Psychosocial Centre

International Federation
of Red Cross and Red Crescent Societies

Interim Guidance: Supportive Supervision for volunteers providing Mental Health and Psychosocial Support during COVID-19

Introduction

During outbreaks of COVID-19, the Red Cross and Red Crescent volunteers provide services to those affected. Those impacted by the pandemic may face an array of distress because of the ongoing situation. Red Cross and Red Crescent volunteers are providing crucial mental health and psychological support (MHPSS) to those who are isolated, who have lost loved ones, and who are fighting loneliness and feelings of anxiousness and feelings of depression. Volunteers are impacted by COVID-19 like everyone else worldwide. They worry about being stigmatized by family and community members, fear contracting the virus, having to be in isolation or quarantine, losing colleagues etc. Volunteers may also be affected by witnessing the death of someone they supported or be exhausted by having challenging tasks.

To effectively care for and support volunteers involved in a COVID-19 response and to ensure that high quality MHPSS is being provided to the community, National Societies must establish robust volunteer care system, one that includes supportive supervision, to enhance their safety and psychosocial well-being. When a safe and supportive environment is created by team leads/supervisors, staff and volunteers are then able to talk openly about stressors, ways of coping, skill development and are able to ask for support when they need it.[1] In addition to wellbeing, supportive supervision increases capacity to respond to and deliver support those who need it most, as learned in the Ebola response.[2] If not adequately supported, volunteers may experience stress responses that could have a long-term negative impact on their psychological well-being,[3] and negatively impact their ability to provide MHPSS to those impacted by COVID-19.

> **Supportive Supervision**
> *Creating supportive relationship between supervisor and supervisee to promote regular skill development, joint problem solving, and supportive two-way communication. Supportive supervision promotes the wellbeing of volunteers and improves the service delivery of MHPSS interventions, and, ultimately, improve the protection of, and service provision for, populations affected by disasters and protracted crises.*

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[1] IFRC Psychosocial Centre., *A Guide to Psychological Frist Aid for Red Cross and Red Crescent Societies*. 2018

[2] "Mental health care during the Ebola virus disease outbreak in Sierra Leone," Bulletin of the World Health Organization, 2017, accessed 12, 95 (842).

[3] Aldamman, K., et al., *Caring for the mental health of humanitarian volunteers in traumatic contexts: the importance of organisational support.* European Journal of Psychotraumatology, 2019. **10**(1).

This interim guidance note is to provide a quick reference for National Societies to establish and support supervisors in provision of supportive supervision to volunteers during COVID-19. National Societies should also familiarize themselves with Caring for Volunteers and Staff Guidance as well as Psychological First Aid, both of which can be found in the resource section of this document.

Contents:

Key considerations for National Societies:

-Supportive supervision should be planned and budgeted for in COVID-19 response plan of actions, budgets and job descriptions. It should not be considered an *add on* activity that is done ad hoc and during staff and volunteer's own personal time

- Ensure that staff and volunteers have access to communication and technological platforms to facilitate supervision sessions as remote supervision is the most practical and safest choice during the COVID-19 response. While not recommended, if doing supervision in person, staff and volunteers must ensure that they are practicing safe physical distancing and respecting the rules of national and regional COVID-19 regulations

- Supportive supervision should take a tiered approach, and National Societies should ensure that those who are providing supervision to volunteers also have access to supervision and supportive services themselves

- Ensure that referral pathways are established for staff and volunteers to access psychological supports if needed. Supervisors should not replace mental health care

- Any live supervision must have the beneficiaries' consent (written if possible or provided verbally while being recorded). It is important that the beneficiary know exactly the purpose of having a supervisor review recording or be present for session is. It is important to have this information, in the format of a script, available for volunteers to share with beneficiary as part of informed consent process

-Beneficiaries should always be informed that limits of confidentiality, and that their cases might be discussed in supervision

Implementing Supportive Supervision

Flexibility is essential for supervision during ordinary times, but particularly for the COVID-19 response. The supervision modalities listed below can all be conducted remotely (see Table 2), through the use of Skype, Zoom, Teams, and other technologies. What is used to connect can be determined by preferences of the team and the program. Special considerations for remote supervision are outlined in Table 1.

A *mixed approach to supervision* is preferred to only adhering to one modality. Conducing group or peer supervision in conjunction with individual supervision can ensure that supervisees are getting the support that they need. It may be beneficial to decide what kind of supervision will be provided in conjunction with volunteers supervising. See Table 2 below for more information.

Frequency and duration will be determined by the needs of supervisees as well as availability. Weekly supervision sessions or check in's should be the minimum during the COVID-19 response. Daily check in's with individuals should be maintained if possible when they are providing MHPSS, weekly individual sessions and group or peer supervision sessions every two weeks are recommended given the complex nature of the COVID-19 response.

Table 1

Special Considerations for Remote Supervision

If guidance is not given by National Society on what platform to use, it is recommended to discuss with volunteer(s) what their preferred mode of communication is. In some contexts, phone calls may be the only option, and in other contexts, platforms such as Zoom or Skype might be an option. Do not assume that all volunteers know how to work specific technologies. It is important to provide guidance and test technology prior to the session.

Determine mode for daily check ins. Whatsapp, Viber, text messaging and other services have been used in the past for remote supervision with reported success, depending on staff and volunteers access to internet.[4]

Confidentiality is an essential consideration for providing remote supervision. Beneficiaries names and identifying information should never be disclosed during remote supervision sessions. While many platforms do their best to remain secure and protect data, there are no guarantees and supervisors and supervisees should make every effort to protect their beneficiary's data.

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[4] Kemp CG, Petersen I, Bhana A, Rao D. Supervision of Task-Shared Mental Health Care in Low-Resource Settings: A Commentary on Programmatic Experience. Glob Health Sci Pract. 2019;7(2):150-9.
Nemiro, A., Constant, Sandrine, van 'T Hof, Edith, Three Case Studies from Ethiopia, Syria and Honduras: After the Randomized Controlled Trial (RCT): Implementing Problem Management Plus (PM+) through Humanitarian Agencies. 2019

Table 2

Types of supervision:

	Individual Supervision	Group Supervision	Peer Supervision[5]	Live Supervision
What	One to one meeting between supervisor and supervisee to discuss cases, wellbeing, challenges and opportunities for future practice	Group meeting facilitated by supervisor or referent person[6] who has more experience than the rest of the group	Peers coming together to support one another, discuss cases, problem solve, and create space for mutual learning and sharing	Direct observation of supervisee by supervisor during intervention. During COVID-19 this can mean listening to recording of call, or being on the line*
Who	Supervisor and supervisee (volunteer)	-Supervisor (experienced referent person) and two or more supervisees. -Supervisees can work on the same team or project, or can be part of a multidisciplinary approach	-One or more individuals who are not directed or lead by a supervisor or referent person -Roughly the same level of experience and role	Supervisor, supervisee, and beneficiary(ies)
Format	-In person or remotely -Private and confidential space or technological platform	-In person or remotely -Private and confidential space or technological platform	-Group or one to one - In person or remotely - Private and confidential space or technological platform	-Direct observation of group or individual MHPSS session -'live' or remotely (recording)
Benefits	-Increased privacy and confidentiality -Individualised attention to volunteer/supervisee	- Allows for peers to support one another and share group challenges and learnings -Increased opportunity for role plays and other modalities to be used - Group dynamics can be used as tool -Can reach higher number of supervisees -Limits supervisor repeating the same teaching over and over	- Allows for peers to support one another and share group challenges and learnings -Collaboration without hierarchal power dynamics	- Feedback can be given on verbal and non-verbal skills of supervisee -Can observe and provide feedback on fidelity to intervention -Helpful with complicated cases
Limitations	-More time consuming and costly to implement	-Power dynamic of having a supervisor in group -Group dynamics can be barrier to facilitation -Confidentiality cannot be ensured the same way as in individual supervision	- Works best with 'mature' teams -More cost and time effective	-Must have beneficiary consent - Could impact beneficiaries comfort level with helper

[5] For more information about peer support, please see IFRC Psychocial Centres, *A Guide to Psycholgical First Aid*, page 96, as well as *Module 4: PFA in Groups*

[6] Referent person can be not a formal supervisor to the group, but who has more technical knowledge and facilitation skills than group members.

Supervisor Checklist

Sample guidance for how to structure session and timing of activities. All timings are approximate and are dependent on format used and number of participants

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Type of Supervision:
- ☐ Individual
- ☐ Group
- ☐ Live (prior consent obtained by beneficiary)
- ☐ Peer (supervisor should not be present)

Platform used: _____

Number of participants:_____

Referrals for further support needed for any volunteers? If yes, document steps taken

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Preparation:

Individual session (60 min) 1:1

Group session (90 min) Max 8 participants and supervisor

Peer session (60-90 min) Max 8 participants at similar levels and does not include supervisor or referent person

Live (dependent on session) Max one supervisor'

- Supervisor should prepare structure of session in advance, while understanding that it will be necessary to be flexible
- Supervisor should check in with self-prior to session and take care of own needs
- If doing case presentation, supervisor should ensure presenter is prepared in advance
- If teaching skill, supervisor should prepare activity in advance
- Test technological or communication platform with all attending supervision session
- Ensure referral pathways available to those volunteers who may need additional support

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Session:

Warm up:
- ☐ **Introduction** to session, members of group introduce themselves if initial session, group rules are established and limits to confidentiality are discussed.
- ☐ **Check in** with volunteer or volunteers. This can be done though discussion or activity (example: using one word, describe how you are doing or feeling today or brief update). Supervisor should allow for reflection and exploration of the supervisee during this time, but be sure to contain the discussion. (10 min)

Learning:
- ☐ **Case presentation** (if individual, volunteer should come prepared to share challenging situation or case they might be having, if group, supervisor should assign or ask for volunteer(s) to share difficulties they might be having with case or situation, or one thing they feel they need help with). If live supervision is being used, and session is recorded, supervisor and supervisee may decide to use that within session. (10 min)

☐ **Discussion** If in group supervisor, allow group members to reflect on the case presented and share thoughts and ideas together. Supervisors role is to facilitate this discussion but avoid jumping in to give advice. (15 min)

AND/OR:

☐ **Teaching** Volunteers may bring up skill or area that they feel less confident or comfortable with in providing MHPSS. Supervisor may choose to review skill in session. Ideal to make this as interactive as possible by setting up role plays, discussion groups, and activities. (30 min)

Support:
☐ During the COVID-19 response, as a supervisor you might find that the team of volunteers you are supporting may need a session specifically focused on their wellbeing and how they are coping with stressors. In this case, you may want to introduce or have other volunteers introduce coping techniques that they have found to be helpful, and to practice some of these techniques together in session. Encouraging volunteers to find ways to decrease stress during this time is essential for their wellbeing. Additional information and tools can be found in the resource section of this document. (10-60 min)

Wrap up:
☐ **Check in** with volunteer or volunteers. What did they find to be most helpful? What do they need more support with next time? What is one thing they will do before their next session to look after themselves? (10 min)
☐ Agree upon next session time and date and any other logistical details before ending call (5 min)
☐ **Closing** might include a relaxation activity chosen by the volunteer(s) (5 min)

After Session:
☐ Follow up with any volunteers who may need individual supports including individual supervision session or referral for additional services
☐ Supervisor should de brief with their supervisor on a regular basis
☐ Supervisor should take note of any skills and topics that should be prepared for next session

Further Resources

Additional COVID-19 and MHPSS related resources can be found on the [PS Centre's website](#), as well as materials in different languages. The website will be updated as new resources become available.

IFRC Reference Centre for Psychosocial Support resources:

[Guidelines for Caring for Staff and Volunteers in Crises](#)

[Brief Guidance Note on Caring for Volunteers during Covid-19](#)

[Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus](#)

[Caring for Volunteers Toolkit and training manuals](#)

[Lay Counseling: A Trainer's Manual](#)

[Volunteering with the Red Cross Red Crescent in crisis situations – disasters and pandemics](#)

[14 Day Well-Being Kit](#) Resource for those in isolation and quarantine.

IASC resources:

[IASC Briefing note on addressing metal health and psychosocial aspects of COVID-19 outbreak version 1.5](#)

"Mental Health Care During the Ebola Virus Disease Outbreak in Sierra Leone." Bulletin of the World Health Organization, 2017, accessed 12, 95 (842).