

# **Model 1: Clinician Lead Supervision in Legal Settings**

## **Introduction**

Legal workplaces around the world are responding to the growing awareness of the poor mental health of lawyers from law school to the bench. Given the nature, volume and difficulty of legal work and the high attrition rate in the profession, legal employers, law societies, the Bar and the Judiciary are now being asked to provide pre-emptive support for the lawyers, judges, clerks and those who work with them. Borrowing from Social Work and Psychology, who have always required their practitioners to receive professional supervision on a regular basis as a professional obligation, the Law is now adapting these models. The first is Clinician Lead Supervision.

## **What is Supervision?**

Supervision in this context is not line management. Rather it is a supportive relationship to help the practitioner, develop self-awareness around their decisions, wellbeing and responses to clients and to develop strategies to be safe and well in their practice. Its main components are support, reflection, education, developing deeper self-awareness and new skills. There is also the aspect of accountability to themselves, their clients, their colleagues, the profession and the community they serve. Central to this is wellbeing. The process also helps identify ongoing skills development and training needs. It can be one on one or in a group setting with several practitioners meeting together with the Clinician.

## **Choosing the Clinician**

It is essential the clinician is skilled and experienced in mental health, work based stress, Vicarious Trauma, and has a good understanding of lawyers and how they work. It helps that they like and respect lawyers. Preferably they work from a Trauma Informed, Neuroscience, Strengths based perspective. It is essential that they participate in their own regular professional supervision. It is not required that they have extensive legal knowledge. It is essential they have good sense of humour and good crisis management skills.

## **For Individual Supervision**

The legal practitioner should have some sessions with a couple of different supervisors giving both participants a chance to see if the fit is right. Look for someone with the qualities outlined above, who is frank and honest and empathic. The relationship must be safe and supportive but robust enough to have challenging discussions. Ideally meet once a month, no less than once a quarter, face to face for an hour. The discussion should include:

wellness check

follow up on issues raised in last session

new concerns

self-reflection

education

skills development

strategies

planning and implementation.

It should focus on the impact of the work not the clients' stories. It must not just be a venting session which in neuroscience terms is called neural kindling, i.e. just making the distressing material burn more into the brain. Its goal is to take the right brain worry, engage left brain with clear thought and emerge with a whole brain response. (Daniel Siegel)

It is necessarily confidential unless there is a risk of harm to the practitioner or another party.

### **Group Supervision**

This is where several legal practitioners come together with a clinician to do the same process described above, with the added component of managing relationships in the group.

It is advised that the practitioners be at the same level of experience except in very small agencies with only 3 or 4 lawyers. Generally, however you would have senior lawyers in one group and junior lawyers in another.

The group should have safe, respectful relationships with each other, and the privacy of all members is to be respected. What's said in the room stays in the room and no-one speaks for anyone else.

The first sessions of any new group should set up safe rules of engagement that all members commit to.

### **In both forms**

The practitioner should come prepared with what they want to talk about, a willingness to be challenged and a commitment to collaborative learning.

### **Sometimes**

Supervision helps identify counselling needs, mental health issues and personal health issues, these should be referred to a separate clinician to be dealt with in private and kept separate.

**Training and policy issues that arise** should be referred by the clinician back to practice managers and clerks with the consent of the individual or the group for action.