



Alberta College of
Speech-Language Pathologists
and Audiologists

Supervision Tips

*Supplement to
Working with Support Personnel Guidelines*

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Supervisors and Support Personnel: Steps in the Supervisory Journey

Are you new to supervision?

Are you seeking ways to improve your supervisory relationships?

Do you struggle with giving constructive feedback?

Would you like to receive more feedback from the people you supervise?

The focus of this document is to provide speech-language pathologists (SLPs) and audiologists with access to information that enhances the supervisory relationship. It focuses on the “softer” side of supervision, from setting the stage for a successful relationship to practical supervision strategies. The content is meant to complement the information provided in ACSLPA’s (2011) *Audiologists’ Guidelines* and *Speech-Language Pathologists’ Guidelines for Working with Support Personnel*.

Although the information presented may be applicable to other types of supervisory relationships (i.e., supervisor: student; team leader: clinical colleague), the content is primarily geared towards the clinical supervision of support personnel (SP).

Regardless of the relationship, the purpose of supervision is to help ensure the delivery of competent, safe, quality, and ethical speech-language and audiology service.

A. Supervision, Mentorship, and Coaching Defined

The term “supervision” is often used synonymously or in conjunction with other words that imply similar types of relationships. In order to meet our service delivery objectives, the ultimate goal of the supervisory process is building a relationship that facilitates both the SP’s personal and professional growth (including skill development).

Clinical Supervision is defined as “a dynamic and evolving process involving the oversight of another’s work (e.g., SP, SLP students, or another therapist). The SLP is identified as having ultimate responsibility for the quality of the service” (ACSLPA, 2011, p.14).

Mentoring, by contrast, is “a developmental partnership through which one person shares knowledge, skills, information and perspective to foster the personal and professional growth of someone else” (USC, 2011, “Definition of Mentoring,” para. 1). Mentorship adds a component of support and encouragement to the supervisory relationship.

An additional key role of the mentor is “organizational acculturation” of the mentee, providing them with knowledge about the culture of the organization and how to navigate the system (AHS, 2011; Moore & Pearson, 2003).

Coaching is a technique used for targeted skill development. Coaching has been described as helping someone maximize their own performance. The operative term is “helping” rather than “teaching” (Whitmore, 1992). Terms often used synonymously with coaching include mentoring, facilitating, and consulting.

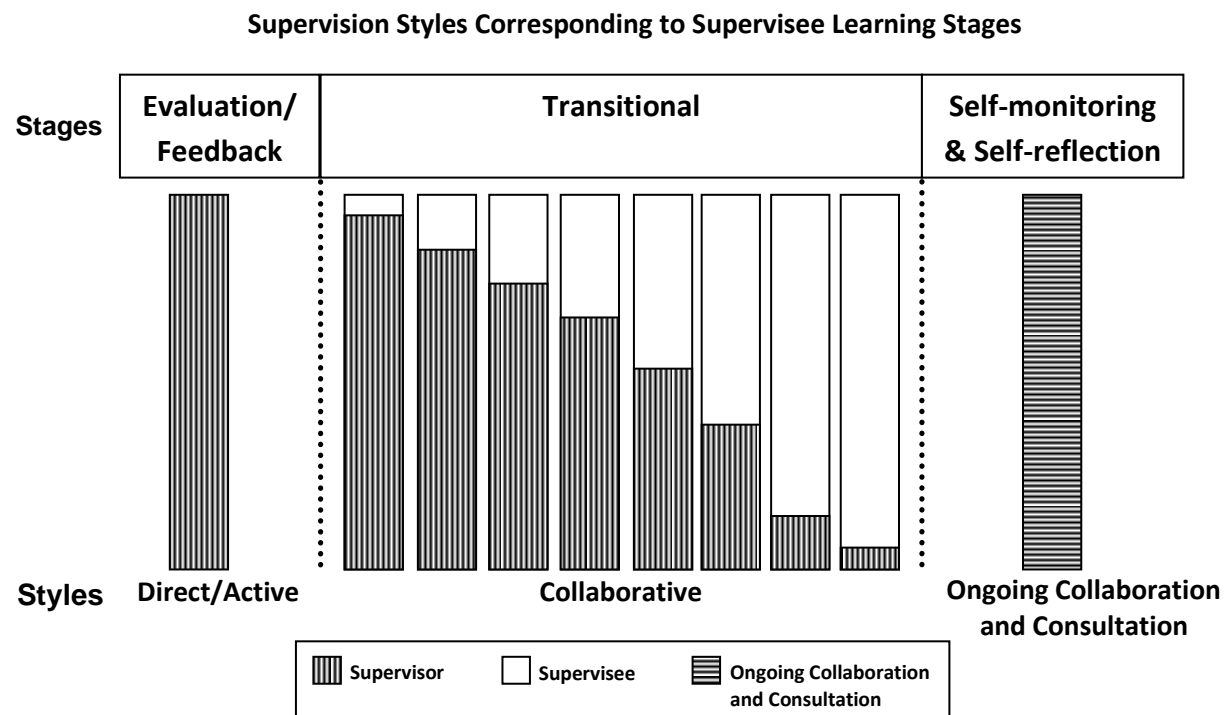
The overlap between supervision and coaching is illustrated in the comparison below:

<p>Components of the supervisory process include:</p> <ul style="list-style-type: none"> • Planning • Observing • Analyzing the data • Integrating the components 	<p>Five key characteristics of coaching include:</p> <ul style="list-style-type: none"> • Joint Planning • Observation • Action • Reflection • Feedback
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B. Key Elements in Supervision

1. Varying the Feedback Provided According to the Needs of the SP

Jean Anderson’s (1988) work focused on the relationship between the clinical supervisor and a student clinician, but many of the principles are transferable to the supervisor-SP relationship, as noted in the adapted diagram below. Anderson described supervision as a fluid continuum, where the roles of the supervisee and supervisor change in response to the situation and the supervisee’s knowledge and skill in the specific area being targeted. She stressed the importance of modifying supervisor style and level of support **in response to** supervisee needs. As a result, participants may find themselves moving back and forth across the supervisory continuum in response to a variety of factors. These may include the introduction of new clients on a caseload, new interventions and skills requiring practice, or a change in the SLP or SP.



In this adapted model, the SP's stage of learning falls into one of three stages (McCrea & Brasseur, 2003):

Evaluation/Feedback: In this stage, the SP relies on strong guidance from a supervisor. The supervisor offers substantial feedback to guide learning and is **direct and active** in providing a model for intervention, in making decisions, and in solving problems that arise.

Transitional: The SP demonstrates increased independence in carrying out the tasks at hand. This stage is characterized by growth in knowledge, skills, decision making, problem solving, and self-evaluation. As the SP actively participates in more areas, the theme becomes one of **collaboration** with the supervisor, with both parties providing and receiving feedback.

Self-monitoring and Self-reflection: In this stage, the SP demonstrates competence to act independently in a situation. They have the ability to carry out clinical interventions, analyze the situation, and make decisions to alter the approach, as appropriate to their role. The SP assumes responsibility for self-analysis of strengths and weaknesses and professional growth, within the expectations of their role as SP.

2. Getting Started – Building an Effective Relationship

As Anderson's model illustrates, given the interactive nature of supervision, a great place to begin the process is by identifying the roles and responsibilities of both the supervisor and the SP. This could include discussion regarding general expectations for performance (e.g., punctuality, dress, and confidentiality) and specific activities and tasks that need to be completed by each individual.

The *Expectations of Myself - Expectations of Another* form (Moore & Pearson, 2003), and an example of an explicit *Supervisory Plan* outlining participant preferences and expectations may be accessed at the following links:

- [Expectations of Myself - Expectations of Another – Form](#)
- [Supervisory Plan](#)

3. Giving and Receiving Feedback

The interactive nature of supervision also requires that both the supervisor **and** the SP be actively engaged in the feedback loop. Both will **receive** feedback, and both will be expected to **provide** feedback in a respectful and responsible manner.

Numerous mechanisms can be used to provide feedback to the SP. These may include (Moore and Pearson, 2003):

- Written or verbal feedback
- Documented observations
- Periodic use of checklists
- Data regarding client progress
- Feedback from client satisfaction instruments
- Scheduled conferences or meeting times
- Formal performance appraisal procedures

The purpose of giving feedback to the SP is three-fold (Alarcon, 2010):

1. To guide next steps in working with a client
2. To foster the SP's development
3. To form the basis for evaluation of the SP

It is important to note the following differences between feedback and evaluation:

Feedback	Evaluation
<ul style="list-style-type: none"> Part of the learning process 	<ul style="list-style-type: none"> Comes “after the fact”
<ul style="list-style-type: none"> Neutral and non-judgmental e.g., <i>“I noticed that you were able to rate each of Johnny’s productions as either correct or incorrect during your ‘r’ drills today.”</i> 	<ul style="list-style-type: none"> Presents a judgment e.g., <i>“You did a great job of recording Johnny’s productions”</i> or <i>“You didn’t do a very good job of documenting Johnny’s productions during your ‘r’ drills.”</i>
<ul style="list-style-type: none"> Uses nouns & verbs e.g., <i>recorded, documented, illustrated, showed, praised, waited, spoke clearly, etc.</i> 	<ul style="list-style-type: none"> Uses adjectives and adverbs e.g., <i>great, good, weak, fair, lovely, beautiful, OK</i>
<ul style="list-style-type: none"> Formative—provides opportunities for learning and change 	<ul style="list-style-type: none"> Summative—provides a conclusion at a specific time
<ul style="list-style-type: none"> Allows for monitoring of progress 	<ul style="list-style-type: none"> Summary of performance

When **preparing** to give feedback, consider the following:

- Focus on observed behaviors
- Limit your conversation to behaviors that can be modified
- Be limited in quantity
- Be specific, timely, and frequent with your feedback

When **providing** your feedback:

- Agree on the goals—what was the focus of today’s session? How does the focus of today’s session fit with the client’s long-term/overall goals?
- Allow opportunities for the SP to self-assess
- Focus on the needs and goals of the SP
- Use non-judgmental terms (e.g., *“The activities you used today really helped Johnny maintain his focus”* vs. *“Great activities today”*; *“You were late for three appointments yesterday”* vs. *“You’ve been late a lot this week.”*)
- Include subjective information, but label it as such
- Welcome the SP’s reaction

When **receiving** feedback from SP:

- Set the tone for an effective relationship by clarifying your expectations for SP feedback from the outset
- Schedule time for discussion that includes feedback regarding **your** performance as a supervisor. This will ensure that communication is a two-way street.

Many of the same tools used to provide feedback can also be used when **receiving feedback** from the SP. These may include:

- Written or verbal feedback
- Periodic use of checklists
- Scheduled conferences or meeting times

An example of a *Supervisor Feedback Form* is available at:

[Supervisor Feedback Form](#)

Remember that checklists and forms should always be used within the context of a conversation. Rating scales need to be contextualized and discussed in order to have any meaning.

C. Practical Strategies in Supervision

1. Promoting Reflection

a) Stop/Start/Continue/Change

This approach can be used in both written and oral formats. Have the SP reflect on the clinical session, write down their thoughts, and come prepared to discuss it using this format:

- What is something that didn't go well in today's session? (something I should STOP)
- What is something I/we could put in place to improve? (something I should START)
- What is something that went well? (something I should CONTINUE)
- What is something that I'm currently doing that I could revise? (something I should CHANGE)

Action	What and Why . . .
STOP	
START	
CONTINUE	
CHANGE	

b) Individual Growth Plan

An individual growth plan puts in writing what is expected from both the SP and the supervisor as you work together to meet client needs. The plan might include the following headings (Moore and Pearson, 2003):

- Strengths
- Areas for Growth
- Performance Goals and Strategies
- Supports Needed

This can also be completed by each individual separately and then discussed to arrive at a mutually satisfactory plan. An example of an *Individual Growth Plan* can be accessed at:

[Individual Growth Plan](#)

2. Dealing with Difficult Conversations

a) Consider the CHIRP Technique

Susan Leahy (2010) suggests that providing constructive feedback has to be part of a conversation, with equal "flow" back and forth amongst the participants, and attention to little things as well as big things. Sensitive or uncomfortable issues need to be dealt with in a timely fashion. Focusing on an observed behavior is helpful when providing constructive or directed feedback. In a conversation, supervisors need to provide feedback when it is required.

CHIRP refers to the following:

- C** creating trust—framing the conversation within a trusting relationship (“*I need to let you know that I’m sharing this information because I’m concerned/care about you.*”)
- H** helping them see their behavior (The hardest body to see in the room is your own. We need to provide feedback that helps someone else see themselves.)
- I** the impact of the behavior on you or on the client you observed (“*When you used a really loud voice during the Go Fish game, Joey started moving away. I think maybe he was scared.*”)
- R** remember to ask the question (“*What do you think/feel about this?*” “*Where are you at with what I’m saying?*”)
- P** put this behavior behind us and how are we going to move forward?

Refer to <http://www.youtube.com/watch?v=bArBXdMQVw> for an 8-minute video clip regarding the technique (or search *Susan Leahy* and *CHIRP* on YouTube).

Although the two short video clips below focus on a manager/employee relationship, they provide a helpful comparison of “how not to” and “how to” provide feedback:

- **Effective Communication, Part 1 – Negative Feedback**
<http://www.youtube.com/watch?v=3PihlcP99Rs&feature=related>
- **Effective Communication, Part 2 – Positive Feedback**
<http://www.youtube.com/watch?v=PF5ASn9bKXk&feature=related>

b) Scripting a Conversation

Practicing or role-playing a conversation that you anticipate might be difficult is a great way to prepare yourself and think through the interaction. Please note that these scripts are just **examples** of how a conversation could proceed; there will be stylistic differences across individuals, and you will need to find the words that are right for you.

Consider the following:

- i) You need to speak with a therapy assistant regarding concerns you have with her punctuality for appointments. Here’s how this might sound:

There’s something I need to share with you that’s a little bit uncomfortable for me, but I think it’s important that we discuss it. I’ve noticed over the past couple of weeks that you’ve been five to 10 minutes late for three of our shared appointments. Yesterday I also received some feedback from one of the schools that your sessions have been running behind. Can you talk to me about this? What’s going on from your perspective?

Allow the SP to respond.

I can appreciate that you’ve had some challenges lately. What can you do going forward to ensure you are on time for appointments? Is there anything that I can do from my end that would be helpful to ensure you meet this goal? I’m going to jot down our thoughts about this and let’s re-group in two weeks and monitor where things are at.

- ii) A therapy assistant you have been working with has been reassuring the mother of a client that everything is going to be “OK.” Progress in therapy has been slow and the client is awaiting

further assessment regarding a potential medical diagnosis. Here's how a conversation regarding your concerns might sound:

I ran into Johnny's mom yesterday and asked her whether they've heard anything yet regarding an appointment time with the pediatrician. I guess they're still waiting. She mentioned that she had expressed some concerns about his progress in therapy and you reassured her that it's all going to be OK. What's your recollection of that conversation?

Allow the SP to respond.

I can really appreciate that you thought your comments would be helpful and alleviate some of her stress. My concern is that we really don't know if everything is going to be "OK" and I don't want to set her up for any surprises when they finally do see the pediatrician. Do you have any thoughts on how you could be positive and support his progress without commenting on the bigger picture?

Allow the SP to respond.

We've talked about how slow his progress in therapy has been. Let's continue to take this one step at a time. How about a plan that we comment on his progress in each session? For example, if he does something really well in therapy, make sure to let Mom know. That way you can be positive about his progress. If he doesn't do so well, can you think about how you might frame that for Mom?

Allow the SP to respond.

Great, so you can let her know honestly that he didn't have such a great day because of whatever the glitch happened to be, but we'll continue to focus on his goals and come up with some new activities and strategies for the next session.

- iii) You have been supervising the same therapy assistant for a few years and together you have developed strong working relationships in several schools. You are catching up with one of the teachers, who mentioned that she thinks one of your shared clients "has autism." When you probe further, she justifies her statement by informing you that the therapy assistant "thinks so, too." Here's how a conversation with the assistant might sound:

I had a brief catch-up session with Linda Jones yesterday. She said that she thinks Brianna has autism. She mentioned that she had also chatted with you, and her impression is that you thought so, too?

Allow the SP to respond.

I can appreciate that the two of you were chatting informally. My concern is that a casual conversation where a label such as "autism" is used can be misconstrued, especially when the perception is that "if the speech people think it, it must be true." Rather than using a term like "autism," what could you comment on with regard to Brianna's behavior? How do you think we should resolve this misunderstanding with Linda?

Allow the SP to respond.

Some difficult situations can be resolved by opening up the conversation and giving the other person a chance to talk it out. For example:

- *Can you share your thoughts on today's session with me?*
- *Help me to understand why I haven't seen any data sheets for this target?*

- *Are there obstacles standing in the way of your working on this goal? What are they? How do you think we could resolve them?*

In situations where the SP doesn't seem receptive to your feedback, give them a chance to share their point of view. For example:

- *My impression is that what I'm saying isn't helpful to you.*
- *I'm not sure how my feedback is being received.*
- *I'm sensing some discomfort with the feedback that I've shared. What are your thoughts?*
- *Do you have any suggestions on how I can provide effective feedback for you?*

Make the effort to talk directly with the SP about challenging situations. If difficulties persist and/or appear unresolvable, consult with your supervisor or manager, as per ACSLPA's *Working with Support Personnel* Guidelines.

As mentioned throughout this document, several examples of helpful checklists and forms regarding supervision can be accessed on the ACSLPA website by following the embedded links. A couple of additional resources including a *SP Appraisal Form* and a *Program Delivery Supervision Form* can be accessed at the following:

- [SP Appraisal Form](#)
- [AHS Supervision Form](#)

Conclusion

The supervisory journey is about learning and sharing, for the supervisor as much as the SP. It involves consultation with colleagues (who may have dealt with similar situations), trial and error (no one is perfect!), accessing information from a variety of resources and ultimately, opportunities for personal growth and self-reflection. We hope that this document provides a helpful foundation from which positive supervisory relationships are born.

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