

Washtenaw County Community Mental Health

SUPERVISION

PURPOSE

Establish guidelines for the supervision of WCCMH staff.

POLICY

All WCCMH employees are to receive adequate supervision to ensure the optimal provision of mandated services.

All WCCMH staff or providers who are seeking licensures shall receive the amount, scope and type of supervision that is required to receive their licensure.

DEFINITIONS

Administrative Supervision: Supervision oriented towards general work performance, performance recognition, or improvement, sharing of information, practice or improvement of general work skills.

Clinical Consultation: Structured contact between field expert and employee(s) oriented towards recognition of positive performance, improvement of performance, or to address other issues in the work situation. The best format for supervision varies based on the personal style of the supervisor and supervisee(s), and the issues to be addressed

Clinical Supervision: Supervision oriented towards discussion of clinical skills or current challenges and issues in working with a specific consumer or group or consumers.

Group Supervision: Supervision which occurs through group meetings, team meetings, or other gatherings of supervisor(s) and employee(s). Group supervision is usually oriented towards issues affecting the entire group/team, such as changes in agency policy, discussion of clinical issues, or team performance or recognition

Individual Supervision: Supervision which occurs in a “one-on-one” setting. Individual supervision is often better suited to topics related to clinical consultation, individual performance, unique issues, discipline, or when requested by the supervisee. Individual supervision is often used for employee evaluations and Professional Development Plans.

Supervision: Structured contact between a supervisor and employee(s) oriented towards recognition of positive performance, improvement of performance, or to address other issues in the work situation. The best format for supervision varies based on the personal style of the supervisor and supervisee(s), and the issues to be

addressed

Supervisor: Any employee who, as one of their duties, provides clinical or administrative supervision to another employee.

PROCEDURES

(see procedures manual)

REFERENCES

(none)

EXHIBITS – *These forms are supplied as samples only; the content can be modified by supervisors as appropriate.*

- A. Individual supervision documentation form-clinical staff
- B. Individual supervision documentation form-clerical staff

EXHIBIT A

| INDIVIDUAL SUPERVISION DOCUMENTATION FORM- Clinical | |
|---|---------------|
| Employee: | Date: |
| Supervisor: | Program/Unit: |
| The Three Step Framework- Effective Supervision Questions 1) What do you want to accomplish? 2) What is working? 3) What could be better? | |
| (1) Clinical Case Reviews (review at least monthly) | |
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| (2) Performance (review at least monthly) | |
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| (3) Work Plan and Professional Development (review quarterly) | |
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| (4) Other Topics | |
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(4) Wellness (secondary trauma support)

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(5) Action Steps (follow up)

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| Clinical Staff's Signature: | Date: |
| Supervisor's Signature: | Date: |

EXHIBIT B**INDIVIDUAL SUPERVISION DOCUMENTATION FORM- Non-Clinical**

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| Employee: | | Date: | | |
| Supervisor: | | Program/Unit: | | |
| Individual Supervision Topics Discussed: (Check all that apply) | | | | |
| <input type="checkbox"/> Special/High Priority Assignments | | <input type="checkbox"/> Standard Weekly Assignments | | <input type="checkbox"/> Long Term Assignments |
| <input type="checkbox"/> Accuracy of Work | | <input type="checkbox"/> Cooperation/Participation | | <input type="checkbox"/> Behavior: |
| <input type="checkbox"/> Other | <input type="checkbox"/> Project Timeliness | <input type="checkbox"/> Performance | <input type="checkbox"/> On-going Projects | <input type="checkbox"/> Workload |
| | <input type="checkbox"/> Attitude/Behavior | <input type="checkbox"/> Tardiness | <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Annual Leave |
| <input type="checkbox"/> Other/ Specific: | | | | |
| (1) Topic(s) Summary | | | | |
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| (2) Action Plan | | | | |
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| (3) Other Concerns or Questions | | | | |
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| Staff's Signature: | | | Date: | |
| Supervisor's Signature: | | | Date: | |