lot by seeking out feedback on specific areas needing more development or support and by asking for specific examples of how to promote best practice.

In a group supervision session, supervisees have the opportunity to receive and give feedback. Group members benefit greatly from listening actively to and learning from others, as well as paying attention to feedback given to other people. It is important to engage in sessions and not remain silent as far as possible. It is equally important not to dominate the session and talk over other participants.

Supervisees should be comfortable in telling their supervisors that the way they are delivering feedback is not working well. This is an example of the 'two-way street' of supervision that is vital to building the essential relationship of trust between the supervisor and supervisee. It is essential that supervisees come to supervision sessions with an attitude of openness and willingness to take on feedback. Supervisees should use their active listening skills and demonstrate patience and non-judgement, especially if receiving feedback that they do not agree with.

The supervision agreement between supervisor and supervisee should outline the way they have agreed to deal with any disagreements. As a starting point, it is usual for the supervisee to ask the supervisor to clarify their reasons for the feedback they have given. If they both disagree about the points raised, they should calmly and clearly explain their reasons for disagreeing with one another.

If the disagreement still cannot be resolved, it may be useful to take time for reflection. For example, the supervisor and supervisee may arrange to discuss the issue again in the next session. Most disagreements between supervisors and supervisees can be resolved this way. However, in some cases, it may be necessary to involve someone else in the organisation to help resolve the issue. The supervision agreement should indicate who this person will be. Finally, in addition to receiving feedback from supervision, supervisees should have the opportunity to provide feedback to supervisors about what is working well in sessions, and the direction and focus of future sessions.

Practical Information

Reflecting on feedback

- How does it feel to give feedback to your colleagues? To your supervisor?
- How does it feel to receive feedback? Consider your reactions and responses when you receive critical feedback.
- How do you prefer to receive feedback?
- How does it feel to tell the provider of feedback your preferences?

4.6 How to present a case effectively

Case presentations are a structured way for MHPSS practitioners to discuss important aspects of the difficulties experienced by a service user, in order to receive feedback from a supervisor and/or peer. Effective case presentation that considers all the relevant information enables supervisors and supervisees to develop well-informed solutions to problems. It can be helpful for supervisees to include genograms, which are drawings of the relevant family networks and history to support their presentation (see diagram on following page).

Case presentations are therefore an essential way for MHPSS practitioners to receive support on specific cases that they find challenging or where they need additional support. During case presentations, MHPSS practitioners present to their supervisor or to the group the most important (de-identified) details of their case. This includes:

- Age
- Gender
- Family structure
- Brief history (including any previous mental health issues), relevant family history
- Presenting problems
- Ideas about the causes of the problems and directions for intervention
- Description of what has been done in MHPSS and what effects were expected
- Areas in which supervisee would like support

Supervisees will need to gather together all of the relevant information. This can be done in different ways, depending on the type of MHPSS intervention or activities they implement. For example, those delivering one-on-one or group interventions may use intake forms as a basis for gathering the information for the case presentation.

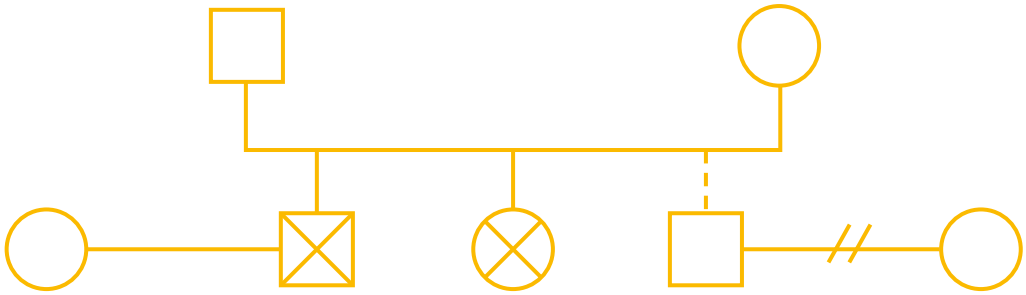
The next step is to identify the most important elements of the problem.[51] This can sometimes be challenging for supervisees in the earlier stages of their practice. This is a skill that is developed over time with the support of a supervisor. However, focusing on any areas of uncertainty can be a useful place to start. As they become more experienced, supervisees will develop their ability to suggest possible explanations for presenting problems and to evaluate different potential solutions.

Case presentations typically take approximately 30 minutes, including feedback. During their presentation, a supervisee will be asked to present their case, and will then be asked follow-up questions by their peers and supervisor. This will help them to clarify any details about the case and to work through the formulation of supportive solutions.

As the supervisee becomes more experienced and comfortable with case presentations, the supervisor and/or the group can help them to develop their understanding of which factors are most important to consider when presenting a case. Supervision should also support the supervisee to connect the information from the presenting case with the knowledge they have gained from training.[52]

It can be helpful to have information written down on a flipchart or via the 'screen share' function online. This helps everyone to keep track of all of the important details of the case and the possible ways forward.

Example of genogram



Square = male

Circle = female

X within circle indicates deceased

Solid horizontal line between = marriage

Dotted line = seperation

Vertical line indicates they are child of above line

Two slashes in solid line = divorce

Template for a case presentation

Name of service user Use a name for the presentation – but not the service user's real name:	
Brief overview of the person — Age, relationship status, gender, occupation, where they are from — Who do they live with, and what are their living conditions like — Previous MHPSS services received and previous self-harm	
Brief overview of why the service user came to see you In their own words, why are they seeking mental health and psychosocial support	
What are the main difficulties the service user is facing? — What did you observe about the service user during your session? (mood, emotions, behaviours) — Consider emotional and practical difficulties, adversity and how it is impacting their daily functioning — Safety/self-harm, suicide risk, risk factors	

What are the main sources of support for the service user?

— Friends, family, and other people in their lives

— Religious or spiritual affiliations and practices

— Community based supports

— Activities that give them a sense of well-being or support

What have you and the service user worked on so far?

— What are the goals for your time together

— How many sessions have you completed. What is the progress so far

— What strategies or interventions have been used

— If risk is present, how has that risk been managed

What questions or difficulties are you having with this service user in your MHPSS sessions?

What general reflections would you like to share on this case? It may be:

— A particular problem

— Difficulties with a strategy or intervention

— A practical or personal issue

— In their own words, why are they seeking mental health and psychosocial support

If this supervision session were to be helpful, what would be the outcome?

Sample case presentation

Name of service user Use a name for the presentation – but not the service user's real name:	*Grace*
Brief overview of the person — Age, relationship status, gender, occupation, where they are from — Who do they live with, and what are their living conditions like — Previous MHPSS services received and previous self-harm	*Grace is a 25-year-old mother of two (children are ages 4 and 6). She is married but has not seen her husband for three years and is unsure if he is dead or alive. She has a high school education and used to work as a teacher's assistant. She was enrolled in university to train as a teacher before she had to flee because of the war. She and her family came here two years ago. She has had difficulties finding work, but recently started cleaning houses.* *Grace lives in a small, one-bedroom apartment with her mother, her three sisters, and small brother. The apartment is in very poor condition, and they have difficulties paying the utility bills on time.* *Grace has no previous experience of mental health and psychosocial support but is familiar with MHPSS because in the school she used to work in, a social worker would come and work with some of the children.*
Brief overview of why the service user came to see you In their own words, why are they seeking mental health and psychosocial support	*Grace was referred to MHPSS by a friend who had also received services. She came because she is feeling "hopeless and lost" without knowing what had happened to her husband. She also describes feeling very fearful that the war will come to this country and that her family will be harmed. Her father was killed in a blast, and every time she hears a loud noise, she jumps and is frightened.* *Grace said she came because she wants to be a good mother and to be there for her children, but doesn't feel like she can do it without her husband.*

What are the main difficulties the service user is facing?

— What did you observe about the service user during your session? (mood, emotions, behaviours)

— Consider emotional and practical difficulties, adversity and how it is impacting their daily functioning

— Safety/self-harm, suicide risk, risk factors

During the session, Grace was engaged, but her mood was down. She is soft spoken and looks down at her hands often. When speaking about her husband, she became tearful and needed a moment to collect herself before completing her sentences.

Grace has trouble sleeping. She says she usually only gets around four hours of sleep a night. She has nightmares about the war and about her husband. She is afraid to fall asleep. Because of her lack of sleep, she says she feels "foggy" during the day. She says she feels disconnected from her family and doesn't enjoy playing with her children anymore. She has a job cleaning houses but feels little motivation to do so. She is afraid that she will lose the job because she is slow at cleaning, largely because she feels so tired and unmotivated.

Grace says she feels like she can't move on until she knows what has happened to her husband. She has supports from her family, but it is not the same as having her husband there with her. She is wondering if there are any family reunification services available.

Grace says that she has thought about suicide, but that she would never do it because she loves her children too much and she still has hope that her husband will return.

What are the main sources of support for the service user?

— Friends, family, and other people in their lives

— Religious or spiritual affiliations and practices

— Community based supports

— Activities that give them a sense of well-being or support

Grace says that she and her mother are very close. They are usually able to have tea late at night when they are both unable to sleep and they talk. Grace says this is hard though because she feels she needs to be strong for her mother.

Grace has a good friend in the city and sometimes they go on walks together. Her friend referred her for MHPSS services after also receiving support at the centre.

Grace is not religious anymore (she used to go to church before). She says she sometimes prays though.

What have you and the service user worked on so far?

— What are the goals for your time together

— How many sessions have you completed. What is the progress so far

— What strategies or interventions have been used

— If risk is present, how has that risk been managed

We have had our pre assessment and done two sessions together. We have just finished doing a treatment plan and talked about her goals for our time together.

We agreed that she would enrol in a weekly women's group to support her with her husband being missing. She has also been referred to a family reunification specialist. We will do monthly individual sessions while the group is going on so that we can continue to follow up and talk more about her nightmares and fear of loud noises.

In the first session, we did her treatment plan and enrolled her in the group.

We did a breathing exercise together in the second session, and I provided psychoeducation on the way that adversity impacts a person.

What questions or difficulties are you having with this service user in your MHPSS sessions?

What general reflections would you like to share on this case? It may be:

— A particular problem

— Difficulties with a strategy or intervention

— A practical or personal issue

— In their own words, why are they seeking mental health and psychosocial support

I am worried that the group sessions will not be enough to help her with the feelings she is having about her husband being missing. I am worried that the family reunification process will take a long time, and that this will be hard on her. She also said that she doesn't feel like she is being a good mother, but she hasn't gone into detail about what that means. She didn't say that she hits the children, but something about the way she was talking made me wonder.

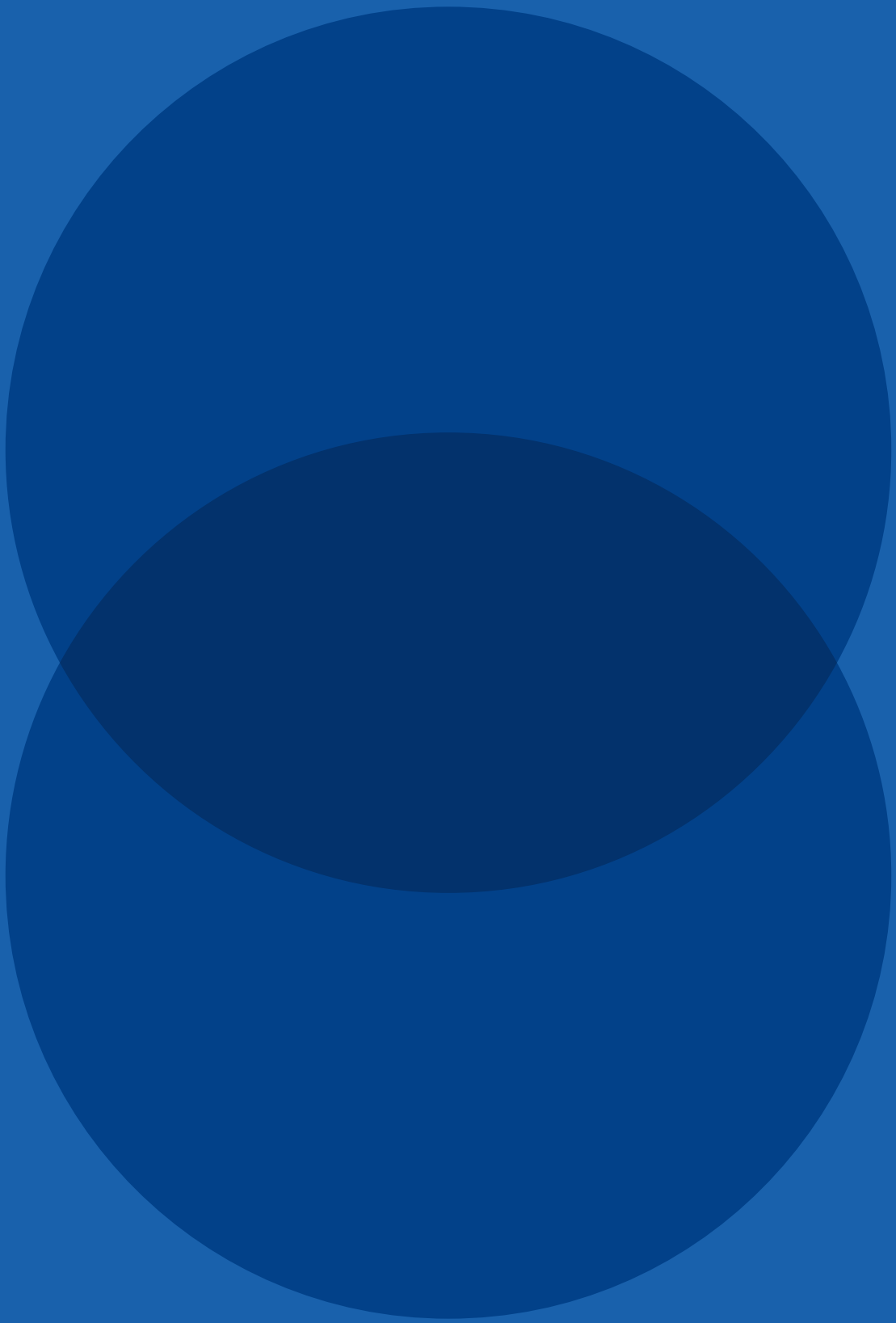
I am also worried that she has PTSD. I know that we are not supposed to diagnose our service users, but from previous work, it seems she has some similar difficulties.

If this supervision session were to be helpful, what would be the outcome?

Should I ask Grace more about whether or not she hits her children, or should I wait to see if it comes up naturally in group?

How often should I follow up with the family reunification specialists? Will the groups help Grace if she does have PTSD?

Appendices and References



Appendix A: Sample supervision agreement

This supervisory agreement is being agreed by _____ *(supervisee)* and _____ *(supervisor)* and sets out the terms and objectives of the supervisory sessions that began on _____ *(date)*.

We have discussed the purpose of supervision together, including consideration of each of our expectations, and we have jointly agreed that the main purposes of supervision are as follows *(please edit as necessary)*:

1. To provide _____ *(supervisee)* with knowledge and information to improve their professional skills.

2. To collaboratively assess _____ *(supervisee's)* progress in developing his/her professional skills.

3. To provide support to _____ *(supervisee)* in all aspects of his/her work. The agreed frequency of meetings is: _____. The agreed duration of meetings is: _____. Describe how supervision will be delivered *(e.g. remotely, in groups, individually)*: _____
   _____
   _____

An agenda will be agreed by the supervisor and supervisee at the beginning of each session. A supervision record form will be used to document the main points of discussion in each session and any agreed actions. The final minutes of each session will be used to briefly discuss feedback on the session, such as what the supervisee has found useful in the session and what they would like more support with next time.

Supervisor agreement

I agree, to the best of my ability, to provide _____ with a safe and confidential space to discuss his/her work. I will provide information, guidance and support and will communicate feedback clearly and constructively. I will explain how progress will be measured. I will keep a record of each supervisory meeting that will be accessible to the supervisee.

Supervisee agreement

I agree that I will reflect on my practice before supervision sessions, and bring any issues arising in my practice to supervision at the earliest possible opportunity. I will do my best to integrate the feedback provided within supervision sessions into my practice, and I will ask questions when anything is unclear.

If either the supervisor or supervisee have concerns that cannot be resolved within supervision, the course of action is: _____

_____

In the event of an emergency, the supervisee agrees to contact supervisor. If not available, then contact _____ *(alternative contact name)*

This agreement may be revised as needed, upon the request of either the supervisee or the supervisor, but only with the consent of the supervisee and approval of supervisor.

Declaration of supervisor and supervisee

We agree, to the best of our ability, to uphold the guidelines outlined in this supervision agreement.

_____ _____

Supervisor *Supervisee*

As a representative of the organisational management, I guarantee that I will endeavour to protect the time and space to enable supervision to take place.

_____ _____

Organisational representative *Date*

Appendix B: Sample live supervision observation form

Name of supervisor: _____

Name of supervisee: _____

Date and time of live session: _____

Format of intervention or activity observing (circle one):

Individual: Group: Other: _____

This form should be stored in a secure place after the live supervision session is over and feedback has been given to the supervisee.

Was the observed session or activity well prepared for?	*Consider time management, materials, organisation, content preparation.*
In what ways did the supervisee demonstrate their relationship skills with the service user(s)?	*Consider examples of genuineness, warmth, use of basic helping skills, appropriate cultural competencies, stays attuned to the service user throughout.*

In what ways did the supervisee demonstrate their understanding of MHPSS skills and interventions that they have been trained on?	*Consider examples of applying skills and knowledge appropriately from intervention protocols, recent trainings, knowledge of scripts for manualised interventions, ability to respond to and manage risk if presented.*
What are key areas of strength or competence observed?	*Consider rapport with service user, demonstrated skills, time management or organisational skills*
What are key areas for improvement that were observed?	

Date this feedback was reviewed with supervisee(s) _____

Note how the feedback session went. Include areas to follow-up or build on in future supervision sessions:

_____

_____

_____

_____

_____

_____

_____

Appendix C: Sample activity review presentation form

This form can be used by supervisee to support them in presenting an activity they conducted.

Name of supervisor: _____

Name of supervisee: _____

Date and time of live session: _____

Number and age group of participants: _____

Format of intervention or activity observing (circle one):

Individual: Group: Other: _____

This form should be stored in a secure place when not in use.

Brief overview of why participant(s) came to see you	*In their own words, why are they seeking mental health and psychosocial support?*
What were the main difficulties you observed during the activity?	• *What did you observe about the service user(s) during the activity? (mood, emotions, behaviours)* • *Consider emotional and practical difficulties, adversity, and how it is impacting their daily functioning* • *Safety/self-harm, suicide risk, risk factors*

What are the main sources of support for the service user?	• *Friends, family, and other people in their lives* • *Religious or spiritual affiliations and practices* • *Community based supports* • *Activities that give them a sense of well-being or support*
Summary of conducted activities during time together	• *How activity began* • *Specific interventions, tools, strategies used* • *How the activity ended*
How do you feel the activity went?	*Consider what worked well, what worked less well, and what you might do differently in the future*
What questions or difficulties do you have?	
What feedback or support would be helpful to receive?	
What is the next step?	*Will there be future engagement with the service user(s)?*

Appendix D: The Occupational Self-Efficacy Scale – short version (25)

1. I can remain calm when facing difficulties in my job because I can rely on my abilities.
2. When I am confronted with a problem in my job, I can usually find several solutions.
3. Whatever comes my way in my job, I can usually handle it.
4. My past experiences in my job have prepared me well for my occupational future.
5. I meet the goals that I set for myself in my job.
6. I feel prepared for most of the demands in my job.

Appendix E: Additional resources

Guidance Manual on Strengthening Supervision for the Social Service Workforce

Topic: Supervision

Description: Guidance on effective supervision practice specifically tailored to workers in social service-related areas. Developed by the Global Social Service Workforce Alliance - Supervision Interest Group

Link: http://socialserviceworkforce.org/resources/guidance-manual-strengthening-supervision-social-service-workforce

Case Management Supervision and Coaching Training Package

Topic: Coaching and supervision

Description: A set of training materials to build supervisors' capacity to coach and support case managers. Developed by the The Case Management Task Force (CMTF) of the Alliance for Child Protection in Humanitarian Action

Link: https://resourcecentre.savethechildren.net/library/case-management-supervision-and-coaching-package

The well-being guide: reduce stress, recharge, and build inner resilience

Topic: Well-being and Self Care

Description: Exercises for humanitarian staff and volunteers, and MHPSS service users to promote self-care and inner resilience

Link: https://pscentre.org/?resource=the-well-being-guide&selected=single-resource

Suicide Prevention

Topic: Managing risk and suicide prevention.

Description: See IFRC Reference Centre for Psychosocial Support's Suicide Prevention and Suicide Prevention during Covid-19, and IACS Guidance: Addressing Suicide in Humanitarian Settings, World Health Organization. LIVE LIFE: An implementation guide for suicide prevention in countries.

Links: https://pscentre.org/wp-content/uploads/2021/09/suicide_prevention_sept_21.pdf

https://pscentre.org/wp-content/uploads/2020/08/suicide_prevention.pdf

https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-guidance-addressing-suicide-humanitarian-settings

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This handbook was developed with funding from USAID and through a collaborative effort between the IFRC Reference Centre for Psychosocial Support and Trinity Centre for Global Mental Health.