

Supportive supervision during COVID-19



May 2020

Psychosocial Centre

 International Federation
of Red Cross and Red Crescent Societies

Supportive supervision during COVID-19

IFRC Reference Centre for Psychosocial Support

c/o Danish Red Cross

Blegdamsvej 27

2100 Copenhagen Ø

www.pscentre.org

psychosocial.centre@ifrc.org

Twitter: @IFRC_PS_Centre

Facebook: www.facebook.com/Psychosocial.Center

Author: Kelly McBride

Illustrations: Aleta Armstrong

Please contact the PS Centre should you wish to translate or adapt any part of *Supportive supervision during COVID-19*.

Suggested citation: Supportive supervision during COVID-19. IFRC Reference Centre for Psychosocial Support, Copenhagen, 2020.

The IFRC Reference Centre for Psychosocial Support is hosted by the Danish Red Cross.

We would like to thank the Danish Red Cross and the Danish Ministry of Foreign Affairs for their support in the publication of these.

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies



MINISTRY OF
FOREIGN AFFAIRS
OF DENMARK
Danida

Supportive supervision during COVID-19

May 2020

CONTENTS

Introduction	5
The context	6
Key considerations for National Societies and supervisors	8
Implementing supportive supervision.....	9
What is supportive supervision?.....	11
The supervision relationship.....	13
Supervisor qualities and competencies	13
Supervisee qualities and competencies.....	13
A sample group supervision session	15
Troubleshooting challenges in supervision.....	20
Further resources	21

Introduction

Supportive supervision during COVID-19 is aimed at Red Cross Red Crescent National Societies, providing guidance in offering supportive supervision to volunteers during COVID-19.

The PS Centre's Caring for Volunteers Toolkit and Psychological First Aid (PFA) materials (see links in the resources section) are key resources for supporting volunteers and provide National Societies with comprehensive information about a well-functioning volunteer care system.

Parts of Supportive supervision during COVID-19 are drawn from a joint research project between the IFRC PS Centre and Trinity College Dublin, called Supervision: The Missing Link. This project aims to provide guidance and tools on mental health and psychosocial support (MHPSS) supervision in humanitarian contexts. Findings from this research project will be released in late 2020. Some references to the papers accessed during the research have been included here in footnotes to the main guidance given.

The context

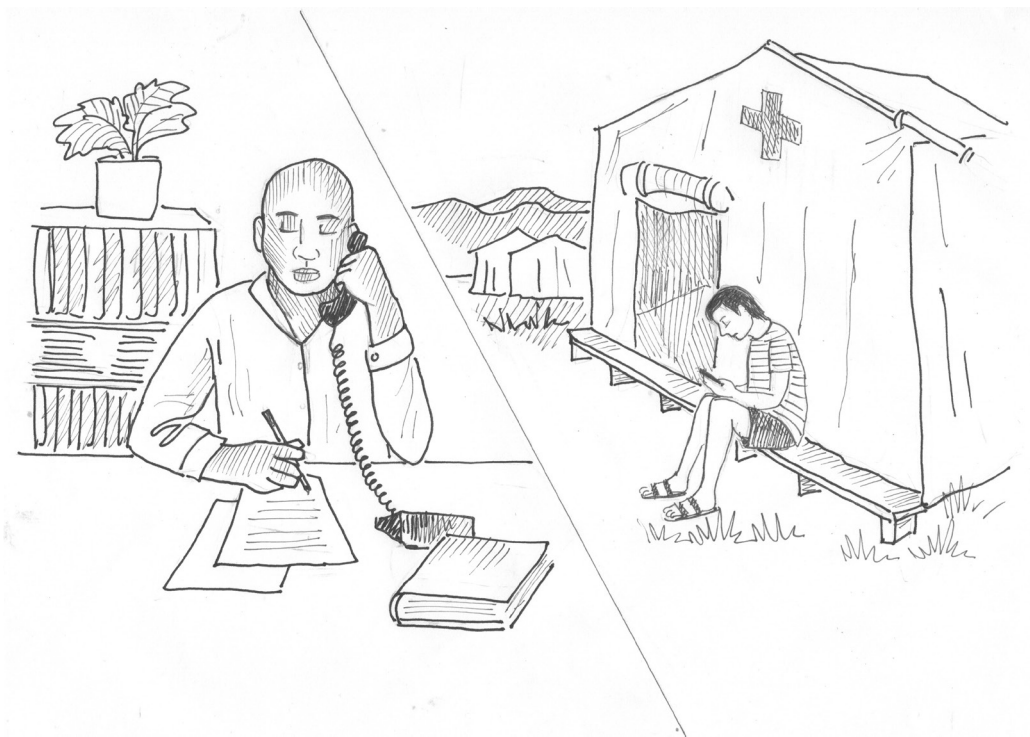
COVID-19 has now spread worldwide and has caused serious disruption to physical health and everyday life. The unprecedented implementation of measures such as quarantine, physical distancing and self-isolation to contain the spread of the disease has affected people's daily lives, routines and livelihoods. In addition, COVID-19 and the stressors of the pandemic have triggered and exacerbated a wide range of mental health problems. Current and previous experience indicates loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour may be expected to rise following the COVID-19 pandemic. The landscape of the COVID-19 pandemic is rapidly changing and so will to the groups of individuals at higher risk of developing mental health problems.¹

During outbreaks of COVID-19, the Red Cross and Red Crescent volunteers provide crucial MHPSS services to those who are isolated, who have lost loved ones, and who report loneliness, anxiety and depression. Volunteers and staff are impacted by COVID-19 like everyone else worldwide. They worry about being stigmatized by family and community members and may be afraid of contracting the virus. Like lots of other people, they are very concerned about having to be in isolation or quarantine, and dread losing colleagues and friends, as well as their family members. Volunteers may well be affected by witnessing the death of someone they supported and could find at a certain point that they are exhausted from the challenging work they are doing. Their vulnerability may be increased given they might not be receiving financial incentives for their volunteer services, which might lead to increased fears about financial insecurity. Research has shown that health-care providers are at higher risk of developing mental health problems and this could impact those involved in frontline activities. A study surveying health care personnel in China, for example, found high levels of severe mental health symptoms among frontline health care workers caring directly for COVID-19 patients.²

National Societies must have a robust volunteer care system in place to ensure the safety and psychosocial well-being of their volunteers. This includes providing supportive supervision. Having a strong volunteer care system has two important functions. First, it means that National Societies are able to care for and support the volunteers involved in a COVID-19 response effectively. Second, it also ensures that high quality mental health and psychosocial support (MHPSS) is being provided to the community.

-
- 1 Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, Rubin GJ. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912-920. doi:10.1016/S0140-6736(20)30460-8, Cénat JM, Mukunzi JN, Noorishad P-G, Rousseau C, Derivois D, Bukaka J. (2020). A systematic review of mental health programs among populations affected by the Ebola virus disease. *Journal of Psychosomatic Research*, 131, 109966. doi:<https://doi.org/10.1016/j.jpsychores.2020.109966>
 - Leigh-Hunt N, Bagguley D, Bash K, Turner V, Turnbull S, Valtorta N, Caan W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, 157-171. doi:<https://doi.org/10.1016/j.puhe.2017.07.035>
 - 2 Leigh-Hunt N, Bagguley D, Bash K, Turner V, Turnbull S, Valtorta N, Caan W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, 157-171. doi:<https://doi.org/10.1016/j.puhe.2017.07.035>

When team leaders and supervisors provide a safe and supportive environment, volunteers are then able to talk openly about sources of stress ways of coping, skills development and are able to ask for support when they need it.³ This promotes volunteers' well-being. Supportive supervision also increases their capacity to respond to and deliver support to those who need it most, as learned in the Ebola response.⁴ If not adequately supported, volunteers may experience stress responses that could have a long-term negative impact on their psychological well-being⁵ and as a result, they may not be able to provide MHPSS to those impacted by COVID-19.



-
- 3 IFRC Psychosocial Centre., *A Guide to Psychological First Aid for Red Cross and Red Crescent Societies*. 2018
- 4 International Federation of the Red Cross and Red Crescent Societies, *Psychosocial support in Ebola: Lessons Learned*, 2016
 "Mental health care during the Ebola virus disease outbreak in Sierra Leone," *Bulletin of the World Health Organization*, 2017, accessed 12, 95 (842).
- 5 Aldamman, K., et al., *Caring for the mental health of humanitarian volunteers in traumatic contexts: the importance of organisational support*. *European Journal of Psychotraumatology*, 2019. 10(1).

Key considerations for National Societies and supervisors

For Nationale Societies:

- Supportive supervision should be planned and budgeted for in COVID-19 response plan of actions, budgets and job descriptions. It should not be considered an add on activity that is done ad hoc and during staff and volunteers' own personal time.
- Staff and volunteers should have adequate time off to maintain work/life balance, as COVID-19 will impact their lives the same as the general population, if not more so.
- Ensure that staff and volunteers have access to communication and technological platforms to facilitate supervision sessions, as remote supervision is the most practical and safest choice during the COVID-19 response. While not recommended during the COVID-19 response, if doing supervision in person, staff and volunteers must ensure that they are practising safe physical distancing and respecting the rules of national and regional COVID-19 regulations. As things evolve and there is increased potential for face to face supervision, it is essential for safety and health of staff and volunteers to be paramount.
- Supportive supervision should take a 'multi-levelled' approach. This means that National Societies should ensure that those who are providing supervision to volunteers also have access to supervision and supportive services themselves.

For National Societies and supervisors:

- Identify referral pathways for volunteers to access psychological supports. Supervisors should not replace professional mental health care.
- Identify referral pathways for those affected who are at higher risk. In contexts where these supports are not widely available, National Societies and supervisors should work together to have a plan of action for when the need arises. All staff and volunteers should be aware of the protocol for managing crisis situations facing volunteers, including when and how they should involve their supervisor.
- Any live supervision (which involves a supervisor being present for a session or reviewing a recording of a session) must have the service user's consent (written if possible or provided verbally while being recorded). It is important that the service user knows exactly the purpose of having a supervisor review recording or why the supervisor is present for a session. Have a script available to explain the informed consent process for volunteers to use with service users.
- Any recordings with service users must be stored in a safe, secure location.
- Service users should always be informed about the limits of confidentiality, and that their cases might be discussed in supervision.

Implementing supportive supervision

Flexibility is essential for supervision at any time, but it is particularly important now for the COVID-19 response. There are many different types of supervision and all of them can be used for remote working. See table 2 below. There are, however, special considerations for remote supervision as outlined in table 1 below. The choices about which communication tools to use need to be made by teams depending on what tasks they are doing and their location.



A mixed approach to supervision is recommended rather than using only type of supervision for volunteers. For example, group or peer supervision sessions can be arranged in conjunction with individual supervision, if needed. It may be beneficial to decide what kind of supervision will be provided in collaboration with volunteers supervising, as they may have preferences about the format. See table 2 for more information on types of supervision.

Frequency and duration of supervision sessions will be determined by the needs of supervisees and their availability. Weekly supervision sessions should be the minimum during the COVID-19 response, along with daily, brief check ins with individuals. Where possible, it is also recommended to provide group or peer supervision sessions every two weeks, given the complex nature of the COVID-19 response.



Agreed boundaries are very important in supportive supervision, particularly in relation to the unpredictable nature of the COVID-19 response. Setting up boundaries around work hours, for example, is crucial and both parties should be clear about contacting supervisors outside working hours in emergencies. This would also include agreeing on the use of particular communication and social media platforms. Setting up regular routines will lessen the impact of transitioning to working remotely, if this is part of a response protocol.

Table 1: Special considerations for remote supervision

If National Societies do not require all staff and volunteers to use a specific communication platform, discuss the preferred mode of communication with volunteers. In some contexts, phone calls may be the only option, but in other locations there may be a range of platforms available. Do not assume that all volunteers know how to work specific technologies. Test the platform before the session starts to make sure they are working and check if anyone needs help in accessing the session.

Decide the best option for daily check ins. WhatsApp, Viber, text messaging and other services have been used successfully for remote supervision, depending of course on local access to the Internet.⁶



Confidentiality is an essential consideration for providing remote supervision. Names and identifying information of the affected should never be disclosed during remote supervision sessions. While many platforms do their best to maintain security and protect data, there are no guarantees and supervisors and supervisees should make every effort to protect personal information which would identify service users.



6 Kemp CG, Petersen I, Bhana A, Rao D. Supervision of Task-Shared Mental Health Care in Low-Resource Settings: A Commentary on Programmatic Experience. *Glob Health Sci Pract.* 2019;7(2):150-9.

Nemiro, A., Constant, Sandrine, van 'T Hof, Edith, Three Case Studies from Ethiopia, Syria and Honduras: After the Randomized Controlled Trial (RCT): Implementing Problem Management Plus (PM+) through Humanitarian Agencies. 2019

What is supportive supervision?

Supportive supervision involves three distinct stakeholders.

1. **The supervisor:** This is an experienced MHPSS practitioner who is responsible for providing supportive supervision to those providing MHPSS services (supervisees).
2. **The supervisee:** This is a member of staff or volunteer who is providing MHPSS services in the response to COVID-19 who is receiving supportive supervision.
3. **Service users:** These are the individuals or members of affected groups receiving MHPSS services in the response to COVID-19.

Supervision is an essential component of MHPSS programming, as the success of any intervention relies heavily on the capacity, well-being, competence and motivation of its staff and volunteers.⁷ Supervision features as a key recommendation in all major international guidelines on MHPSS in emergency and non-emergency settings to support for people with mental health, psychosocial and protection needs, and promote mental health and psychosocial well-being. Well-trained and supervised, culturally sensitive and competent staff and volunteers are essential if services are to meet internationally recognized standards of care to safely provide MHPSS in emergency settings. Harm can come to not only to recipients of MHPSS, but also to staff and volunteers working in emergency settings as a result of unsustainable, poorly structured and/or inadequate MHPSS supervision.

Supportive supervision

Creating a supportive relationship between supervisor and supervisee aims to promote regular skill development, joint problem solving, and supportive two-way communication. Supportive supervision promotes the well-being of volunteers and improves the service delivery of MHPSS interventions, and, ultimately, improve the protection of, and service provision for populations affected by disasters and protracted crises.

7 International Committee of the Red Cross. Guidelines on Mental Health and Psychosocial Support. Geneva: ICRC; 2018.

Dickson K, Bangpan M. What are the barriers to, and facilitators of, implementing and receiving MHPSS programmes delivered to populations affected by humanitarian emergencies? A qualitative evidence synthesis. *Global Mental Health*. 2018;5.

Supervision can be defined in many different ways based on the context in which it is performed. For many across the globe, supervision suggests a managerial relationship that oversees tasks, outcomes, and performance.⁸ Within MHPSS, supervision means fostering a supportive relationship between supervisor and supervisee(s). Its main goal is to create a safe and collaborative space to promote the quality of work, technical competencies, and well-being of the person being supervised. In this context, supervisees are more likely to be open and honest about the challenges and sources of stress they are facing in their work. The cornerstone of supportive supervision is the supervisor and supervisee relationship that enables joint problem solving and the discussion of challenges, cases, and collaboratively enhances service delivery.



8 Aldamman, K., et al., *Caring for the mental health of humanitarian volunteers in traumatic contexts: the importance of organisational support*. *European Journal of Psychotraumatology*, 2019. 10(1).

The supervision relationship

The relationship between the supervisor and supervisee(s) is an integral component of successful supervision. The supervisor and supervisee are in a collaborative, two-way relationship. This relationship is known as the ‘supervision alliance’. The qualities and competencies of supervisors and supervisees that promote a positive supervision relationship are listed below.

Ideally, supervisors will belong to the communities that they are supporting. However, if they are from a different region or country, they should familiarize themselves with the community and context in which they are working. They should seek to learn how mental health and psychosocial well-being are understood, and where possible, collaborate with local MHPSS supervisors during supervision sessions, where appropriate.

Supervisor qualities and competencies

- Non-judgmental and empathetic
- Demonstrates active listening skills such as paraphrasing and reflecting
- Avoids giving advice
- Facilitates supervisees to draw their own conclusions rather than supplying them with answers directly
- Maintains knowledge and skills related to the MHPSS interventions being used by volunteers
- Keeps an accurate list of available services for referral for supervisees or for service users
- Practises good time management (e.g. consistent and regular supervision sessions)
- Co-creates agenda for supervision with supervisee
- Flexible and adaptable
- Maintains boundaries and confidentiality
- Stays updated on current information on the COVID-19 response and associated protocols

Supervisee qualities and competencies

- Open minded and empathetic
- Stays motivated
- Self-aware and reflective
- Prepares for supervision sessions (e.g. brings case presentations)
- Flexible and adaptable
- Honest
- Demonstrates respect towards others in groups and in relation to their supervisor
- Uses active listening skills
- Willing to engage in role-plays and other activities in session
- Maintains boundaries and confidentiality.

Table 2: Types of supervision

	Individual Supervision	Group Supervision	Peer Supervision ⁹	Live Supervision
What	One to one meeting between supervisor and supervisee to discuss cases, well-being, challenges and opportunities for future practice	Group meeting facilitated by supervisor or referent person ¹⁰	Peers coming together to support one another, discuss cases, problem solve, and create space for mutual learning and sharing	Direct observation of supervisee by supervisor during intervention. During COVID-19 this could mean listening to a recording of a call, or being on the line ¹¹
Who	Supervisor and supervisee	-Supervisor or referent person and two or more supervisees. -Supervisees can work on the same team or project, or can be part of a multidisciplinary approach	-Two or more individuals at the same level of experience and role -Not facilitated by a supervisor	Supervisor, supervisee, and service user(s)
Format	-In person or remotely -Private, confidential space or technological platform	-In person or remotely -Private, confidential space or technological platform	-Group or one to one - In person or remotely - Private, confidential space or technological platform	-Direct observation of group or individual MHPSS session -‘Live’ or remote access (e.g. recording)
Benefits	-Increased privacy and confidentiality -Individualised attention to supervisee	- Allows for group members to support one another and share group challenges and learnings -Increased opportunity for role plays and other modalities to be used - Group dynamics can be used as tool -Can reach higher number of supervisees -Reduces the number of sessions covering the same topic	- Allows for peers to support one another and share group challenges and learnings -Collaboration without hierarchal power dynamics -More cost and time effective	- Feedback can be given on verbal and non-verbal skills of supervisee -Can observe and provide feedback on fidelity to intervention -Helpful with complicated cases
Limitations	-More time consuming and costly to implement	-Power dynamic of having a supervisor in group -Group dynamics can be a barrier to facilitation -Confidentiality cannot be ensured the same way as in individual supervision	- May not work so well with less experienced teams	-Must have service user consent and this may not always be given - The presence of a supervisor could negatively impact interactions with the service user/s

9 For more information about peer support, please see IFRC Psychosocial Centres, *A Guide to Psychological First Aid*, page 96, as well as Module 4: *PFA in Groups*

10 Referent person may not be the formal supervisor to the group, but someone who has technical knowledge and facilitation skills in a particular area that is useful for group members.

11 This should only be done if the individual has given their consent.



A sample group supervision session

This section outlines an example of a group supervision session, with supervisor notes and sample scripts relating to different aspects of the session. This session can also be adapted for individual supervision sessions.

All the timings shown are approximate and depend on the format used by supervisors and the number of participants involved in the supervision session.

Ideally the number of participants for group supervision is around eight people to ensure maximum engagement and learning. However, this is flexible and is related to programming needs. Additional sessions on stress management and well-being are suitable for larger numbers of participants.

RECORD OF SUPERVISION SESSION

Type of supervision:

- Individual
- Group
- Live (prior consent obtained by service user)
- Peer (supervisor should not be present)

Platform used: _____

Number of participants: _____

Were referrals for further support needed for any supervisee? YES/NO

If YES, record the steps taken for each person:

Preparation:

Individual session (60 min) 1:1

Group session (90 min): Ideal number is eight participants plus supervisor

Peer session (60–90 min): Ideal number is eight participants at similar levels. Peer support sessions are *not* facilitated by a supervisor

Live session: Number and time needed dependant on type of MHPSS being provided.

- Supervisors should prepare well for the session. Have an agenda ready but be flexible and encourage supervisees to help shape the sessions.
- Supervisors should check in with themselves prior to the session and take care of their own needs before starting.
- If supervisees are going to do a case presentation, supervisors should check that they are well prepared beforehand.
- If teaching skills, the supervisor should prepare activities in advance.
- Test the platform before starting to make sure everyone can access the supervision session.
- Supervisors should always remember that during supervision they are modelling appropriate communication and reflection skills that are essential to MHPSS. It is important to be aware of this, and prompt supervisees to observe and reflect on these skills.
- Be clear about the referral pathways available to volunteers who may need additional support. If there are no appropriate or safe referral pathways, identify other external supports.
- Additional stress management and well-being sessions may be necessary in addition to the regular, scheduled supervision sessions. These could include teaching coping skills and relaxation activities to enhance personal resilience and self-coping. They are not therapeutic sessions.

The supervision session

Warm up:

Introduction to the session: The supervisor welcomes members to the group. Members introduce themselves and the supervisor reminds members of confidentiality. If this is the first session, agree group rules and discuss limits to confidentiality.



First session: Now that we are having our supervision sessions remotely, we need to decide as a group what our ground rules should be for working together. Let's take a few minutes to agree what we think will be best for us.

Supervisor note: If the group does not bring up confidentiality, guide them towards agreeing to keep what is discussed within the group

In future sessions, you might say: *Who can remind the group what our ground rules are?*

Check in with volunteers: This can be done through discussion or by using an activity. For example, ask each participant to say one word to describe how they are doing or feeling today or to give a brief update about themselves. Take this opportunity as the supervisor to allow for reflection and exploration, but at the same time be sure to contain the discussion. (10 min)



Let's begin by taking a moment to get ready. If you would like to, close your eyes or focus on a spot on the ground. Maybe you would like adjust the way you are seated to become more comfortable. See if you can release some tension in your body. Now, please take a moment to check in with yourself and sense how you are feeling today. Some of you have been so busy lately that it may have been difficult to notice how you are doing. Others may be a bit overwhelmed by how they are feeling. Just take a quick moment to see where you are.

Give the group 20 seconds to note how they are feeling.

Now come back into the present moment and pick one word to describe how you are right now.

If you are comfortable, please share this with the group. Who would like to go first?

Supervisor note: Avoid spending too long on this exercise to avoid overwhelming anyone. If no one volunteers to share, you may want to share your own word and see if that encourages other group members to join in, or call on a group member who you think may be comfortable sharing.

Learning:

Case presentation: In group supervision, the supervisor can invite volunteer(s) to share difficulties they might be having with a case or situation, or one thing they feel they need help with. The supervisor can invite one supervisee to come prepared to the session with a case they might be having difficulties with. (10 min)

Discussion: In group supervision, the supervisor asks group members to reflect on the case presented and share thoughts and ideas together. The supervisor's role is to facilitate this discussion without jumping in to give advice. (15 min)

AND/OR:

Teaching: Volunteers may bring up specific skills or areas that they feel less confident about in providing MHPSS. The supervisor may choose to review skills in the session. Ideally make this as interactive as possible by setting up role plays, discussion groups, or other activities. (30 min)

Guest speakers: Guests can be invited into supervision sessions with the goal of providing different voices and perspectives or expert opinion.¹² They may be individuals engaged in MHPSS activities or in other relevant fields.

Support:

During the COVID-19 response, a supervisor may find that the group needs a session specifically focused on their well-being and on coping with stress. Bring examples of coping techniques to the group and invite participants to share techniques that they have found to be helpful too. Make time to practise some of these techniques together in the session. Encouraging volunteers to find ways to decrease stress during this time is essential for their well-being. (See 'further resources' for more information). (10-60 min)

Wrap up:

Check in with supervisees: Ask participants what found most helpful in the session? What do they need more support with next time? What is one thing they will do before their next session to look after themselves? (10 min)

12 Not recommended for individual supervision.



I want to thank you all for taking the time to participate in today's session. I know that things have been very busy lately, so I hope that you found this time to be helpful. Before we finish, I would like you to take a few minutes to reflect on some questions. Write down your thoughts on paper or on your phone. Here are the questions:

- *What was the most helpful part of the session for me?*
- *What was the least helpful?*
- *What do I feel like I need more support around?*
- *What topic would I like for next week's session?*

Would anyone like to share what they would like to focus on for next session?

Great. As we have discussed in previous sessions, it is important for us to continue to look after ourselves. Some of our normal outlets for self-care might not be accessible to us during COVID-19, but let's go round the group to hear one thing each of you would like to do before our next session for self-care.

Have a quick round.

Agree the time and date for the next session and take care of any other logistical details before ending the call. (5 min)

Closing might include a relaxation activity chosen by a supervisee. (5 min)



As we conclude today's session, it might be nice if we could do a relaxation exercise together. Would anyone like to lead us in an activity that they like to do? It could be a breathing exercise, or meditation or a guided visualization on something you have found helpful. Please remember to keep it to around five minutes.

Supervisor note: Have something ready to do, in case none of the supervisees has an exercise to share. Use the [PS Centre's activity catalogue](#) for ideas.

After the session:

Follow up with any volunteers who may need individual support including arranging an individual supervision session or referral to additional services.

The supervisor should also debrief with their supervisor on a regular basis.

The supervisor should note any skills and topics that need preparation for the next session.

Troubleshooting challenges in supervision

Table 3: Troubleshooting challenges in supervision

Challenge	Potential solution
Technology failure	Have multiple platforms that supervision participants are familiar with including phone and on-line platforms. This will allow for some flexibility in case one platform does not work. It is also helpful to have options that do not rely solely on having a reliable Internet connection.
Crisis arises with supervisee	Having a clear protocol agreed ahead of time for what to do if a high-risk situation arises is the most effective way to manage crises. Ensure that all staff and volunteers are clear about procedures in a crisis, that they know how to reach their supervisor or designated crisis management staff, and that everyone is aware of available referral pathways in their location.
Lack of involvement from supervisees	Check in individually with the supervisee- this may help to re-engage them. Take care not to approach the supervisee in a judgmental or shaming way and try to understand the reasons they may have for not engaging. Discuss ways together of encouraging greater participation. Here are some ways to check in: <i>'This time has been really challenging. I wonder how you are doing.'</i> <i>'I've noticed that you have been very quiet during our supervision calls, and I've missed hearing your perspective on things. I wanted to check in with you to make sure that you are comfortable with the group, and to see how you are doing.'</i>
Not enough time to hold supervision sessions	Discuss with management the barriers to being able to have supervision sessions within normal working hours. It is important that National Societies invest in human resources and organisational structures that are supportive and conducive to conducting supervision.
Difficult dynamics within a supervision group	It is hard to observe group dynamics when supervision is done remotely. It is also challenging to manage difficulties remotely- such as when group members are talking over one another or people have side conversations. Establish ground rules at the start of group supervision and revisit them throughout to try to diffuse some difficulties. In addition, as supervisor you might gently and respectfully point out the dynamic, '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 can sometimes provide teaching moments. Use psychoeducation to reflect on certain behaviours within the group and model ways of managing them constructively.
Supervisor is not from the same country or region as their supervisees	It can be helpful to 'buddy-up' with a local supervisor or a supervisor in training for supervision sessions. If this is not possible, it is crucial that supervisors familiarize themselves as much as possible with the context. They should create a space with supervision to increase their own understanding of mental health and psychosocial support in that setting, drawing on the knowledge and experience of the supervisees. It is important that supervisors are open to ideas and perceptions that might be unfamiliar to them, and avoid placing judgement or imposing their own beliefs, ideals and ways of working on the supervisees.

Further resources

This is a list of further resources linking with the topic of supportive supervision. Other COVID-19 and MHPSS related resources (also available in different languages) can be accessed on the PS Centre's website which is being constantly updated, as new resources become available.

IFRC Reference Centre for Psychosocial Support resources:

[Guidelines for Caring for Staff and Volunteers in Crises](#)

[Brief Guidance Note on Caring for Volunteers during Covid-19](#)

[Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus](#)

[Caring for Volunteers Toolkit and training manuals](#)

[Lay Counselling: A Trainer's Manual](#)

[Volunteering with the Red Cross Red Crescent in crisis situations – disasters and pandemics](#)

[14-Day Well-Being Kit](#) (This is a useful resource for those in isolation or quarantine).

IASC resources:

[IASC Briefing note on addressing mental health and psychosocial aspects of COVID-19 outbreak version 1.5](#)

Additional resources:

[IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement](#) See chapter 15: Technical Supervision and Training

[The Alliance for Child Protection in Humanitarian Action \(2018\). Child Protection Case Management Supervision and Coaching Training Package](#)

[Remote EQUIP](#)

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

IFRC Reference Centre for Psychosocial Support

c/o Danish Red Cross

Blegdamsvej 27

2100 Copenhagen Ø

www.pscentre.org

psychosocial.centre@ifrc.org

Twitter: @IFRC_PS_Centre

Facebook: www.facebook.com/Psychosocial.Center