

Uniprofessional, Multiprofessional, Field of Practice, Discipline: Social Workers and cross-disciplinary supervision

Kieran O'Donoghue

*Lecturer, School of Sociology, Social Policy and Social Work, Massey University,
Turitea Campus, Palmerston North, New Zealand*

Abstract

This paper will critically discuss the phenomena of cross-disciplinary supervision as it pertains to social workers as supervisees and supervisors. In this discussion the uniprofessional history of supervision will be examined together-with the recent development of multiprofessional supervision. The constructions of supervision as a field of practice within a profession and as a discipline and profession in its own right will also be explored. The paper concludes by locating its discussion within the regulatory context of Aotearoa New Zealand, in which the implications of the Social Workers Registration, Health Competency legislation and the report of the Health and Disability Commissioner into Southland Mental Health Services in March 2003 are considered.

In the past decade there has been an increasing emphasis upon collaborative practice in social and health services. One consequence of this has been an emerging cross-disciplinary supervision practice in which practitioners from differing professional and disciplinary backgrounds participate in clinical supervision with each other. For social workers, two factors have seen them exposed to the phenomena of cross-disciplinary supervision. The first is multidisciplinary teams in hospital and health settings from which the managerial supervision provided to social workers has increasingly been shifted to non-social workers due to the separation of the managerial and clinical aspects of health practice (Berger and Mizrahi 2001). The second factor has been the increasing development of the private practice supervision marketplace where the provision of supervision is being outsourced to "independent supervision professionals". For social workers these cross-disciplinary situations have resulted in their being supervised by and/or supervising non-social workers (O'Donoghue 2003a).

To date, there appears to be no empirical evidence concerning the extent to which social workers participate in cross-disciplinary supervision as either supervisors or supervisees. Nor is there any empirical evidence concerning the advantages and disadvantages of cross-disciplinary supervision for supervisors, supervisees and clients (Mullarkey, Keeley, and Playle 2001). There is also no clearly articulated theory, models or protocols for social workers who participate in cross-disciplinary supervision. In short, this means that social workers are engaging in cross-disciplinary supervision without a research, theory and knowledge-base pertaining to cross-disciplinary supervision competence.

The discussion that follows aims to provide the foundations of a framework from which social workers can critically consider cross-disciplinary supervision. The framework proposed involves the following four elements:

- 1) The history and nature of supervision within social work and other professions.
- 2) The literature and research relevant to cross-disciplinary supervision.
- 3) The politics and ethics involved in the cross-disciplinary supervision.
- 4) The occupational regulatory environment.

History and nature of supervision

The history of supervision in the helping professions reveals a uniprofessional development within the various professions with each profession developing their own supervision tradition and literature (Mullarkey, Keeley and Playle 2002; Grauel 2002; Kadushin and Harkness 2002). Kadushin and Harkness (2002, p14) in their review of the literature within the established supervision traditions note that since "*The Clinical Supervisor*", an interdisciplinary journal of supervision" started publication in 1983, that "the supervision literature has showed signs of interdisciplinary development and growing specialisation." In this section a brief overview of social work's supervision history will be described. This will be followed by a brief discussion of the supervision traditions and cultures of other professions.

Social Work

The social work profession claims a significant role in the development of supervision in the helping professions with arguably the most established tradition, which originates from the late 19th century (Kadushin and Harkness 2002; Tsui 1997; Munson 2001; O'Donoghue 2003a). It also claims an extensive literature which can be traced back to the early 20th century (Kadushin and Harkness 2002). The most significant claim in relation to social work's supervision legacy is that supervision is social work's gift to the helping professions (Robinson 1949).

Throughout its history supervision in social work has remained exclusively concerned with social workers experiences in the roles of supervisors and supervisees, the activity of supervision itself and the context within which supervision takes place. According to O'Donoghue (1999; 2003b) the development of social work supervision has been shaped by the dual forces of social service organisations and the social work profession with either managerial or professional interests being accentuated throughout its history. This duality is apparent in the traditional form of supervision whereby a supervisor implements the administrative, educative and supportive functions of supervision with their supervisee(s) within the context of a hierarchical agency relationship (Kadushin and Harkness 2002; Tsui 1997). This form of supervision has been significantly challenged by the economic rationalism and managerialism of the last decade with these challenges contributing to changes in both organisation bureaucracy and professionalisation. The effect of these changes has included the separation of the following: policy advice from delivery; purchasing from provision; business from clinical; and management from professionals and clients (O'Donoghue 1999). For social work

supervision, these changes have contributed to the division between managerial and professional (clinical) supervision with the former equating to the administrative function and the latter the educative and supportive functions (Payne 1994). It has also contributed to the differentiation between internal and external supervision. The former equates to supervision provided by an employee of the organisation whereas the latter involves supervision provided by a consultant contracted to the organisation. There has also been an increased use of the peer form of supervision as agencies flatten their hierarchical structures and emphasise self-management through quality teams (O'Donoghue 1999; Hawken and Worrall 2002). In short, the changing social work supervision scene has led to the development of a plurality of supervision forms and a supervision marketplace in which an increasing number of practitioners are providing supervision as part of self-employed practice with a demand being generated by social workers and agencies who seek this contracted external form (O'Donoghue, 2003a; Kane 2001).

Throughout its history, the theory and practice of social work supervision has mirrored the social work practice of the time (Munson 2001; O'Donoghue 2003b). In recent years, like the other helping professions, social work has integrated experiential learning theory and reflective practice into its supervision practice (Gardiner 1989; van Kessel and Haan 1993; O'Donoghue 2003a).

O'Donoghue (2003a) argues that what is unique about social work supervision is that it operates from within a social work paradigm in which people and their environments are considered together, which means that it is concerned with the work, the person of the worker, the process of working, the situation of the workplace and the wider world or the environment within which all are located. Moreover, it is this multi-level perspective together with the commitment to principles of human rights, social justice, empowerment, liberation, anti-oppression and anti-discrimination that differentiate social work from other professions and disciplines (Kadushin and Harkness 2002; O'Donoghue 2003a).

Other professions

Turning to supervision in other professions one finds that in psychiatry and psychology supervision has historically been linked to the training of interns with consultation and peer-review being used once the psychiatrist and psychologist has been registered and has gained their accreditation with a specialist college (McDonald 2002; Bernard and Goodyear 1998; Hewson 2002). In the case of psychologists, Hewson (2002) notes that after accreditation supervision is a professional development option which is not often sought by psychologists.

The psychotherapy and counselling professions, on the other hand, share with social work a culture of continuing supervision throughout the practitioner's life-span. The history of supervision in these professions originates from their psychoanalysis roots in the early 20th century. For these professions supervision has served the function of developing the practitioner's professional identity, as well as fostering their professional development and assuring the welfare of the client through the monitoring of the practitioner's work (Grauel 2002; Hawkins and Shohet 2000; Carroll 1996). Supervision within these professions has tended to be

person centred and focused upon intrapersonal and interpersonal processes and their affect upon both the parties involved and their practice. The development of counselling supervision is described by Carroll (1996) as having three phases namely, 1) psychoanalytic origins, 2) counselling model based approaches and 3) specific supervision approaches namely, the developmental and social role models.

Turning to the supervision literature in the nursing profession, one finds that despite clinical supervision being a recent development (emerging in the early 1990s) there is a prolific literature (Yegdich 2002). In developing its approach to supervision, nursing has drawn mainly from counselling and psychotherapy sources, which first entered the mental health nursing field and then general nursing (Yegdich and Cushing 1998). The nursing supervision literature makes a significant effort to distinguish and separate clinical supervision from line management. It also contains a growing critique of the influence and applicability of counselling and psychotherapy approaches in nursing supervision, as well as an attempt to reclaim the unique nature of nursing within its clinical supervision by returning to the profession's emphasis on biological process, practical skills and the intimate nature of bodily care (Yegdich 2002).

Each of the professions reviewed thus far has an established supervision literature and culture. There are three areas namely, the allied health professions, support work and church clergy where a supervision culture has not yet been established but may yet emerge over the next decade. As these fields start to pioneer supervision it seems that they are drawing on the supervision literature and training from professions where supervision is well established and in some cases their members are seeking cross-disciplinary supervision as supervisees with supervisors from other professions including social workers (O'Donoghue 1995; Grauel 2002; Grover 2002).

Review of the relevant literature and research

The method used in this literature review involved searching the Social Sciences Citation Index (via the Web of Science) and EBSCO megafile using the Academic Search Elite; ERIC; Health Source: Nursing/Academic Edition; Health Business Fulltext Elite; PsycARTICLES; and PsycINFO databases. The initial search strategy employed involved the terms "interdisciplinary supervision" or "multidisciplinary supervision" or "transdisciplinary supervision" these terms yielded no results from the Social Sciences Citation Index and only one article from the EBSCO databases, namely, Galvin and McCarthy (1994) which was a critical evaluation of the claim that multidisciplinary teams were the most effective means of providing community mental health services. In their critical evaluation Galvin and McCarthy (1994, p. 162) state that "Interdisciplinary supervision is simply not viable within the current organisational and professional context."

A second search strategy was used with the term "clinical supervision". Each of the two searches yielded over 300 results. The titles and abstracts from these results were manually reviewed for any cross-disciplinary or multiprofessional supervision content.

From this review, four further articles were identified as relevant. Berger and Mizrahi (2001) was the only article published in a social work journal and it reported a survey of 750 hospitals in the USA, which sought to identify the extent that social workers participated over three years in the following models of supervision:

- 1) Traditional supervision (with a senior social worker who was formally appointed to the role of supervisor);
- 2) Peer supervision (with a social worker who was a colleague)
- 3) Non-social work supervision (with a person who did not hold a social work qualification).

The findings of this study were that participation in the differing supervision models had changed with a notable decrease in traditional supervision and increase in non-social work supervision. This was attributed to the flattening of the management structure within health care organisations. Another finding was that clinical supervision by a social worker was “clearly evident” (Berger and Mizrahi 2001, p.12). As well as these findings this article identified further research questions concerning non-social work supervision. These questions included: the qualifications of supervisors; their role, authority, supervision philosophy and methods; their knowledge of the social work profession; the content of their supervision sessions; the experiences of social workers who are supervised by them and where these social workers receive their clinical supervision.

The second article, Mullarkey, Keeley and Playle (2001) seeks to explore whether supervision in the multiprofessional environment of mental health teams is possible and desirable and aims to open up this topic for debate from a pro-multiprofessional supervision perspective. The third article Hykras, Appleqvist-Schmidlechner, and Paunonen-Ilmonen (2002) reports a qualitative study of multiprofessional team supervision in Finland and finds that expertise, relational and logistical factors influenced the achievements of team supervision and that team supervision’s effects on the work setting and supervisors were perceived as positive and rewarding. Clouder and Sellars (2004) is the fourth article and it is based upon two qualitative research studies. One conducted with occupational therapy students and the other with qualified physiotherapists. The article itself is focused upon an interprofessional perspective for clinical supervision and reflective practice and draws heavily from nursing supervision literature. The picture of cross-disciplinary supervision portrayed by these articles does not provide any obvious assistance for social workers in the form of practice guidelines or information concerning the strengths and challenges involved in cross-disciplinary supervision as either a supervisor or supervisee.

The politics and ethics of the supervision hybrid

In this section, supervision politics and questions pertaining to the ethics of cross-disciplinary supervision will be explored.

The human service professions operate with various degrees of legitimisation and status within society (Hancock 1998). O’Donoghue (2003a) asserts that the established health professions of medicine (including psychiatry),

nursing and psychology have high legitimisation and status and that psychotherapy and counselling, whilst not quite at the same level as the registered health professions, appear nonetheless to be held in higher regard than social work. The influence that this has in terms of supervision extends to claims made concerning the construction of supervision and to the establishment of preferred discourses in multiprofessional settings.

In the supervision literature, the citation and referencing of the literature from other professions appears to reflect a preference for the psychotherapy and counselling literature with the extensive social work supervision literature being rarely mentioned or referred to outside of the social work profession.

Central to the issues concerning politics in supervision are the two significant discourses, namely, supervision as a field of practice within a profession and supervision as a discipline in its own right (O'Donoghue 2003a; Carroll 1996). The difference between these two discourses essentially concerns the construction of supervision and whether on the one hand, the supervision of the direct practice with clients which requires knowledge of professional practice is emphasised, or on the other hand, the supervision of the worker which necessitates the application of methods and models of how to supervise is emphasised. The debate created by these discourses can lead to the awful question of what is better, a supervisor who has expertise in practice or one that has expertise in how to supervise (Carroll 1996). The answer is obviously neither, with what is best being a supervisor and a supervisee who between them both possess expertise in practice and how to conduct supervision.

Before moving on to discuss questions pertaining to the ethics of cross-disciplinary supervision it is worthwhile considering briefly the influence that the increasing privatisation of the supervision marketplace may have in the niche marketing of supervision (or perhaps supervisors) as a profession and discipline in its own right and the possibility that a commercial imperative rather than a practice one is influencing this discourse.

In terms of ethics, the main ethical issue for social workers engaging in cross-disciplinary supervision as supervisors relates to their competence to do so, whereas for social work supervisees, the ethical issue relates to their duty to clients concerning accountable practice, continuing professional education and professional standards.

The issue of a social work supervisor's competence to engage in cross-disciplinary supervision is one that is connected to the previous point made concerning expertise in practice and supervision. It also concerns, what exactly the social work supervisor has contracted to supervise. For example, if a social worker supervisor working in a child and adolescent mental health service with an expertise in family casework agrees to supervise a psychiatric nurse's family casework only, so that the nurse learns family casework, and this supervision is additional to the nurse's established nursing supervision, then, the ethical issue of competence diminishes leaving the ethical questions to be: a) whether the supervisor is aware of the nurse's ethical obligations; b) that the supervisor has informed the nurse of the supervisor's ethical obligations and the means and process by which the nurse could make a complaint; and c) that the supervisor and

supervisee have a clear process specified in their contract concerning the reporting of alleged unethical practice.

However, if the same supervisor contracted to supervise the nurse for their entire nursing practice, as their sole supervisor, the supervisor's competence for areas outside of the social work scope of practice would be in question and if the social work supervisor was not conscious of this limitation in their own competence and did not refer to an appropriately qualified nurse matters outside of their competence then they may be in breach of section B 1.9 of the Aotearoa New Zealand Association of Social Workers, (ANZASW) *Code of Ethics* (NZASW 1993).

In the case of a social work supervisee seeking cross-disciplinary supervision, the ethical issues concern how the supervisee is ensuring that they are professionally accountable for their practice and that by participating in this supervision they are responsibly meeting their duties to their clients by ensuring that they continue their professional development and adhere to professional standards. In this regard, sections B 3.7, B 5.1- 5.3 of the ANZASW *Code of Ethics* would appear to apply (NZASW 1993). Furthermore, as indicated in the supervisor example, the ethical situation is different when the cross-disciplinary supervision is an adjunct to professional social work supervision and the supervisee has a clearly contracted focus, such as learning cognitive behaviour therapy or narrative therapy from either a psychologist or narrative therapist.

The Health and Disability Commissioner's (HDC) report into Southland District Health Board's Mental Health Service touched briefly in its comments concerning "Social Worker A" about it being a social worker's duty to clients, to be professionally accountable for their practice through supervision, ongoing professional development and to use supervision to maintain professional standards (HDC 2001, 73-74). In this report the supervision arrangements were described as involving, "peer supervision on an ad hoc basis from a drug and alcohol counsellor on staff...[who] does not have social work qualifications" and irregular and infrequent supervision with an approved "Southland DHB supervisor" (HDC 2001, 73-74). Since this report, there have been two significant pieces of legislation that are likely to have an influence upon cross-disciplinary supervision. It is to these that we now turn our attention.

The Aotearoa New Zealand regulatory environment

In 2003, the New Zealand Government passed both the *Social Workers Registration Act* and the *Health Practitioners Competency Assurance Act*. The Social Workers Registration Act establishes a market based approach to the regulation of social workers based upon individual social workers and/or their employers' choice. The Government aims to ensure that registration becomes widespread through out the social services by using its influence as the major funder of social services through the mechanism of contract compliance.

In the Act itself, supervision is only mentioned in two places, namely section 29, as a possible condition attached to practising certificates, and section 83 as a penalty that may be imposed by the disciplinary tribunal. Despite, this meagre mention of supervision in the Act and no publicly espoused supervision policy from the Social Workers Registration Board, it appears reasonable to speculate that the

Social Workers Registration Board could adopt a supervision policy similar to that of ANZASW in relation to social work supervisees, in which “social workers receiving cross-disciplinary supervision...should also be receiving supervision from a [registered] social worker” (ANZASW 2003, p16). Currently, ANZASW enforces this policy amongst their members through their competency assessment processes. There is no reason why the Social Workers Registration Board could not use a similar policy and practice for registration. The question concerning social workers acting as cross-disciplinary supervisors is not currently one that either ANZASW or the Social Workers Registration Board has considered despite it being clearly linked to the social work scope of practice.

Perhaps, the *Health Practitioners Competency Assurance Act* (HPCAA), 2003, which aims to provide a regulatory framework within which the public are protected by ensuring that health practitioners are competent and fit to practise their professions may provide us with some insights. This Act applies to all currently registered health and allied health professions. Social work, however, is not covered by this Act. The Act contains a number of references to supervision which are found in sections 5, 12, 22, 23, 101, 137, 202 and schedules 4 and 6. The most notable of these references is the interpretation of supervision provided in section 5, which states that:

“Supervision means the monitoring of, and reporting on, the performance of a health practitioner by a professional peer.”

This interpretation provides a uniprofessional definition of supervision which clearly has implications for social workers who are supervising health practitioners, due to social work’s exclusion from this Act and social workers’ inability to claim health practitioner status or clinical supervision as within their scope practice. It appears to go some way to possibly clarifying the question of social workers as cross-disciplinary supervisors.

Conclusion

This paper has critically examined the phenomena of cross-disciplinary supervision as it pertains to social workers as both supervisors and supervisees through a four dimensional framework which considered the history of supervision in the professions, relevant literature, the political and ethical issues and the regulatory environment. From this examination it is clear that for social workers cross-disciplinary supervision is a practice in need of guidelines. In this regard the following guidelines are suggested:

- 1) Where the social worker is the supervisee that:
 - it is in addition to professional supervision with a social worker;
 - the similarity and differences between each profession’s supervision traditions and the individual’s experience of supervision are discussed;
 - the nature, purpose and structures of the cross-disciplinary supervision are explicitly contracted;
 - it is authorised by the organisation;

- both parties are informed about each other's ethical codes and complaint processes; and
- the status of the supervision in relation to the regulatory, professional membership, and organisational requirements is clear and explicit.

2) Where the social worker is the supervisor that:

- the scope of the supervision is clearly established;
- it is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision;
- it is authorised by the organisation;
- there is an explicit contract covering the nature, purpose and structures of the supervision;
- the similarity and differences between each profession's supervision traditions and the individual's experience of supervision are discussed;
- both parties are informed about each other's ethical codes and complaint processes; and
- the status of the supervision in relation to regulatory, professional membership, and organisational requirements is clear and explicit.

References

Aotearoa New Zealand Association of Social Workers (2003) Practice Note Supervision. *Social Work Notice Board* August 2003, Dunedin: Aotearoa New Zealand Association of Social Workers, p. 16.

Berger, C., and Mizrahi, T. (2001) An Evolving Paradigm of Supervision Within a Changing Health Care Environment. *Social Work in Health Care*, 32 (4), 1-18.

Bernard, J., and Goodyear, R. (1998), *Fundamentals of Clinical Supervision, 2nd Edition*. Needham Heights, MA: Allyn and Bacon.

Carroll, M. (1996) *Counselling Supervision Theory Skills and Practice*. London: Continuum.

Clouder, L., and Sellars, J. (2004) Reflective practice and clinical supervision: an interprofessional perspective. *Journal of Advanced Nursing* 46 (3), 262-269.

Gardiner, D. (1989) *The Anatomy of Supervision- Developing Learning and Professional Competence for Social Work Students*. Milton Keynes: Society for Research in Higher Education and Open University Press.

Galvin, S., and McCarthy, S. (1994) Multi-disciplinary community teams: Clinging to the wreckage. *Journal of Mental Health*, 3 (2), 157-166.

Grael, T. (2002) Professional oversight: The neglected histories of supervision. In McMahon, M., and Patton, W. (eds) (2002) *Supervision in the helping professions a practical approach*. Frenchs Forest, NSW: Prentice Hall, 3-15.

Grael, T. (2002) Overseeing the overseers: Supervision of Christian Clergy in Australia. In McMahon, M., and Patton, W. (eds) (2002) *Supervision in the helping professions a practical approach*. Frenchs Forest, NSW: Prentice Hall, 261-272.

Grover, M. (2002) Supervision for allied health professionals. In McMahon, M., and Patton, W. (eds) (2002) *Supervision in the helping professions a practical approach*. Frenchs Forest, NSW: Prentice Hall, 273-284.

Hancock, M. (1998) The social work profession now and in the next 10 years. *Social Work Review* X (4), 2-5.

Hawken, D., and Worrall, J. (2002), Reciprocal mentoring supervision. Partners in learning: A personal perspective. In McMahon, M., and Patton, W. (eds) (2002), *Supervision in the helping professions: a practical approach*, Frenchs Forest, NSW: Prentice Hall, 43-54.

Hawkins, P. and Shohet, R. (2000), *Supervision In The Helping Professions 2nd Edition*. Buckingham: Open University Press.

Health and Disability Commissioner (2001) *Southland District Health Board Mental Health Services: A Report by the Health and Disability Commissioner, February-March 2001*. Auckland: Health and Disability Commissioner.

Health Practitioners Competence Assurance Act 2003, Wellington: New Zealand Government.

Hewson, D. (2002) Supervision of psychologists: A supervision triangle. In McMahon, M., and Patton, W. (eds) (2002), *Supervision in the helping professions: a practical approach*, Frenchs Forest, NSW: Prentice Hall, 197-210

Hyrkas, K., Appelqvist-Schmidlechner, K., Paunonen-Ilmonen, M. (2002) Expert supervisors' views of clinical supervision: a study of factors promoting and inhibiting the achievements of multiprofessional team supervision. *Journal of Advanced Nursing* 38 (4), 387-397.

Kadushin, A., and Harkness, D. (2002) *Supervision in Social Work 4th Edition*, New York: University of Columbia Press.

Kane, R. (2001) Supervision in New Zealand Social Work. In Connolly, M. (ed) (2001) *New Zealand Social Work Contexts and Practice*. Auckland: Oxford University Press, 291-303.

MacDonald, J. (2002) Clinical Supervision: a review of underlying concepts and developments. *Australian and New Zealand Journal of Psychiatry* 36, 92-98.

Mullarkey, K., Keeley, P., and Playle, J. (2001) Multiprofessional clinical supervision: challenges for mental health nurses. *Journal of Psychiatric and Mental Health Nursing* 8, 205-211.

Munson, C. (2001) *Handbook of Clinical Social Work Supervision 3rd Edition*. New York: Haworth Press.

New Zealand Association of Social Workers (1993) *Code of Ethics*, Wellington: NZASW.

O'Donoghue, K. (1995) How well do we as Church minister to our ministers? *The Tablet*, 23 April 1995. Dunedin: Tablet Publishing, p. 15.

O'Donoghue, K. (1999), *Professional Supervision Practice Under New Public Management: A Study of the Perspective of Probation Officers and Service Managers In the Community Probation Service*, Palmerston North: Massey University, MPhil Thesis.

O'Donoghue, K. (2003a) *Restorying Social Work Supervision*. Palmerston North: Dunmore Press.

O'Donoghue, K. (2003b) Global-vision, local-vision, personal-vision and social work supervision, *Social Work Review*, XIV (4), 20-25.

Payne, M. (1994), Personal Supervision in Social Work, in O'Connor A., and Black S., (eds) (1994), *Performance Review and Quality in Social Care*, London: Jessica Kingsley Publishers 43-58.

Rich, P. (1993) The Form, Function, and Content of Clinical Supervision: An Integrated Model. *The Clinical Supervisor*, 11(1), 137-178.

Robinson, V. (1949) *The Dynamics of Supervision Under Functional Controls*. Philadelphia: University of Philadelphia Press.

Social Workers Registration Act 2003, Wellington: New Zealand Government.

Tsui, M. (1997) The Roots of Social Work Supervision: An Historical Review. *The Clinical Supervisor*, 15 (2), 191-198.

Van Kessel, L. and Haan, D. (1993), 'The Intended Way of Learning in Supervision Seen as a Model', *The Clinical Supervisor*, 11 (1), 29-44.

Yegdich, T., and Cushing A. (1998) A historical perspective on clinical supervision in nursing. *Australian and New Zealand Journal of Mental Health Nursing* 7 (1), 3-24.

Yegdich T. (2002) Articulating the practice of clinical supervision in nursing. In McMahon, M., and Patton, W. (eds) (2002), *Supervision in the helping professions: a practical approach*, Frenchs Forest, NSW: Prentice Hall, 249-260.