Clinical Supervision – A Service User Perspective

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Clinical Supervision – Background

- Something extra, or essential?
- 42% of services have less than 1 hour a month
- Clinical not managerial – among other things, it’s about service users!
- Essential for good Relational Security
- Good Relational Security keeps care and security and safety in balance
- *Poor Relational Security increases risks for staff and service users*
“Clinical Supervision increases the knowledge and understanding staff have of service users and of the environment, which translates into appropriate responses and care”
Clinical Supervision and Service Users

• Working with service users can be tough – it needs a place to be processed
• Clinical Supervision improves our therapeutic relationships and our Relational Security
• Without it our interactions with staff suffer as do those between staff
• Service users have reflective time with nursing staff, psychologists, occupational therapists and others
• Staff deserve it too!
Clinical Supervision – Relationships

- Clinical Supervision is *not just* about developing ‘a good relationship’ between service users and staff

- Safe and effective relationships between staff and service users must be **professional, therapeutic** and **purposeful** with understood limits

- Good Relational Security is a broader and more dynamic picture than just a relationship between two people

- Service users benefit from good Relational Security more than simply ‘good relationships’

- So, Clinical Supervision should include four key areas...
Clinical Supervision – Service User Awareness

• Each of these areas affect our everyday lives and all are important to us

• How staff understand and act on each area makes a big difference to our lives

• We may not know it by this name, but we prefer security and safety to be managed in this way than just by physical or procedural security

• If Clinical Supervision produces good Relational Security – yes please!
Clinical Supervision – The Impact

• Boundaries and Therapy
  – Service users often find these difficult
  – Staff can help support us to develop healthy boundaries
  – We like staff taking an interest in what we’re up to in our lives and where we are in our recovery
  – We like to know how we’re doing
  – We like help to know ‘where to go next’
Clinical Supervision – The Impact

• Service user mix and dynamic
  – It’s good for staff to know how all service users are getting on and any difficult relationships
  – Of course, not everyone gets on!
  – It’s essential for service users to be able to report bullying and for staff to understand how difficult it can be to do this
  – Is there an ‘atmosphere’ and if so, why...?
Clinical Supervision – The Impact

• Personal World and Physical Environment
  – What’s going on for us – our thoughts and our risks
  – We all have good and bad days!
  – How we look after ourselves and the environment around us is often a good indicator of how we’re feeling inside
Clinical Supervision – The Impact

• Visitors and Outward Connections
  – Do you know who the important people are in our lives?
  – Have you spoken to our visitors?
  – Have you asked us how our visit went?
  – Do you know who’s going to be important for us in our continued recovery?
  – Have you talked to us about our fears about moving back into the community?
  – Are you helping us develop our own Relational Security for when we are discharged?
Relational Security – How?

• This will only work if:
  – There’s good communication among staff and between staff and service users
  – Everyone takes responsibility – including service users
  – We all try to work collaboratively
  – We try to reduce the ‘them and us’ – but keep within boundaries
  – We’re all familiar with all areas – share the Explorer with service users, individually and group
  – Develop a ‘Safety Planning Group’
Clinical Supervision – Examples

• Sally
  – Stayed in her room
  – Stopped going to groups
  – Said everything was ok
  – Started to self harm

• Jason
  – Had a visit from his mum and step-dad
  – Seemed subdued after the visit then started to get angry
  – Started to threaten and bully Oliver
Clinical Supervision – Examples

• Steve
  – Always wanted Sarah to do his observations because “she’s the only one who listens”
  – Became angry with other staff members
  – Started telling other staff things about Sarah
  – Behaved badly when his observations were reduced
Clinical Supervision – Finally

See...the world through service users’ eyes

Think...how can my Clinical Supervision make a difference today?

Act...make Clinical Supervision a priority!
Any Questions?