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Managing uncertainty in professional practice

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Overview

This practice guide provides an overview of what uncertainty and uncertainty tolerance are and their significance to professional practice. It also outlines the individual, practice and organisational factors that can contribute to uncertainty and describes evidence-based strategies for how practitioners can manage practice uncertainties.

This resource includes a reflective practice activity that may be used in professional supervision (one-on-one or peer group setting) to help practitioners reflect on practice situations that contribute to uncertainty and identify ways to adaptively manage and respond to uncertainty in their practice roles.

Introduction

Picture this: You are a practitioner working in a role that supports families, meeting a new client for the first time. You struggle to pinpoint what exactly is going on for this family. There are lots of areas of difficulty, with no clear causes. There are some signs that the children may be at risk but not enough clear-cut evidence for you to take action. You make some initial recommendations to the family but they appear disengaged. You don't know if they will follow your advice, or even if your suggestions will help. After your time with the client, you return to the office where your coworkers ask how the meeting went. You worry that telling others about your uncertainty might change the way they view you, so you say nothing. You find yourself ruminating over this case, and the thought of seeing the client again next week fills you with dread.

Is this situation familiar? This is an example of uncertainty in a professional practice situation. We will revisit the scenario above later in this practice guide.

Uncertainty is a part of daily life and work. Uncertainty refers to something an individual cannot be sure about or a situation that makes one not be or feel certain (Oxford Learner's Dictionaries, 2024). Experiences of uncertainty are common in many fields of work, including social services, health care and education. Human behaviour and practice situations can generate uncertainty because they can be complex, unpredictable and are constantly changing in response to a variety of social and environmental factors.

Practitioners who work with children and families often experience uncertainty in their role (Alam et al., 2017; Quinlan et al., 2021). Uncertainty for practitioners can centre on difficulties understanding a client's presenting challenge, not knowing how a client will progress, or not knowing how a client will respond to support plans (Armstrong, 2018). For example, in mental health settings, working with young people with overlapping symptoms can create uncertainty about the most appropriate diagnosis and treatment plan. Uncertainty can be particularly difficult when it involves legal and ethical considerations. This includes situations where a child may be at risk of harm but there is no conclusive evidence, leaving practitioners in an uncertain space.

In the context of service delivery for children and families, experiences that contribute to uncertainty can include complexities related to clients' presenting problems and the unpredictability of how a client's case will progress (see Table 1).

Table 1: Practice experiences that contribute to uncertainty

Ambiguous practice experiences	<ul style="list-style-type: none"> • Client symptoms are vague, inconsistent or overlapping • Treatment direction is unclear • Where there are ethical issues with no clear answer • The client is disengaging for unknown reasons
Complex practice experiences	<ul style="list-style-type: none"> • Client presents with a high risk of harm to themselves or others • Client presents with more than one diagnosis or prominent concern • Difficulties with parental cooperation and engagement when supporting children and families • Competing needs or priorities between clients within the same family
Prior practice experiences with uncertain situations or unclear outcomes	<ul style="list-style-type: none"> • Weighing up possible outcomes of high-risk situations (e.g. likelihood that the client will relapse or require hospitalisation) • Determining the likelihood that a client will adhere to treatment recommendations

Source: Quinlan et al., 2021

The way that people respond to uncertainty can be influenced by both the source of the uncertainty and by contextual factors (Lazarus, 2023; Lee et al., 2021; Scott et al., 2023). How we respond to uncertainty in the way we think, feel and act is known as ‘uncertainty tolerance’ (Hillen et al., 2017). An individual’s level of uncertainty tolerance is not fixed but varies along a continuum from lower to higher levels of tolerance.

You likely have a way of thinking, feeling and acting in uncertain practice situations that you have learned over time. You can learn new skills and knowledge to improve your uncertainty tolerance and effectively change your experience of uncertain practice situations.

With higher levels of uncertainty tolerance (i.e. a higher level of comfort with uncertainty) you are more likely to adapt to the demands of the situation, be curious and see the situation as a chance for personal and professional growth. On the other hand, no matter how much practice knowledge and experience you gain throughout your career, you are going to encounter novel, high-stakes situations in the future. At these times you may experience low levels of uncertainty tolerance (i.e. a lower level of comfort with uncertainty).

At times of low levels of uncertainty tolerance, practitioners can experience negative symptoms including (Begin et al., 2022; Hillen et al., 2017; Quinlan et al., 2021; Strout et al., 2018):

- physiological symptoms such as muscle tension, stomach-aches and headaches
- cognitive symptoms such as self-criticism, self-doubt, wishing the client would leave the service
- emotional symptoms such as embarrassment, anxiety/worry, panic and frustration
- behavioural symptoms:
 - In the short term, uncertainty intolerance with specific clients can lead to the practitioner avoiding follow-up sessions or handing the client over to another practitioner or service.
 - In the long term, past experiences of uncertainty with certain client groups can lead practitioners to avoid the same client groups in the future because their ‘problems are perceived as especially novel, complex or insoluble’ (George & Lowe, 2019, p 299).

In situations where practitioners are experiencing prolonged uncertainty without support from colleagues and/or the organisation they work for, they may be at elevated risk of developing stress responses such as burnout, generalised anxiety disorder, obsessive compulsive disorder and panic disorder (Carleton et al., 2007; Malouf et al., 2023; Strout et al., 2018).

Practitioners who have strategies to effectively manage uncertainty can help to ensure constructive practice experiences that result in better outcomes for practitioners and their clients. The next section outlines the factors associated with practitioners’ uncertainty tolerance, followed by evidence-informed strategies to guide practitioners towards more adaptive responses to uncertainty in their practice.

What factors influence practitioners’ uncertainty tolerance?

There are many factors that influence uncertainty tolerance for practitioners, such as an individual’s natural responses to uncertainty, what is at risk in the situation, prior similar experiences, social-cultural differences between practitioners and clients and the organisational context (including professional supervision arrangements). In high-stake and high-stress situations, especially those characterised by uncertainty, it is understandable that practitioners may experience negative emotions. However, some responses to uncertainty are more adaptive or effective in some situations than others.

Adaptive responses, for instance, can involve finding creative solutions and exploring new ideas or knowledges, and balancing them with routine approaches (Cutrer et al., 2017). Adaptive responses to uncertainty include acknowledging the uncertainty alongside the ‘certainties’, taking the next best step within this context and recognising that the final outcome may still be impossible to predict (Cutrer et al., 2017). In contrast, less adaptive responses to uncertainty include denial, disengagement and inaction when faced with uncertainty.

Consider the scenario at the start of the [Introduction](#) – this situation is filled with uncertainty because there are several areas of difficulty, and the family appears disengaged even after initial recommendations. A practitioner who responds adaptively will remain curious and continue asking questions about the situation to understand the context and explore other resources and supports, informed by the client’s feedback. In comparison, a

maladaptive response would be referring them to another service without further exploration of their situation and/or insisting they follow the initial recommendations.

Being aware of contextual factors influencing uncertainty tolerance can help practitioners identify strategies for responding to uncertainty. Contextual factors that influence uncertainty tolerance include a practitioner's experiences, knowledge limits and workplace culture. Based on existing research, Table 2 outlines some factors that influence uncertainty tolerance among practitioners (Fewings & Quinlan, 2023; Gerrity et al., 1990; Hillen et al., 2017; Lazarus & Stephens, 2024; Lee et al., 2021; Quinlan et al., 2021; Scott et al., 2023; Strout et al., 2018; Yap et al., 2023).

Table 2: Individual, practice and organisational contextual factors that influence practitioner uncertainty tolerance

Contextual factor	Details
Individual practitioner factors	
Personality	Practitioner's innate tolerance of uncertainty
Concerns about other people's perceptions	Practitioner's fear of repercussions, including others' perceptions of them Perception of risk to career or job prospects (e.g. stakes). This factor can be influenced by the work culture (see below).
Professional experience	Previous negative or positive outcome(s) from similar uncertain situations Practitioner's prior experience in their role and the broader field (e.g. there are a greater number of uncertainties in the early career phase)
Practice-related factors	
Psychosocial aspects of practitioner/client interactions	Differences in experiences, culture and socio-demographic background between clients and practitioners Variations in values, priorities and/or communication approaches
Stakes	Potential gains or losses in the situation, including practitioner and client interest or investment in the situation (e.g. When stakes are high, practitioners and clients will tend to feel anxious or stressed in the face of uncertainty.)
Organisational or system factors	
Work culture	The extent to which work cultures and environments support curiosity and making mistakes The extent to which adaptive decision making is engaged to solve problems (e.g. adjusting nimbly as new information comes in)
Use of practice guidelines	The extent to which guidelines are adhered to. When used for guidance, practice guidelines can foster uncertainty tolerance by providing some steps through the uncertainty. If guidelines are treated dogmatically, these same guidelines generate intolerance of uncertainty when the situation doesn't fit the guideline.
Role clarity	Clearly defined roles for staff can support uncertainty tolerance, whereas poorly defined or ambiguous roles (and related responsibilities) can hinder uncertainty tolerance.
Resource availability	Stability or consistency of funding of services

Contextual factors appear to work interdependently when influencing practitioner uncertainty tolerance (Lazarus et al., 2023; Stephens et al., 2022; Stephens et al., 2023; Strout et al., 2018). For example, consider a practitioner who is concerned about their colleagues' perceptions. If they are in an organisation that does not tolerate mistakes and is facing constant changes, they may be less tolerant of uncertainty. However, if this practitioner experiences a practice situation with high uncertainty but is in an organisation that encourages trial and error (e.g. adaptive decision making) and doesn't penalise individuals for system mistakes (e.g. culture of safety), then this practitioner may be more tolerant of uncertainty.

How can practitioners manage uncertainty at work?

As practitioners working with children and families, clients will often look to us to 'have the answer'. It can be difficult to navigate these expectations and provide clarity in situations of uncertainty. The following subsections provide some evidence-informed strategies that may be useful in navigating uncertainty when working directly with clients, as well as some broader strategies for managing uncertainty at work.

Strategies for navigating client-related uncertainty

Some strategies that may assist you in navigating uncertainty with clients:

- **Communicate uncertainty:** Be open and transparent with clients about the uncertainty of the situation. Although practitioners are often concerned about how clients will react if they admit being unsure, transparent discussions of uncertainty can increase client engagement and satisfaction (Gordon et al., 2000). As an example, you could say to the client, 'I don't know exactly what is going on, but I will be with you and support you' (Gheihman et al., 2019, p 5).
- **Provide a plan:** Offer the information you do have, even if it is limited, and explain what your next steps will be. As an example, you could say to the client, 'Over the next week I will be gathering more information to help us make the best decision possible.'
- **Shared decision making:** Client preferences can help guide treatment decisions, particularly in circumstances where identifying the most suitable course of action might be unclear (Gheihman et al., 2019). Shared decision making removes the responsibility for 'finding the answer' from the practitioner and places it in the relationship (Quinlan et al., 2022). Involving clients in the decision-making process, according to their preference, when managing uncertain situations has positive benefits for client satisfaction and outcomes (Barry & Edgman-Levitan, 2012).
- **Normalise uncertainty:** Feelings of uncertainty are a normal response in complex situations. Communicating this to clients, and acknowledging their emotional responses, can be reassuring. For example, you can say to a client, 'When working through complex situations, and with all of the things you are experiencing at the moment, it is normal to feel unsure about what to do next.'

Strategies for navigating uncertainty more broadly

Managing uncertainty more generally is an ongoing process. There are things you can do as an individual or small team leader but managers and organisations also have a responsibility to create a supportive environment. Here are some ways practitioners and managers can navigate uncertainty outside of client-facing situations:

- **Supervision and peer support:** Supervision and a supportive team environment to discuss challenging cases can help settle uncertainty (Quinlan et al., 2021; Stephens et al., 2022; van Iersel et al., 2019). New perspectives may help you find clarity on unanswered questions. When there is no clear answer, knowing that others also view the same situation as ambiguous can be very normalising!
- **Reflective practice:** Reflective practice is an intentional response to learning from experience, which practitioners can use to explore their reactions to uncertainty. Reflective practice may lead to greater awareness of biases in responding to uncertainty and creates a space for challenging those responses (Lazarus et al., 2023; Lazarus & Stephens, 2024; Stephens et al., 2022).
- **Self-management:** Uncertainty is a difficult feeling to hold, so it is essential to take care of yourself. Strategies such as grounding, positive self-talk, walking, relaxation and sitting with the feeling of uncertainty have been found to be helpful (van Iersel et al., 2019; Weissenstein et al., 2014).
- **Professional development:** Uncertainty can be a sign that there are gaps in your knowledge. Seeking further training through professional development activities can increase your knowledge base and confidence (Han et al., 2021; Reis-Dennis et al., 2021; Stephens et al., 2022).
- **Challenge your views:** Uncertainty itself is not problematic, rather it is how we respond to it that can cause difficulties. Challenge your assumptions of uncertainty to try and move from a view of uncertainty as a threat that should be avoided to an opportunity for professional growth (Fewings & Quinlan, 2023; George & Lowe, 2019).

Box 1: Note on one-on-one supervision

In the complex and uncertain terrain of health care, one-on-one supervision plays a pivotal role in ensuring that professionals are well-equipped to navigate uncertainty. While this practice may be common among mental health practitioners, it's equally valuable for professionals across various disciplines and areas of expertise.

Supervision provides an opportunity to enhance clinical skills and decision-making abilities, and refine the application of evidence-based practice. Through offering a dedicated space for reflection and exploration, supervision can be used to delve deeper into your own strengths, weaknesses and professional identity. Lastly, supervision offers a safe environment to discuss challenging cases, manage emotional responses and seek further professional support when needed.

For those who may not be currently engaged in supervision, we encourage you to consider this investment in your professional growth and the wellbeing of those you serve. If you're interested in implementing one-on-one supervision, several frameworks and resources are available to help you conduct these sessions safely and collaboratively. You can explore materials provided by reputable organisations and institutions, such as:

- aifs.gov.au/resources/practice-guides/working-adolescents-supervision
- www.clinicalsupervisionservices.com.au/clinresources
- www.heti.nsw.gov.au/education-and-training/our-focus-areas/allied-health/clinical-supervision

The reflective Practice Activity in this guide may be used in professional supervision (one-on-one or peer group setting) to help practitioners reflect on practice situations that contribute to uncertainty and identify potential resources available to help them work through uncertainty.

Conclusion

Experiences of uncertainty among practitioners are common due to the complexities associated with working with clients and their families in the community and social welfare sector. There are multiple contextual factors that influence practitioners' uncertainty tolerance, such as prior practice experiences with uncertain situations, ambiguous and/or complex practice situations and work culture.

Practitioners' tolerance of uncertainty and responses to uncertainty have important implications for practitioners and their work with clients. It is important to bear in mind that uncertainty tolerance is dependent on the context of the given situation. Being able to effectively confront and adaptively respond to uncertainty is a crucial skill for practitioners working with children and families. Strategies that can be useful in responding to experiences of uncertainty include seeking more information where appropriate, acknowledging the uncertainty and identifying the next best step for managing it, communicating uncertainty to clients in a manner they would like, and reframing thinking around uncertainty.

Practice activity

If you feel like you are the only one who doesn't know what they're doing and who has no idea what's going on, congratulations. You're just like me.

(Wendig, 2023, p 171)

It can be useful to acknowledge, validate, normalise and explore the way the people in your team experience uncertainty in practice situations (George & Lowe, 2019). This activity consists of 2 parts and is designed to help you and your team:

1. reflect on practice situations that contribute to uncertainty
2. understand the way this can impact individuals in your team
3. identify resources available in the team to help you work through uncertainty.

If you already participate in professional supervision (one-on-one or in a peer group setting), this activity could be incorporated into that setting. (For more information, see [Box 1: Note on one-to-one supervision](#).) Alternatively, you could work through this activity independently or get some colleagues together in your workplace to have a discussion.

If working through this activity with others, consider sharing the whole practice guide with them as pre-reading so that everyone comes to the discussion with shared understanding of the topic to unpack together.

Part 1: Taking the temperature of the room and normalising uncertainty

Aim

The intention in the first part of the activity is to start with a general discussion and experience sharing to discuss each team member's personal experiences of and comfort levels with uncertain practice situations. Here the aim is to 'take the temperature of the room' (i.e. what are the starting points that each person is coming to this discussion from?)

As much as is possible, the person leading this activity is trying to encourage team members to openly share their experiences and discuss any fears and insecurities. It is useful also to gauge the likelihood of team members reaching out for support in uncertain practice situations.

Process

1. Explain the aim of this part of the activity.
2. Share the case study below with everyone and read it together in a way that best suits the group (e.g. independently or reading along while someone reads it out loud).
3. Work through the reflection questions together.



We suggest working in a small group of 3-6 people and allowing 5 minutes for setting the scene and reading the case study, and then 20 minutes for discussion (25 minutes total).

Note that the expected duration of this activity is dependent on the amount of conversation generated and the number of team members in the group.

Case study

You are a practitioner working in a role that supports families, meeting a new client for the first time. You struggle to pinpoint what exactly is going on for this family. There are lots of areas of difficulty, with no clear causes. There are some signs that the children may be at risk but not enough clear-cut evidence for you to take action. You make some initial recommendations to the family but they appear disengaged. You don't know if they will follow your advice, or even if your suggestions will help! After your time with the client, you return to the office where your co-workers ask how the meeting went. You worry that telling others about your uncertainty might change the way they view you, so you say nothing. You find yourself ruminating over this case, and the thought of seeing the client again next week fills you with dread.

Reflection questions

1. Have you had practice experiences like this?
2. What was that experience like?
3. Did you communicate your uncertainty with the client?
 - (a) How did you do that?
 - (b) What was the outcome?
4. Did you communicate your uncertainty with a colleague?
 - (a) How did you do that?
 - (b) What was the outcome?

If the team members are engaging in the conversation and are sharing openly and in a productive way, you might find it useful to delve a bit deeper and start drawing out general service and client factors associated with uncertainty in your service context. Consider the usefulness of questions 5 and 6 in doing so.

5. What kind of situations, circumstances, client characteristics, client actions or other case factors commonly lead to uncertainty in your service?
6. Does the team experience any bias against working with clients who seem to have novel, complex or unsolvable problems?

Part 2: Idea sharing and problem solving

Aim

The intention in this part of the activity is to start tackling some specific case studies together to collaboratively share initial reactions, ideas for managing uncertainty in each case situation, and to brainstorm and problem solve together.

Process

1. Explain the aim of this part of the activity.
2. Choose a case study to focus on (see [Case studies](#) section below).
3. Read the case study together in a way that best suits the group (e.g. independently or reading along while someone reads it out loud).
4. Work through the reflection questions together.



We suggest working in a small group of 3–6 people and allowing 5 minutes for setting the scene and reading the case study and then 20 minutes for discussion (25 minutes total).

Note that the expected duration of this activity is dependent on the amount of conversation generated and the number of team members in the group.

Case studies

During the first activity, the group may have identified specific examples relevant to their current caseload or service context. These examples can be used as the basis for this second part of the activity.

Alternatively, 4 [sample case studies](#) are provided below. Each describes client situations deliberately designed to contain ambiguity relating to the client's mental wellbeing, and generate uncertainty as to next steps (Quinlan & Deane, 2021). The case studies are also based in different service contexts. Some practitioners may find it easier to think creatively with situations that are more removed from their day-to-day caseload.

Reflection questions

1. What is it about this case study that raises uncertainty for you?
2. What information would you like to gather to inform your work and reduce the level of uncertainty?
3. How could you appropriately communicate your uncertainty to the client in this situation?
4. How could you appropriately communicate your uncertainty to a colleague in this situation, and what would you need from them?

5. What are the top 3 things that would help you navigate this situation?
6. What steps could you take to look after yourself as a practitioner navigating this uncertain situation?

The practice guide identifies a range of strategies to assist you in navigating uncertainty both in the moment with clients and outside of client-facing situations. These may be useful when considering the reflection questions in this activity.

The group may be able to develop some 'What if...' questions that help ground this activity even further in your service context (George & Lowe, 2019, p 299). Here, the purpose is to add or remove client, situational or organisational factors to or from the case study to see how those changes impact uncertainty and the approach to supporting the client. For example, what if the client had a young child in their care? What if the client had challenges with engaging services in the past? What if the client's family members were not willing to be involved despite the client's preference for them to be?

Review this information as a group to explore possible solutions, questions or resources that come up. Remember that these discussions are not meant to provide all the answers but to stimulate collaboration and shared learning.

As you wrap up the collective exploration of uncertainty, it is important for the team leader (if applicable) to acknowledge the courage and vulnerability each team member has shown in sharing their thoughts and experiences. While discussing uncertainty within a team can be an uncomfortable experience, such reflection supports a step towards increased transparency and continuous improvement. As you return to your individual roles following this activity, take any time needed to ground yourself, recharge and practice self-care.¹

Sample case studies²

- 1 Malik is a 60-year-old refugee who migrated to Australia with his family 10 years ago. He lives with his wife and 3 daughters. He presents to you for support following the insistence of his daughter, Kayla. Kayla reports that Malik has been hearing voices for the past year, and she often catches him mumbling to himself. When queried, Malik describes 2 voices: one he considers the voice of God, the other of the devil. Malik reports a strong faith and is actively engaged in his local church. He reports that he meets with the pastor weekly to help him 'distinguish God's voice from the devil's'. Malik reports that the voices do not distress him and states that he often experienced guiding voices as a child.
- 2 John is a 32-year-old male who presents to the emergency department at the hospital where you work. John is accompanied by his parents, whom he lives with. John's parents report that during the past 2 weeks he has refused to leave his room. They state that John has been more irritable than usual and has isolated himself from his friends and family. They became concerned when they heard John loudly talking to himself and laughing hysterically. When you speak directly with John, he reports that he is dying from a mystery illness that no one has been able to diagnose. John is difficult to understand, mumbling frequently and mixing up his words. Pointing to his mouth, he reports that his face is very stiff and it feels as if his skin is stretched backwards. In his other hand, John is holding a bottle of vodka, which is half empty.
- 3 Sally is a 22-year-old, recently married woman, who was referred to you following a suicide attempt. The suicide attempt occurred by overdose, directly following an incident in which Sally found messages from a female co-worker on her husband's phone. Sally reports that she is scared her husband will leave her 'like all the others have'. Relationships with men in the past have been intensely emotional at first but eventually deteriorate into mutual hatred. During the last couple of months, Sally has been crying frequently and lost interest in her friendship circle, university course and casual job. She has been eating more frequently than usual and has gained 15 kilos since her wedding. Her husband constantly criticises her weight. Recent testing conducted by her general practitioner indicated that she is at elevated risk of hypothyroidism, and she is awaiting the results of follow-up testing.
- 4 Mandy, a 21-year-old student, is referred to you following an arrest for civil disturbance at a political rally. It is noted that at this rally, Mandy punched a police officer who was attempting to divert the crowd. In the lead-up to this incident, Mandy has been intensely involved in local politics, attending several rallies and marches over the past month. Mandy has also funnelled much of her savings into donations for various causes she supports. Mandy reports that during this time she has slept little and survives 'on a diet of junk food'. You consult with Mandy's parents who report that she has always been flighty and prone to big ideas. Mandy was kicked out of the family home 3 years ago for cannabis use - her parents report that she is still using, and they are concerned this has led to other drug use.

¹ This practice activity was developed by Dr Jasmine B. MacDonald, Dr Elly Quinlan and Katharine Day.

² The case studies were developed by Dr Elly Quinlan for earlier research projects assessing uncertainty tolerance. This is the first time the case studies have been published.

Further reading and resources

[How to ask adult mental health clients about sexual abuse](#)

This CFCA article outlines: (a) why adult survivors of sexual abuse may not disclose their abuse experiences to mental health practitioners, (b) why practitioners might avoid asking about it, and (c) research findings from mental health practitioner samples on how to safely ask clients about sexual abuse histories.

[9 tips for supporting children in families with complex needs](#)

This Emerging Minds practice paper outlines ways in which practitioners can begin to develop confidence in supporting children in families with complex needs.

[Supporting staff to work with children and families with complex needs](#)

This Emerging Minds paper provides managers, practice leaders and other decision makers with practical guidance on supporting staff to work with children and families with complex needs.

[Balance or burnout: Sustainability for workers in the LGBTIQ+ youth sector](#)

This resource has been produced by the Rainbow Network. It provides ideas on managing stress, preventing burnout and creating personal and professional sustainability. It has been prepared for youth workers in the LGBTIQ+ sector but could be useful for practitioners in similar sectors.

[Caring for our frontline child protection workforce](#)

This CFCA paper considers a range of occupational challenges for child protection and related services, including burnout. The paper identifies some promising strategies for improving psychological wellbeing in the workplace.

[Working with adolescents: Supervision](#)

This CFCA practice guide provides an overview of clinical supervision for practitioners directly supporting adolescents, stressing the significance of reflective practice on worker wellbeing and client outcomes. For managers and supervisors, this resource examines supervision in the context of workplace culture and introduces methods and trends in suitable clinical support for youth workers.

[What is 'good' supervision in services for adolescents?](#)

This CFCA short article highlights 2 practitioners' views on 'good' and 'bad' supervision.

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