Clinical Supervision and Practice Supports for an Integrated Service Delivery System:

A Guidance Framework

Addiction and Mental Health
Clinical Supervision Reference Group

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Executive Summary
The Alberta Health Services (AHS) Addiction and Mental Health (AMH) Integrated Service Delivery Framework (Alberta Health Services, Addiction and Mental Health, 2009) guides the creation of a single effective province-wide continuum of addiction and mental health services to address the unique needs of Albertans with addiction, mental health issues, and concurrent disorders. In 2010, AHS created a goal to improve client outcomes and experiences by achieving concurrent capability across addiction and mental health services (Alberta Health Services, 2010). To achieve this goal AMH created the AMH Professional Development Strategy which aims to ensure a diverse, well-trained and well-supported addiction and mental health workforce who deliver concurrent capable care to clients, patients, and their families experiencing addiction, mental health problems, and concurrent disorders.

The development of this AMH Clinical Supervision and Practice Supports Guidance Framework is one key element of the Professional Development Strategy and is intended to position clinical supervision as an essential component of clinical development and quality care in AMH.

Clinical supervision is defined by the AHS provincial working group as a working alliance and ongoing process between practitioners intended to enhance knowledge, skills and judgement; provide professional support and clinical development; and improve client/patient outcomes. It is one of the most important ways that practitioners learn – through practice, observation, reflection, feedback and implementing recommendations from supervision.

Clinical supervision is one element within a range of supervisory activities and should be distinguished from administrative supervision which has a primary focus on program operations including staffing and performance evaluation. This Guidance Framework also acknowledges and does not replace the provisions of the Health Professions Act and the standards set by regulatory bodies for clinical supervision. It provides a rationale, identifies specific processes for clinical supervision implementation; and clearly outlines the roles and responsibilities within the types of clinical supervision processes and relationships outlined within best practice literature. Other practice support activities that help educate, encourage, support and develop the practitioner to enhance his knowledge and skill for improved client outcomes are also identified.

The Clinical Supervision Guidance Framework is intended to outline a foundation for clinical supervision best practice standards for operational leaders to build upon, apply, modify and make “their own” within their unique zone culture and practice environment.

We wish to acknowledge the Clinical Supervision and Practice Supports Reference Group representing the operational zones and provincial portfolios for their significant contributions to this work. It is their clinical “lived experience” as clinicians and supervisors that has truly informed the development of the Guidance Framework.
Clinical Supervision and Practice Supports – A Guidance Framework

Introduction

The AHS goal of achieving concurrent capability across addiction and mental health services is supported by many provincial actions including the creation of the AMH Professional Development Strategy which aims to ensure a diverse and well-trained addiction and mental health workforce who deliver concurrent capable care to clients, patients, and their families.

This AMH Clinical Supervision and Practice Supports Guidance Framework is one key element of the Professional Development Strategy and is intended to position clinical supervision and practice supports as an essential component of clinical development in AMH.

This document was not developed to replace the provisions set out by the Health Professions Act and standards set by Regulatory Colleges. Rather, this document promotes a culture of learning which promotes safe and effective quality care.

Statement of Guidance

Alberta Health Services (AHS) Addiction and Mental Health (AMH) is committed to fostering a culture of learning that includes the provision of clinical supervision and other practice supports for addiction and mental health professionals who work directly with clients, patients and their families. Clinical supervision and practice supports are available to these professionals and they are expected to participate.

Alignment to AHS Values

Clinical supervision and practice supports are guided by principles that align with and demonstrate Alberta Health Service’s organizational values including:

- respect
- transparency
- collaboration
- trust
- support
- learning
- accountability
- client/patient-centred
- accessibility

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1 This framework pertains to the supervision of staff in regards to clinical practice in their general roles as addiction and mental health providers. Individual staff may also require or seek out supervision for discipline-specific skills and competencies for licensing purposes.

A thorough review of AHS’ responsibilities under the Health Professions Act is not within the scope of this framework. AHS recognizes and functions within the provisions of the Health Professions Act and expects that any staff performing a restricted activity be properly authorized or supervised. Where professionals are authorized to perform a restricted activity under regulation, they are responsible to constrain themselves to their own level of expertise and competency, and address continuing competence education as required. For more information on this, please contact AHS Health Professions Practice & Strategy
Clinical Development - A Culture of Learning and Support

Addiction and Mental Health recognizes the importance of fostering a culture of learning and ensuring that addiction and mental health practitioners are effectively supported in their clinical roles across the continuum of care. Reflective practice and effective clinical support contribute to continuous quality improvement across the organization.

Post-secondary education provides entry to practice discipline-specific competencies required to ensure safe and effective practice in addiction and mental health environments. The Clinical Supervision and Practice Supports Guidance Framework was developed to further enable and empower our staff for excellence in clinical practice in the range of AMH settings and contexts through a process of clinical development (Figure 1).

Figure 1- Clinical Development Process
Clinical Supervision and Practice Supports

Clinical Supervision and practice supports help integrate knowledge into practice, enhance practitioners’ clinical skills, provide support and encouragement, and improve client /patient service. As indicated in Figure 2, these range from clinical supervision to self-directed study. Clinical supervision is highlighted as it is regarded as the core clinical development activity.

Figure 2- Clinical Supervision and Practice Supports

Clinical Supervision

Clinical supervision is a working alliance and ongoing process between practitioners intended to enhance knowledge, skills and judgement; provide professional support and clinical development; and improve client/patient outcomes. (as defined by the Provincial Reference Group)

In AMH, clinical supervision is the main pillar of practice supports for addiction and mental health practitioners and a critical way to bridge between classroom learning and practice and different work contexts. It helps develop and orient practitioners to their current work context – including the mandate, clients/patients, and models of practice. Clinical supervision is one of the most important ways that practitioners learn – through practice, observation, reflection, feedback and implementing recommendations from supervision.
Through clinical supervision practitioners are supported to “translate new or existing information, models, principles and values into a behavioural skill set that can be utilized with clients/patients for the purpose of their therapeutic transformation” (AADAC Clinical Supervision Guidelines).

The Relationship between Clinical Supervision and Administrative Supervision

Clinical supervision is one element within a range of supervisory activities; its functions are distinct from those of administrative supervision which includes performance evaluation of employees. To ensure optimal accountability and risk management, both are needed. Ideally the clinical and administrative supervision functions are performed by different people but in some circumstances (e.g., small working groups, remote locations, under-staffed offices) both forms of supervision may be offered by the same person. Supervisors must be mindful of the power differential in the clinical supervision relationship and work to maintain a collaborative learning/coaching relationship with each supervisee while being clear about performance reporting requirements, if any exist.

Figure 3 – Relationship between Clinical and Administrative Supervision

Administrative supervision involves recruiting, establishing workloads, ensuring that work is performed, maintaining records and undertaking performance management.

Clinical supervision “focuses on development of the supervisee, specifically as an interpersonally effective clinician” (Hart, 1982, p. 13) including client/patient engagement, assessment and intervention processes. It helps professionals “to gain confidence, skills and insight; to be purposeful in their clinical approach; and to transform theoretical knowledge into practical skills” (AADAC, 2005).

While the clinical and administrative supervision functions are separate, it is understood that clinical and administrative supervisors will collaborate and communicate regularly. Clarification of roles and responsibilities pertaining to both clinical and administrative supervision is critical (e.g. liaison between the two supervisors or clarification of procedures if the clinical supervisor also functions as an administrative supervisor).

Rationale

Clinical supervision has been associated with the following benefits to the clinician, supervisor, client/patient, and the organization. It may help to:

- **Increase Morale, Decrease Stress and Burnout** - Support from clinical supervision can increase morale and self-esteem, decrease strain and burnout, and encourage self-awareness and self-expression (Rice et al., 2007; Ho, 2007; Edwards et al., 2006).
- **Enhance Safety and Quality Of Care** - Supervision leads to supervisees monitoring their work, developing ethical decision making and gaining insight into client dynamics (Vallance, 2004) and encourages safe autonomous practice (Rice et al., 2007). Clinical supervision can support health care practitioners to focus on the development and refinement of professional practice and to evaluate and improve their contribution to patient care (Rice et al., 2007). As well, effective supervision can give the client the opportunity to be involved with his/her care (Morris, 1995).

- **Support Professional Development and Enhance Clinical Competency** - Clinical supervision can help practitioners uncover tacit knowledge and be an important developmental tool (Jones, 1998 as cited in Marrow, Hollyoake, Hamer & Kenrick, 2002). It may improve adherence to intervention models such as the implementation of integrated dual disorders treatment (Brunette et al., 2008 as cited in Hoge et al., 2011). Without correction, practice may only increase bad habits (Fowers, 2003).

- **Help Retain Staff** - Clinical supervision is considered an important strategy in the recruitment and retention of highly qualified staff (Lynch & Happell, 2008a) and may be a protective factor and an important element related to turnover and occupational well-being for treatment counsellors (Knudsen, Ducharme & Roman, 2009).

- **Develop Professional Identity** - Clinical supervision is a means by which counsellors develop a professional identity. Academic learning alone cannot prepare a counsellor to integrate complex, and at times contradictory, theory with the personal qualities necessary for building working alliances with clients (Powell, 1993 as cited in Lincourt, 2005). As well, supervision can help safeguard professional standards (Ho, 2007).

- **Support Clinicians to Reflect; Enhance Knowledge of Self** - The more practitioners acknowledge about themselves, a process facilitated by clinical supervision, the more they can accept in others (Stein-Parbury, 1993). Clinical supervision offers a framework that encourages review and reflection in practice (Driscoll, 2000 as cited in Coleman & Lynch, 2006). Many practitioners reflect and plan future work shortly after clinical supervision sessions, when they have been able to discuss issues and identify ways of improving practice (Kim, 1999).

- **Help Mitigate Impacts of Isolation** - Clinical supervision is considered particularly important where there are issues of social, professional or geographic isolation and the responsibility and need to function as a multi specialist (Coleman & Lynch, 2006). The sense of isolation is intensified if clinical supervision is not available and some consider it to be most important strategy to overcome the difficulties of social isolation (Kipping & Hickey, 1998 as cited in Coleman & Lynch, 2006).

**Desired Outcomes**

Through clinical supervision AHS wants to achieve:
- alignment with best practices, professional standards and competencies
- advancement of practitioners’ knowledge, skills and judgement
- development of practitioners’ ability to reflect and critically analyze clinical practice
• improvement in client/patient outcomes
• enhanced quality and safety of care for clients/patients
• promotion of ongoing professional development and a culture of learning
• enhanced staff confidence, engagement, retention and morale

A Strong Foundation
For clinical supervision to be accepted, supported, fully implemented and effective it must be built on a solid foundation that includes:

• **Organizational Priority and Support** - Senior executive and management need to establish clinical supervision as a core function of AMH and ensure that it is, planned, resourced, promoted, managed and evaluated at all levels of the organization.

• **Ongoing Commitment** - In order to achieve the desired outcomes, there must be organizational commitment to sustainability - clinical supervision must be viewed as a *routine and ongoing practice*.

• **Awareness of the Requirements of the Health Professions Act** - The AMH workforce is comprised of clinical professionals who are governed by HPA legislation. Please refer to an *Overview of the Health Professions Act: Implications for Clinical Practice* (AHS, 2012).

• **Recognition that Clinical Supervision is One Aspect of Clinical Governance** - Clinical supervision is one of many activities intended to support staff and to ensure the delivery of high quality services and effective outcomes. Management needs to be clear about the roles and responsibilities of clinical supervision relative to separate but interrelated processes such as performance reviews.

• **Confidentiality and Information Sharing** - The exchange of information through clinical supervision follows the usual requirements for, and limits to, confidentiality and protocols that are observed in clinical practice.

Clinical Supervision Processes
The following processes should be considered when developing, implementing or refining clinical supervision.

• **Selection of Clinical Supervisors** - Clinical supervision needs to happen in the context of a trusting relationship and with awareness of the power differential that exists between supervisees and supervisors. Clinical supervisors are typically selected at the program level and are drawn from senior staff who are recognized for their excellent practice skills and experience and who have been trained in clinical supervision. At the discretion of the clinical supervisor, experienced staff may be asked to share expertise in particular areas. Managers also take into account the needs of the supervisee and the program.

• **Sources of Clinical Supervision** - Ideally, clinical supervision should be obtained from within the addiction or mental health office where the professional is employed, with the approval of the manager. Where this is not possible or practical, and with manager approval clinical supervision
might be obtained from another addiction or mental health office on a reciprocal basis or the service might be contracted. When available and appropriate, a balance between discipline-specific and inter-discipline supervision may add value.

• **Models and Methods of Supervision** - Thoughtful consideration and ongoing discussion about models and methods of supervision is an important aspect of clinical supervision. Supervision can be based on a variety of supervisory and related treatment models. However a pan-theoretical supervision approach recommends the development or enhancement of skills across three critical components - case conceptualization, therapeutic relationship/process, and technical/intervention (adapted from Ladany et al., 2005). Depending on the setting, supervision may be provided through a variety of methods such as direct observation or case consultation. It may be offered in-person or electronically, one-on-one or in a group.

• **Supervision Plan** - When manager approval has been obtained the clinical supervisor and supervisee will share and clarify their expectations about the process, method, frequency, and content of clinical supervision and formalize this as a supervision plan. This is a critical step in developing a trusting and collaborative relationship between those involved in clinical supervision. The plan should include:
  • Goals and tasks of supervision.
  • Models of supervision and treatment.
  • Methods and content of supervision.
  • Frequency and length of supervisory meetings. A minimum of one hour clinical supervision per month is recommended but frequency will depend on the setting, context, regulatory requirements, experience of the counsellor, and resourcing.
  • Ethical, legal, and regulatory guidelines (e.g. those authorized to supervise psychosocial interventions)
  • Roles and responsibilities of the supervisee and supervisor (e.g. commitment to the process, preparation for sessions).
  • Use of the information gathered through clinical supervision (i.e. Need for clear, agreed-upon rules about use of clinical supervision sessions in performance appraisals).
  • Ways of monitoring and evaluating the clinical supervision arrangement.
  • Clarification about what is not involved in clinical supervision (e.g., therapy for the supervisee’s personal issues; criticism of the individual as a professional or a person).
  • Alternative sources of supervision when the primary supervisor is unavailable.

• **Ongoing Review, Feedback and Professional Development** - Supervisees receive ongoing and specific feedback about their strengths and areas for improvement as well as recommendations for their practice. The supervisee’s and supervisor’s clinical learning plans include objectives and strategies to promote their professional development as counsellors or clinical supervisors.

• **Adequate and Ongoing Training and Supervision for Clinical Supervisors** - Effective and ethical clinical supervision means that clinical supervisors are trained, demonstrate recent competency-based training and experience, and also receive supervision and feedback.

• **Documentation** - For the purpose of enhancing the learning experience, it is recommended that a log of clinical supervision activities be kept. This may include the focus of the session, issues
discussed, solutions suggested and agreed upon actions. No client/patient information should be retained in the log.

- **Confidentiality** - If clinical supervision involves recording (video or audio) of a session, appropriate patient consent must be obtained and stored on the health record according to zone operation policy. For more explicit guidance about management of clinical supervision document including notes and video or audio please consult with AMH Clinical Policy Development and comply with current clinical legal policy.

### Roles and Responsibilities

- **Managers or team leaders** support clinical supervision by ensuring that all professionals who work directly with clients/patients have access to clinical supervision and that work schedules are arranged to facilitate this. Managers provide clear communication so that staff understand the importance of clinical supervision and the policies and procedures supporting this activity. Managers or team leaders appoint and develop clinical supervisors, support their training and designate time for supervision to occur as a core responsibility of the job. If necessary they may arrange for contractual arrangements with external clinical supervisors. They evaluate the process of clinical supervision for their workplace.

- **Clinical professionals** are active participants in the process of clinical supervision – they work with their supervisor to develop a constructive learning environment and working relationship. They advise of opportunities for observation of clinical activities, identify case material for discussion, (e.g., notes, tapes, questions), reflect on their practice and seek feedback to refine their self-appraisal. Supervisees set their objectives for personal growth and skill development.

- **Clinical supervisors** collaborate with their supervisees to negotiate clinical supervision plans and to create a confidential, safe and supportive environment for their supervisees. They have substantive clinical knowledge and skills, obtain training in the practice of clinical supervision and stay current with developments in the field of addiction and mental health. Supervisors facilitate critical examination of the supervisee’s practice while cultivating a culture of learning.

### Types of Clinical Supervision

Supervision can be offered in individual or group settings and can be guided by a supervisor or by peers. It is most desirable for clinical supervision to occur in person but circumstances may necessitate the use of phone, video-conference, e-mail or other technologies.

- **Individual Supervision** is the cornerstone of professional development (Bernard and Goodyear, 1998, p.89). It involves one-to-one time between professionals that may include discussing a case before a clinical session, leading or observing a live session, reviewing video or audiotape material, debriefing a counselling session, staging a role play, and/or participating in a discussion about their work.

- **Group Supervision** is defined as the process “in which supervisors oversee a supervisee’s professional development in a group of peers” (Holloway and Johnson as cited in Bernard and Goodyear, 1998, p.111). The supervisee can shift from one individual to another or even to the group as a whole.
(AADAC Clinical Supervision Guidelines). It could include an in-depth case review or a discussion between practitioners and the supervisor.

- **Peer Supervision** can be individual or group but occurs without a designated leader. Professionals discuss practice topics in order to find solutions for their case management queries. They can form communities of practice where professionals who share a common background and similar client/patient group exchange information and experiences in order to learn from each other and to grow personally and professionally.

- **Case Conferencing** is a clinical supervision tool that can be effective when the discussion progresses from client/patient dynamics to counsellor dynamics. The case is brought to a peer group or a clinical supervisor for feedback on the counsellor’s conceptualizations and interventions rather than focusing primarily on the client/patient characteristics.

### Additional Practice Supports

As indicated above, clinical supervision is a main pillar of practice supports but there are other activities that help develop the practitioner in his/her practice. Additional practice supports include a range of activities that educate, encourage, support and develop the practitioner to enhance his/her clinical knowledge and skills and ultimately improve client/patient outcomes.

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<thead>
<tr>
<th>Mentorship</th>
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<tbody>
<tr>
<td>• support offered by an experienced professional who is nurturing and guiding the less experienced professional (modified from Shelley, 2003)</td>
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<tr>
<td>• focused on building confidence rather than assessing competence (Lennox et al., 2008)</td>
</tr>
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<td>• supports the mentee’s interests (Lennox et al., 2008)</td>
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<tr>
<td>• mentors are usually selected by the mentee</td>
</tr>
<tr>
<td>• involves transfer of new knowledge and skills; can be generic or tailored to program needs; offered in an in person or virtual format</td>
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<table>
<thead>
<tr>
<th>Champion</th>
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<tr>
<td>• a person, who supports, promotes or advocates for another person or cause</td>
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<tr>
<th>Preceptorship</th>
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<tbody>
<tr>
<td>• clinical teaching roles that are used to support the transition of students or new graduates into the clinical environment (modified from Lennox et al 2008)</td>
</tr>
<tr>
<td>• focuses on both socialization and clinical development (McKenna, 2003)</td>
</tr>
<tr>
<td>• generally of a short duration (a year or less)</td>
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<tr>
<td>• preceptors are not usually selected by the preceptee</td>
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<tr>
<th>Communities of Practice</th>
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<tbody>
<tr>
<td>• “groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly” (Wenger, 1998)</td>
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<thead>
<tr>
<th>Coaching</th>
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<tbody>
<tr>
<td>• a teaching or training process in which an individual gets support while learning from another individual or individuals; usually focused on achieving a specific personal or professional result or goal (The Coaching Network)</td>
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<tr>
<th>Shadowing</th>
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<tr>
<td>• a practice in which a new or less experienced practitioner observes the work of a more experienced practitioner</td>
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<th>Peer Consultation</th>
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<tbody>
<tr>
<td>• an arrangement in which two or more practitioners come together to share information, discuss cases,</td>
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seek feedback and receive support in a non-hierarchical format

**Buddy System**
- an approach in which two people work together so that they are able to monitor and help each other; may involve people whose knowledge and skills are comparable or a less experienced and a more experienced practitioner

**Self-directed Study**
- learning that is directed or conducted by oneself (e.g., reading journal articles)

**Conferences**
- a meeting of people that facilitates knowledge transfer around a theme or series of topics

**Training**
- involves transfer of new knowledge and skills; can be generic or tailored to program needs; offered in-person or virtually

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**Implementing Clinical Supervision & Practice Supports**

Clinical supervision and practice supports are essential to developing and sustaining a culture of learning within Addiction and Mental Health. There is no single way that programs, sites, and zones can move forward on fostering a culture of learning through clinical supervision and practice supports—there are far too many variables to prescribe a path that every site and program can take. Creating a culture of learning is a change management process and tools supporting this are available on Insite at [http://insite.albertahealthservices.ca/1149.asp](http://insite.albertahealthservices.ca/1149.asp).

The change management process involves:

- **Providing Leadership Support** - Leaders need to communicate and endorse the clinical supervision and practice supports statement of guidance and consider the magnitude of change involved. It may be a significant change or just an enhancement in current practice. The degree of change will impact the level of planning required. Leadership, including managers, have a key role as champions to this change.

- **Addressing Resource Requirements** - There must be ongoing commitment to investing in and sustaining this practice. Clinical supervision and practice supports must be viewed as a routine and ongoing practice. It is important to consider if skill or knowledge training and performance improvement strategies and communication will be sufficient to support the change or if more resources are required.

- **Anticipating and Understanding Concerns or Resistance** - There may be concerns about implementing or enhancing clinical supervision and practice supports. Practitioners may fear reprisal or lack confidence in their clinical skills. Building trust and ensuring clear and focused communication about a culture of learning and ongoing improvement of client experience will help.

- **Developing an Action Plan** - Specific actions that will support engagement, uptake and sustainability need to be identified.

- **Modelling Clinical Supervision** - Leaders can adopt clinical supervision and practice support processes with their own staff in order to provide the experience and to model successful implementation processes. They can also create opportunities to publicly reinforce clinical development processes and provide encouragement to early adopters.
Conclusion
Clinical supervision and practice supports are key elements of the Professional Development Strategy intended to ensure that AMH practitioners enhance their knowledge, skills and judgement to improve client/patient outcomes. Best practice literature tells us that practitioners learn best through practice, observation, reflection, feedback and the implementation of practice recommendations obtained through supervision and practice supports. Reflective practice and clinical support within an AMH culture of learning ensures continuous quality improvement in service outcomes for all Albertans.
Acknowledgements

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References and Literature Cited


