

Northern England Strategic Clinical Networks

Psychological supervision for practitioners providing level 2 psychological support in oncology and palliative care

This guidance has been written for staff working towards, or already practising at, Level 2 (psychological support) and for those Level 3 or Level 4 practitioners who may supervise them. It is based on the work of the NHS Pan Birmingham Cancer Network (2010).

Setting the Scene:

Four levels of practice in the provision of psychological support for cancer patients were outlined in the Supportive and Palliative Care Improving Outcomes Guidance (2004). More recently, the National Cancer Peer Review Programme (2010) mandated that at least one core clinical member of each MDT should have completed the training necessary to enable them to practice at Level 2 for the psychological support of cancer patients and carers. These staff should then have at least one hour of psychological supervision a month with a Level 3 or 4 practitioner.

Staff working at Level 2 screen cancer patients for their need for psychological support and provide basic psychological support intervention techniques. They also screen for wider concerns via holistic needs assessment. Historically all core clinical members of MDTs have been obliged to complete Advanced Communication Skills Training, with at least one core clinical member of each MDT going on to complete one of the two network endorsed training programmes for Level 2 psychological support: Option 1: Intermediate Cognitive Therapy Skills, which involves 6 days training (in addition to 1-3 days Foundation level training) and 5 inbuilt supervision sessions, with the expectation that ongoing supervision will be sought; or Option 2: Psychological Screening and Basic Psychological Intervention Techniques, which involves 2 days training with the expectation of ongoing psychological supervision on a monthly basis. The Peer Review measure for Advanced Communication Skills Training is currently under review. This is a cause for concern as the training is a pre-requisite for Level 2 training in psychological support.

Psychological supervision usually takes place in groups. Group size is ideally around 2-3 people per group for 60 to 90 minute sessions (at least 20 minutes per person). Supervision can be general psychological supervision drawing on a wide variety of therapeutic models, or cognitive therapy specific supervision, depending on the model of training undertaken and availability of suitable supervisors.

The term psychological supervision rather than clinical supervision has been chosen as this differentiates the supervision received from professional supervision where the supervisor may hold clinical responsibility.

Psychological supervision has a core training and developmental purpose. It aims to:

- Support staff to develop and gain confidence in their existing skills;
- Facilitate the implementation of psychological skills in practice, following on from formal Level 2 training;
- Offer a chance to reflect on skills used in practice, identify blocks to using them and how to overcome these blocks;
- Reflect on the impact of the clinical work on self;
- Facilitate appropriate referrals to Level 3 and 4 practitioners;
- Continually improve the psychological support offered to patients.

The process aims to be reflective, non-judgmental, confidential, supportive and collaborative. The supervisor contracts to be prepared and to arrive on time. The supervisee/s agree to bring appropriate case material for reflection and to set aside the necessary time for the supervision sessions. Peer Review measures stipulate that supervisees should have at least one hour a month of psychological supervision. However bearing in mind current resources and accounting for annual leave/study leave etc, the supervisor should offer at least ten sessions with a minimum attendance of eight expected a year. A minimum of two supervision sessions should be attended in each quarter of the year, to ensure that lengthy gaps in supervision do not occur. When based on 90 minute supervision sessions, this would still achieve twelve hours of supervision each year, equivalent to the minimum stipulated in the measure. The limits of confidentiality and the responsibility for the clinical work discussed, need to be carefully delineated and agreed by the members of the group. Level 2 practitioners will remain clinically responsible for the care of their patients. A supervision contract between each supervisee and the supervisor should be drawn up, and signed, and a copy kept by both parties. There is a Network Level 2 Psychological Supervision Contract available for this purpose.

It is helpful to point out what psychological supervision is not:

- It's not personal therapy
- It's not about becoming a psychologist or counsellor, but about enhancing clinical skills
- It's not an appraisal
- It's not line management or case management
- It does not replace professional supervision

Staff working at Level 3 and Level 4, have regular clinical supervision as a core condition for professional accreditation/registration.

Supervisors for Level 2 trained staff need to have the following experience:

Essential

- professional qualifications fulfilling Level 3 or 4 criteria
- a knowledge of models of supervision
- experience in the provision of supervision
- experience in supervising physical health staff
- an ability to model collaborative discussions
- skills in evaluating the effectiveness of the supervision

Desirable

- considerable experience working with adults with cancer
- training in supervision
- an understanding of supervisees' culture, approach, preferences etc

Acknowledgements

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NHS Pan Birmingham Cancer Network (2010) *A Guide to Clinical Supervision for Psychological Support (for Level 2 Cancer Staff)* Version 1.0. Accessed on 7th December 2012 from

http://www.birminghamcancer.nhs.uk/uploads/document_file/document/4d998c26358e9858ab0048ef/guide_to_clinical_supervision_for_psychology_support_leaflet_v1.0.pdf

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Evidence Base

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