

Possibilities and Limits of Cross-disciplinary Supervision

An Exploratory Study

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Abstract

This small, qualitative New Zealand study explored some of the limitations and possibilities of cross-disciplinary supervision. It was based on semi-structured interviews with six supervisors from the fields of counselling, social work, and psychology, who supervised a wide range of other professionals in private practice and in health settings. Identified benefits of cross-disciplinary supervision include the sharing of knowledge between disciplines, and the potential decentring of supervisor knowledge. Cross-disciplinary supervision was represented as a diverse range of practices, depending upon the careful and skilled negotiation of agreements, including the acknowledgement of professional and organisational mandates and accountabilities. Two areas of potential further study are identified: the extent to which counsellors and counselling supervisors participate in cross-disciplinary supervision, and the effects that counsellor registration may entail for cross-disciplinary supervision.

Two apparently contradictory directions are current in supervision. In one direction, supervision has come to be understood as a discipline in its own right. This direction produces the possibility of inter-disciplinary, or cross-disciplinary, supervision. In the second direction, professional regulation and membership have come to require predominantly within-discipline supervision. Within counselling, there has been little exploration of these apparently contradictory directions. This article begins by outlining each direction, before exploring the limited literature on cross-disciplinary supervision.

Supervision is increasingly promoted as a generic activity, with frameworks that apply across theoretical differences and across disciplines (Bernard & Goodyear, 2009; Carroll, 1996; Holloway, 1995), and as a profession in its own right (Grauel, 2004). In New Zealand, inter-professional interests in supervision were highlighted by way of two national supervision conferences (see Beddoe & Worrall, 2001; Beddoe, Worrall, & Howard, 2005) that brought together a wide range of health and social service professionals. Cross-disciplinary supervision occurs in a range of contexts: peer supervision groups within agency settings include practitioners from a range of disciplines; supervisors in private practice offer supervision to those from other disciplines; and within health settings where multi-disciplinary teams are commonplace, inter-disciplinary supervision is also common.

Both in New Zealand and internationally, it is mostly social workers who have written about various aspects of new developments in cross-disciplinary supervision (Davys & Beddoe, 2008; O'Donoghue, 2004; Simmons, Moroney, Mace, & Shepherd, 2007). O'Donoghue attributed the emergence of cross-disciplinary supervision to developments in collaborative practice in health and social services, along with the separation of clinical and management functions in social work, and the growth of private practice in supervision. Participants in an inter-professional supervision education programme suggested that they benefited from exposure to a greater breadth of knowledge (Davys & Beddoe, 2008).

At the same time as these apparently collaborative moves towards inter-disciplinary supervision, the regulatory environment—including membership policy changes within the New Zealand Association of Counsellors (NZAC), the membership requirements of the Aotearoa New Zealand Association of Social Workers (ANZASW), and the Health Practitioners Competence Assurance Act (2003)—tends to create a counter direction, toward within-profession supervision. Regulation of the health and helping professions in New Zealand requires professional groups to articulate scopes of practice in an attempt to make clear distinctions between the professional practices of each group (Cornforth, 2006). These processes have the potential to heighten inter-professional rivalries and claims to hierarchy: each professional group claims exclusive practices which compete with the claims of other groups.

One possible consequence of moves towards solidifying distinctions between professional groups is the construction of supervision as a discipline-specific task, one that can be properly undertaken only with a senior within-profession supervisor. Moving supervision towards exclusivity may have effects that do not benefit practitioners or their clients. For example, without access to cross-disciplinary supervision, rural

practitioners' supervision options are more limited (Webb, 2006); professions might lose the contribution of experienced supervisors who currently identify with more than one profession, while having only one professional membership; and the options of those seeking modality match will also be limited.

The literature we identified explored cross-disciplinary supervision where there was, variously, a commonality of setting, typically health (Hyrkas, Appelqvist-Schmidlechner, & Paunonen-Ilmonen, 2002; Mullarkey, Keeley, & Playle, 2001; Rains, 2007), of client group (Thomasgard & Collins, 2003), or of practice modality, and thus of values (Townend, 2005). An inter-disciplinary model taught in an inter-disciplinary supervision programme was the focus of Davys and Beddoe's (2008) New Zealand study. Questions arise about what kinds of common ground are needed for effective cross-disciplinary supervision, and how these grounds are established. The literature offers some possible responses to these questions.

Practitioners need guidelines for negotiating the complexities of cross-disciplinary supervision, suggested O'Donoghue (2004) and Simmons et al. (2007). O'Donoghue proposed two sets of guidelines, one for social work practitioners, and the other for supervisors of social workers. He suggested that cross-disciplinary supervision be undertaken in addition to within-profession supervision, for example, and that it should be agreed to by the employing organisation. A set of practice recommendations offered by Townend (2005) included familiarity with each other's professional code; knowledge of each other's professional background; transparent acknowledgement of difference in status; and a common theoretical base.

Describing cross-disciplinary supervision in a district health board (DHB) setting as an aspect of a clinical supervision strategy, Rains (2007) identified a number of benefits. These benefits appear to have been founded on an overall strategy of education in supervision, for those participating both as practitioners and as supervisors. Inter-disciplinary supervisor development groups were formed to strengthen supervisor practice. These supervisors used Davys' (2001) reflective learning model of supervision, which Rains suggested is applicable across disciplines as it is "clear," with a "process able to be followed without difficulty by supervisors" (p. 62). Like Rains, Mullarkey et al. (2001) wrote in terms of the value of a "shared philosophy of care" (p. 210) among those participating in cross-disciplinary supervision in their own workplace setting.

The literature cited here focuses mainly on inter-disciplinary settings and teams. It offers little guidance to those in private practice who supervise across disciplinary differences. This absence is significant: Copeland (2000) noted the different challenges of supervision in organisational and private practice contexts. For counselling, there is

a second absence: little is known about the extent to which counsellors in New Zealand participate in cross-disciplinary supervision, as practitioners and as supervisors, and what the possibilities and constraints might be.

This study set out to investigate the perspectives of supervisors who offer cross-disciplinary supervision, and to consider possible implications for counsellors who offer cross-disciplinary supervision, or participate in such supervision as practitioners. These were the research questions:

- What is enabled by cross-disciplinary supervision?
- What is constrained by cross-disciplinary supervision?

Research method

The study was undertaken by students and teachers within a postgraduate counselling supervision programme, the university having granted ethical approval for the project. Participant privacy and identifiability was one ethical consideration. In response, in this article we have used random initials in naming each participant.

We employed qualitative inquiry strategies (Burman, 1994; McLeod, 2001; Reissman, 2008). Semi-structured interviews (Appendix 1) with supervisors who were experienced in cross-disciplinary supervision generated the data for the study. Interviews were audio-recorded for transcribing by each researcher.

Supervisors were identified from each researcher’s professional networks. A number of interviews were across disciplinary differences. Table 1 shows the professional identities of researchers and participants, and participants’ settings and qualifications.

Table 1: Professional identities, settings, and supervision qualifications

Researcher	Participant	Participant: Primary setting for supervision practice	Participant: Supervision qualifications
Nurse educator	Social worker	Mental health DHB	CIT/Weltec ¹ through DHB; Grad Cert (ACE/UoA) ²
Plunket nurse	Clinical psychologist	Health DHB (contract)	CIT/Weltec through DHB
Counsellor	Social worker	Health DHB	Grad Cert (ACE/UoA) ²
Spiritual director	Counsellor	Private practice	
Counsellor	Counsellor	Private practice	
Counsellor	Counsellor/psychologist	Private practice	

1. Central Institute of Technology/Wellington Institute of Technology
 2. Auckland College of Education/The University of Auckland

Table 2: Cross-disciplinary supervision: Who we talked to (supervisors) and who they supervise (practitioners)

	Supervisors					
	Counsellor (former social worker) (private practice) WR	Counsellor (school setting & private practice) GF	Counsellor/ registered psychologist [does supervision & counselling] (private practice) EN	Social worker (health setting) SP	Social worker (mental health setting & private practice) BT	Clinical psychologist (health setting—contract) KA
ACC case manager			X			
Career practitioner			X			
Chaplain—armed services	X					
Child therapist						X
Counsellor	X	X (+ students)	X	X		
Counsellor/social worker/residential		X				
GP/doctor	X		X			
Lawyer			X			
Manager			X			
Mental health nurse				X		
Mental health support worker						X
Minister of religion—parish	X		X			
Needs assessor						
Nurse			X	X		X
Occupational therapist				X		
Physiotherapist				X	X	
Probation officer			X	X		
Psychologist						X (+ students)
Psychiatric registrar						X
Social worker/counsellor					X	
Social worker	X	X	X	X	X	
Speech and language therapist					X	
Stopping violence workers & facilitators			X			
Victim support workers			X			
Volunteer—human rights support		X				

The three counsellors in our study all supervised in private practice (external supervision); the two social workers and one psychologist supervised in DHB settings, the social workers offering internal supervision and the psychologist being contracted to offer “embedded” supervision (Costanzo & Ungar, 2007). Participants had engaged in supervision with a wide range of practitioners—including social services, health, pastoral ministry, administration, law, and the voluntary sector—as Table 2 shows.

The transcript texts became familiar to us as a research group through a series of individual and shared readings. Our purpose was to position ourselves in dialogue with the accounts of supervision as told in the transcript texts. This dialogue included individually written responses, and conversations with each other in pairs and as a group, where we accounted for what we were finding significant.

We engaged particularly with resonance and dissonance among: the different transcripts; our readings of and responses to the transcripts; the ideas offered by participants in similar settings; the ideas offered by participants from the same professional group; participants’ ideas; and our own professional experiences. One challenge was to maintain inquiry when a participant represented our profession in ways dissonant with our own experience. A second challenge was to refrain from generalisations when there was resonance between participant perspectives: we had interviewed only six supervisors.

Valuing both resonance and dissonance, we began to identify particular stories of inter-disciplinary supervision, rising up out of the layers of our dialogic engagements with the research data.

Results

We report fragments of these stories, organised around four themes: the benefits of cross-disciplinary supervision; entering the contracting process; contracting for accountabilities; and the limits of cross-disciplinary supervision.

1. Benefits of cross-disciplinary supervision

Participants spoke of a range of benefits of cross-disciplinary supervision—for the practitioners and their practice, for the practitioners’ organisations, and for the supervisors themselves.

A number of participants spoke about how their “outsidedness” (EN) contributed to the supervisory work. Distance from the discipline offered positions of inquiry to the supervisors so that systems and practices were not taken for granted:

It [disciplinary difference] does keep me from presuming, perhaps it keeps me from being able to collude with the kind of powerful ways of looking at things [that are familiar]. (WR)

What I can offer them is the ability to not over-connect with their stories.... I don't know the answers so it gives me the ability to really be the naïve inquirer, which helps them really think about what they do know. (SP)

Some participants reported that their own disciplinary skills enhanced the practice of other professionals.

My social work practice was enabling those other two disciplines [nursing and occupational therapy] to start broadening their particular perspectives. (BT)

...a number of social work students felt that there was a gap around the skills of building effective consultative, collaborative conversations with clients and with families. A number of them said, "Where do we go now to get that?" And I can imagine a social worker who is new to the practice, on having that experience then saying, "Well, OK, so maybe what I need is some counselling supervision." (GF)

...working [from a social work perspective] with the mental health nurse...she was no longer focusing on the individual but was actually starting to involve bringing in the family/whanau as part of the therapeutic practice. (BT)

Enhancing the skills of practitioners also had institutional and organisational effects. SP suggested that cross-disciplinary supervision steps outside familiar hierarchies in other health professions:

There was a lot of hierarchical stuff in nursing that kind of meant that supervision didn't work because of all that fear...the feeling that they are being watched, assessed, judged in some way...there is that historical fear... [N]urses have started asking for supervision that is actually attending to the building of relationship, to addressing the issues that are present...really emphasising the importance that supervision is first and foremost a relationship.... We have made a lot of progress with that.

WR also identified possibilities for changing institutional practices. He suggested that cross-disciplinary supervision might offer practitioners the means to critique practices of power relating to gender, religion, and culture—"the power structures and the patriarchy in those sorts of churches."

It [institutional practice] has to do with knowledges and which knowledges get privileged and which don't... I find that people very easily give away their own sense of integrity—that may not be the right word. Power? Knowledge? Knowing!—and almost not even notice they have knowing...when their own knowing doesn't kind of align with some of the dominant ideas...about how to run a funeral or what you should do on a hospital visit.... I love helping a person find what actually they do and why they do it and what that relates to in terms of their own intentions.

BT identified ways in which supervision across disciplines had effects on overall team work when the practitioners worked in a multidisciplinary team context: “We were able to start looking at how that particular nurse’s practice acted on other parts of the team and the areas they overlapped in and how to resolve some of the tensions.”

Within an organisational context, SP suggested that training in the use of supervision as part of the development of an organisational culture contributes to the value of cross-disciplinary supervision:

Training the supervisors is really important. And training supervisees on how to get the most from supervision so that they are really informed. It kind of addresses some of that power imbalance so they know what to expect and if they don't get it they have learnt some skills to ask for it.

Disciplinary difference also offered positions of inquiry for GF:

For me just to be able to keep the question...what else is important for me to know here?... I am absolutely the non-expert in that context...that's also a benefit, because it keeps me really, really in that position of not knowing—and therefore alert to asking and checking.

GF later described this positioning:

...[it's] not that much different from the benefits I see in working with clients: of taking me into worlds that I don't know about—and expand my thinking, and challenge maybe, some ideas that I might have that need to be open to review. And I think that that's quite an important aspect—how I as a supervisor, as a practitioner, as a teacher of this work, continually put myself in a position of being open to review what the work is about.

The range of perspectives on benefits was diverse. For example, GF identified disciplinary difference as having the potential to teach her as a supervisor, while BT's statements emphasised that social work perspectives benefit other health professions.

2. Entering the contracting process

Participants all referred to the contracting process, suggesting variously that contracts should outline reciprocal roles, accountabilities, commitments, and expectations. However, contracting was given different emphases by different participants. Speaking about what was a new area for her, cross-disciplinary supervision of a human rights volunteer, GF said:

To begin with we did a lot of talking about what it [supervision] might look like because neither of us was very sure [about] how we would manage the process, and to negotiate what supervision was. What, if anything, should go elsewhere and who we were being accountable to?

In the absence of a shared professional code, "fit" was found through "the principles that we shared in common...the principles of social justice and equity."

Also addressing the practice of working for shared understandings when practitioners come from diverse professions, EN reported:

...more thorough[ness] in the contracting phase. In finding out what they want, speaking more openly, more thoroughly, about what could get in the way of the cross-disciplinary nature of the relationship; and ensuring that I am clear about what they are wanting. Because I think, especially people who haven't had the experience of supervision might have some notions about [supervision] that might not match what I see my role being. Really breaking it down and fine tuning, and getting that alignment. I think it takes more time. I encourage there to be more time than...with a matching discipline.

In a DHB setting, SP also gives time to negotiating a working agreement so that there are shared understandings of what supervision offers:

When we contract, I will probably spend a couple of sessions really looking at how we are going to work together, what our expectations are, where difficulties might arise in terms of what I may or may not know [about their professional field] and what we are going to do about that.

KA also supervised, on contract, in a DHB health setting. As she spoke about supervision contracts, there was less emphasis on the process of negotiation. Rather, she spoke in terms of a contract that “defines.” Showing the researcher the already-prepared contract she uses, she reported:

We always have a contract. It defines confidentiality; it defines expectations, so that you know what you are actually wanting from each other. So I have got practical details; I've got operation fees, that kind of thing; emergency consultations when needed; grievance process when there is dissatisfaction on either side; values governing the process, the sort of supervision process governed by confidentiality and mutual respect and so on; and then the supervisor's accountability; the supervisee's accountability; and then the content is following the TAPES model; if you have clients at risk; discussion of caseload.

Whether through defining or negotiating, participants represented effective contracting as being critical for cross-disciplinary supervision.

3. Contracting for accountabilities

There was considerable variation in the frameworks for accountability of which participants spoke.

GF noted the importance of clarifying accountabilities in cross-disciplinary supervision:

What's the usefulness of coming to someone like me with a counselling background—how might that enhance your social work practice? How else does your social work practice remain accountable and ethical?

“An out clause” in the contract was BT’s term for his sense of responsibility to take action when practitioners are considered to be “working in a dangerous or unsatisfactory way.” BT presented his same-profession responsibilities, in such a situation, as reporting to the professional advisor of social work, and his cross-profession responsibilities to a generic team leader. BT distinguished between, on the one hand, “professional supervision” of other social workers with whom he shares a code of ethics and, on the other hand, more limited “clinical supervision,” focusing only on client work, for other professionals. In his experience, where there was no shared professional code, accountabilities in supervision were shaped by an organisation’s code of practice, policies, and processes, along with the Ministry of Health’s Mental Health Sector Standards.

BT also indicated his preference for using the ANZASW Code of Ethics with other health professionals, suggesting that it is “more encompassing” and “works better within a bi-cultural code.” His comment was that the counselling code “was significantly light...and still very much within a dominant mono-cultural type perspective.” He further commented that “initially, with Mental Health nursing and OT, a part of the agreement associated with taking up supervision was that I have a copy of their code of ethics—and each brought a copy to the first few sessions—and see how they could be enhanced by the social work code of ethics.”

In order to understand the ethical responsibilities of those she supervises, EN also encourages them to bring their code of ethics: “Together we could look through and see in what way the code might guide or inform or support them in their work.” At the same time, she spoke of hesitation in offering guidance based on codes of professions other than her own:

...that is like the technical part of their work, in a sense. Whilst I can provide a forum for them to consider their code and what it might mean to them, I think it would be better for them to have someone from their profession to support them to interpret their code.

KA also reported referring to the practitioner’s professional code: “...in the end we always have to go back to that, what are your professional ethics in your professional group?”

Asked about being drawn, as a supervisor, into the web of responsibility for client practice, KA replied: “I haven’t thought about that because really it [cross-disciplinary supervision] is about empowering the particular clinical professional to do the best they can.”

For KA, accountability includes having notes of the session, and “producing paper work,” mindful of audit.

These diverse comments raise a central question for cross-disciplinary supervision. BT represents it as focused largely on overseeing clinical competence, while for SP, WR, GF, and EN, cross-disciplinary supervision is largely for professional development:

I don’t want to be supervised by a motor mechanic who only knows about spark plugs. I want to be supervised by someone who knows about personal identity, knows about what it means to be human, what it means to be a reflective person—someone that can do some stuff and then stand back and look at it and wonder what it means. Someone who’s other-centred and benevolent. (WR)

She [another professional] had asked for supervision from another discipline and she seemed really excited at the possibility that this might be for her development. (SP)

In contrast to BT's practice in a health setting with an emphasis on sector standards and codes of ethics, GF supervised, in private practice, a social justice activist with no codified external framework. Cross-disciplinary supervision, as represented by our participants, thus encompasses a range of accountabilities. This diversity points to the importance of the clear negotiation of agreements to produce shared understandings of responsibilities, and at least some sense of "alignment" of purpose, if cross-disciplinary supervision is to produce benefits for practitioners and those they work with.

4. Limitations of cross-disciplinary supervision

Participants identified limitations to cross-disciplinary supervision—differences between codes of ethics; working with students and new graduates; limited knowledge of the cultures of other professions; as well as the potential involvement of line management in the absence of shared professional lines of responsibility.

KA's was the exception to this account. Asked if she saw any limits to the practice of cross-disciplinary supervision she replied:

I honestly haven't encountered them yet. As a psychologist, I believe psychology is just a life skill that applies to old, young, male, female. A few people would probably say that the limits would be culture.... I see psychology to be pretty universal.

As we have noted earlier, cross-disciplinary supervision involves negotiating different ethical codes. BT commented: "...it's very difficult to work across codes..."

EN suggested that supervisors are limited in interpreting codes of ethics of other disciplines and thought that this should be the task of senior members within that profession.

Some participants were clear that they preferred not to work across disciplines with new graduates or while students were in training.

I wouldn't be supervising new graduates from other disciplines.... I think that's developmental stuff. (SP)

I think there might be certain circumstances where the same-discipline supervision would be mandated...when somebody is new to New Zealand, if somebody is a new grad, or if there are performance issues. (SP)

People in training... I wouldn't advocate [cross-disciplinary supervision] for people in training because there's a mentoring, training component in supervision. (WR)

These reflections point to the value of disciplinary-specific knowledge within supervision. As WR put it, there are two emphases, the first evoking shared experiences and the second related to practical knowledge:

I think that sometimes people do need someone from within the trade to simply go, "I've been here" as well.

...institutional knowledges, or trade knowledges, which I guess can help support someone, I can't offer that.... You know that idea of being supervised by someone in the trade.... The nuts and bolts of it? So, a little bit more like the apprentice model. (WR)

GF commented, "I don't know what I don't know about the context, the particular context that the work is taking place in."

The narrower responsibilities of a cross-disciplinary supervisor were commented on by BT, as he distinguished clinical from professional supervision: "I think it's very hard and probably would be inappropriate to do professional supervision or [to supervise] in terms of a professional framework [with non-social workers]." He went on to suggest that in professional supervision with a social worker, he would look at career development, and he would address aspects that

... [the practitioner] could not see [themselves] and I would probably start working on a recommendation of possible future training, in-service, or professional development that the social worker could do to compensate or cover areas that are concerns for me as supervisor.

In cross-disciplinary supervision, his supervisory focus was limited to clinical practice with clients.

Although acknowledging that she didn't have expertise in the "content area," EN suggested that other professionals came to her for supervision, not for "those technical, clinical things in their job" but for "the relational component in their work."

It is not always possible to draw clear disciplinary distinctions. Both GF and BT indicated that they were currently supervising practitioners with combined social work/counselling roles:

I would feel comfortable in providing supervision [for the person with] the 0.5 social work role and 0.5 counselling role, but NZAC is saying that person should have a

counsellor [as supervisor]... ANZASW is saying that [the supervisor] must be a social worker—which is the reason I was brought in by the agency. (BT)

Discussion

While we would be very cautious in drawing any conclusions about cross-disciplinary supervision on the basis of such limited data, we offer some comments about what we learned. There was a distinction between counselling supervisors and others in terms of the site of practice. The three counsellors in our study all supervised in private practice; the two social workers and one psychologist supervised in DHB settings. These differences have effects for what is contracted, and how, and thus for the processes of cross-disciplinary supervision. A linked difference is that the counsellors supervised mostly social service practitioners and small numbers of health professionals, and the three non-counsellors mostly supervised a wider range of health professionals.

The question arises, perhaps, about the potential effects of counselling becoming registered as a health profession (NZAC, 2008): might registration offer counsellors opportunities to supervise a wider range of health professionals? A further inquiry is also suggested: a national, profession-wide study of counselling supervision, such as O'Donoghue, Munford and Trlin's (2006) study of New Zealand social work supervision, might include investigation of the sites of counsellors' supervision practices and the professions with which counsellors experience quality supervision.

Within-group differences were a further point of interest, drawing attention to Grauel's (2004) point that there are multiple, competing versions of supervision. For example, SP and BT are both social workers, engaged in inter-disciplinary supervision in health settings. Both suggested that inter-disciplinary supervision contributes to the development of other professionals. But from BT, working with the particular responsibilities of a mental health setting, we learned clearly of the actions that he would take, as supervisor, to respond to "dangerous or unsatisfactory practice," both in same-discipline and inter-disciplinary supervision. The terms of the regulatory environment strongly flavoured our reading of the BT transcript.

For SP, however, the regulatory environment of the health sector seemed much more in the background, although she said that workers she supervises are "dealing with life and death." Opportunities for supervision to provide professional development for other professionals, rather than limited clinical oversight, were much more to the fore in her descriptions of inter-disciplinary supervision. SP expressed an overall preference for supervising disciplines other than her own: in inter-disciplinary

supervision she experienced “more freshness.” However, for BT, same-discipline supervision, with a shared social work code, produced fewer dilemmas.

These within-profession contrasts again point to the importance of the exploratory phase of contracting in supervision. Cross-disciplinary supervision, we suggest, will be productive as a result of thoroughly talking through, agreeing to, and regularly reviewing the purposes and effects of the practice for each unique situation in its professional and employment context.

Relevant to contracting is the matter of the mandate for supervision. In the case of those supervising in DHB health settings, supervision was mandated by practitioners’ professions, employers, or Ministry of Health sector standards: these mandates produced the accountability. The counsellors’ private practice settings and the range of practitioners with whom they engaged in supervision took the matter of mandates and accountabilities into different territories. Some supervision relationships that had been contracted by counselling supervisors may have been based more on a covenantal relationship (Axten, 2004) where the external mandate was less clear: a human rights activist, a lawyer, a manager, for example. Shaped by covenantal considerations, the emphasis appears to have been on the individual agreement and the supervisor’s code of ethics, rather than the practitioner’s organisational or professional requirements. Distinctions among different forms of supervision in the counsellors’ accounts, however, tended to be muted rather than sharply defined.

Nonetheless, we suggest that it is worth asking, where there is no professional or organisational mandate, whether the practice is always appropriately called “supervision.” Is any privately contracted reflection on practice “supervision”? For example, we attempted to use the idea of a *duty of care for clients* as distinguishing supervision from consultation offered to other professionals who wish to reflect on their work. However, the term *duty of care* carries overlapping legal and moral implications which troubled attempts at distinction. We conclude that there are limits to our language: these data offer the reflection that the word “supervision” is expected to do a great deal of work. Again, we return to the significance of individual supervision agreements, and wider professional and employment contexts, in shaping practice foci for cross-disciplinary supervision.

A noteworthy potential contribution of cross-disciplinary supervision is its view from “elsewhere,” from outside the discipline. This view can offer inquiry that disturbs what is taken for granted, at a wider within-profession level, within organisations, and by individual practitioners. There is also the matter of “fit” and shared philosophy that

echoes among Mullarkey et al. (2001), Rains (2007), and GF—“the principles that we shared in common... the principles of social justice and equity.” These values that GF names also stand at the centre of the NZAC Code of Ethics (NZAC, 2002): we suggest that cross-disciplinary supervision founded on these values would serve the profession of counselling well.

Conclusion

Central to cross-disciplinary supervision is the matter of mandate, whatever the professions of the parties or the sites of practice. Mandates will be both individual and professional/organisational. In some situations, the professional and organisational mandate and accountability is the central focus, while in others the focus is the individual worker and the unique supervision contract. As supervisors and practitioners explore the purpose of each cross-disciplinary supervision arrangement, it would seem important, then, to clearly negotiate the focus. It may be useful to explore the possibilities of employing distinctions that have been commonly used or more recently introduced into some social service practice—clinical supervision, professional supervision, cultural supervision, administrative supervision, personal supervision, or consultative supervision, for example. The reverberations of resonance and dissonance between accounts of cross-disciplinary supervision in our study, we suggest, are likely to echo out into professional practice.

We call it all supervision, the diverse supervisions these six supervisors engage in. And we all call it supervision across different disciplines, even when it seems to be a very different practice. Thus, cross-disciplinary supervision requires practitioners and supervisors to engage in distinguishing together the particular emphasis of the supervision work they are agreeing to do together. With good will, too, cross-disciplinary supervision might enhance inter-professional respect.

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Appendix 1

Interview guidelines (for guidance of researchers only)

Cross-disciplinary supervision

What is enabled and what is constrained?

Inquiry

What is your original/current profession?

What other professional groups are represented in those who engage with you in your supervision practice?

How did it come about that you have taken up cross-disciplinary supervision as a supervisor?

Have you experienced cross-disciplinary supervision yourself as a practitioner?

How do you see cross-disciplinary supervision as different from within-profession supervision?

What possible limits do you identify?

What responses do you consider a supervisor might make, given these limits?

What responses do you consider a practitioner might make, given these limits?

What actions do you take to learn about the practitioner's field?

What aspects of their professional life and practice do you agree that supervision will address?

What actions do you take to understand the ethical responsibilities of those from other professions?

What benefits do you identify—for the practitioner or for you as supervisor?

What is made possible that might not otherwise be possible?

What key texts/documents do you see as important for either of you?

Do you distinguish between supervision and consultation? How might cross-disciplinary consultation be different from cross-disciplinary supervision?

Are there social service or health professional groups that you would not work with in supervision? Why would this be?

Do you consider supervision to be a discipline in addition to and separate from your original discipline, or do you see it as part of your original discipline?

How long have you been a supervisor? How long have you engaged in within-discipline supervision? How long have you engaged in cross-discipline supervision?

What kinds of professional education or training in supervision do you have?