OVERVIEW OF BEST PRACTICES IN THE SUPERVISION OF SUBSTANCE USE TREATMENT PROVIDERS

OHIO SUBSTANCE USE DISORDERS CENTER OF EXCELLENCE

JENNY ROW, MSSA, LISW-S
Consultant & Trainer

Department of Mental Health & Addiction Services

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Center for Evidence-Based Practices
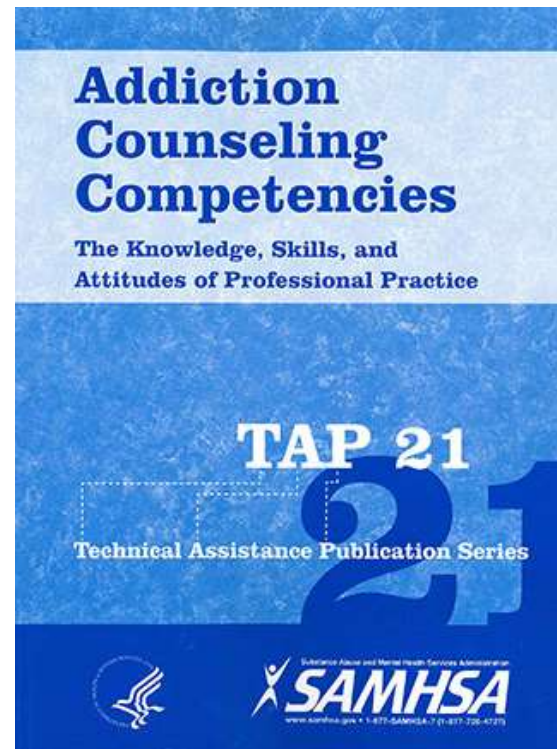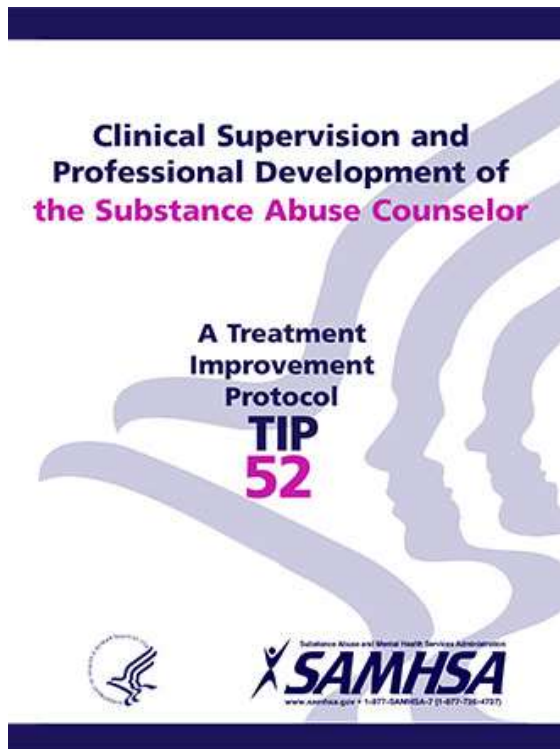
LEARNING OBJECTIVES

1. Define the 11 principles of clinical supervision.

2. Describe the 4 transdisciplinary foundations for practice.

3. Describe the 8 practice dimensions for effective professional development of supervisees.

4. Describe the developmental stages for supervisors and counselors.
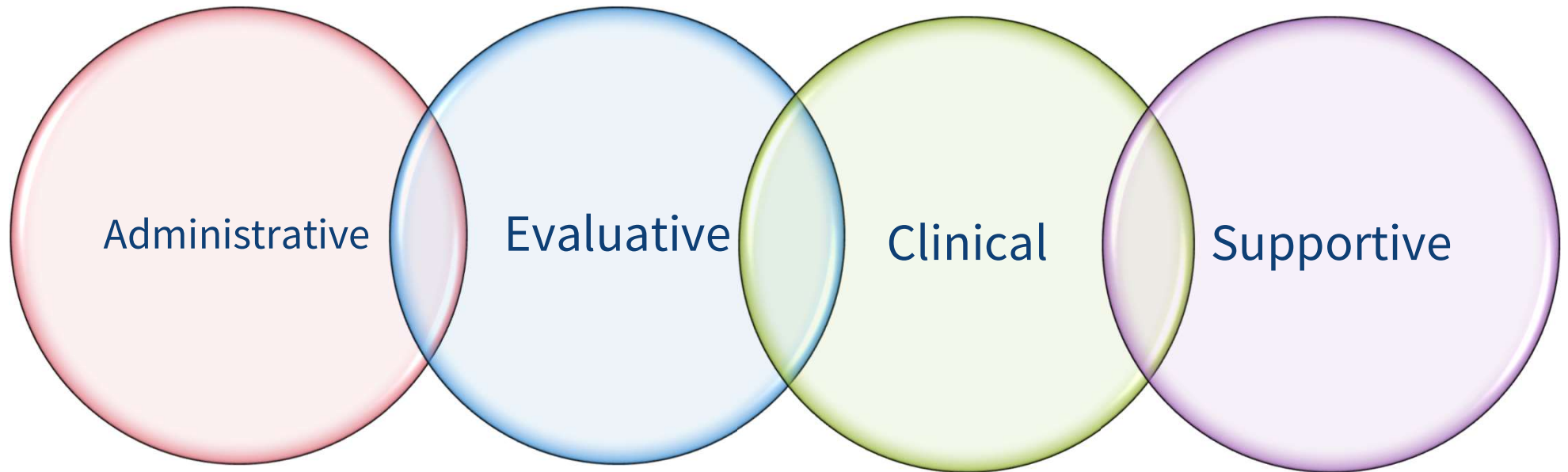
5. Describe practical issues in clinical supervision.

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TRAINING RESOURCES

Clinical Supervision and Professional Development of the Substance Abuse Counselor — A Treatment Improvement Protocol TIP 52 — SAMHSA

Addiction Counseling Competencies — The Knowledge, Skills, and Attitudes of Professional Practice — TAP 21 — Technical Assistance Publication Series — SAMHSA
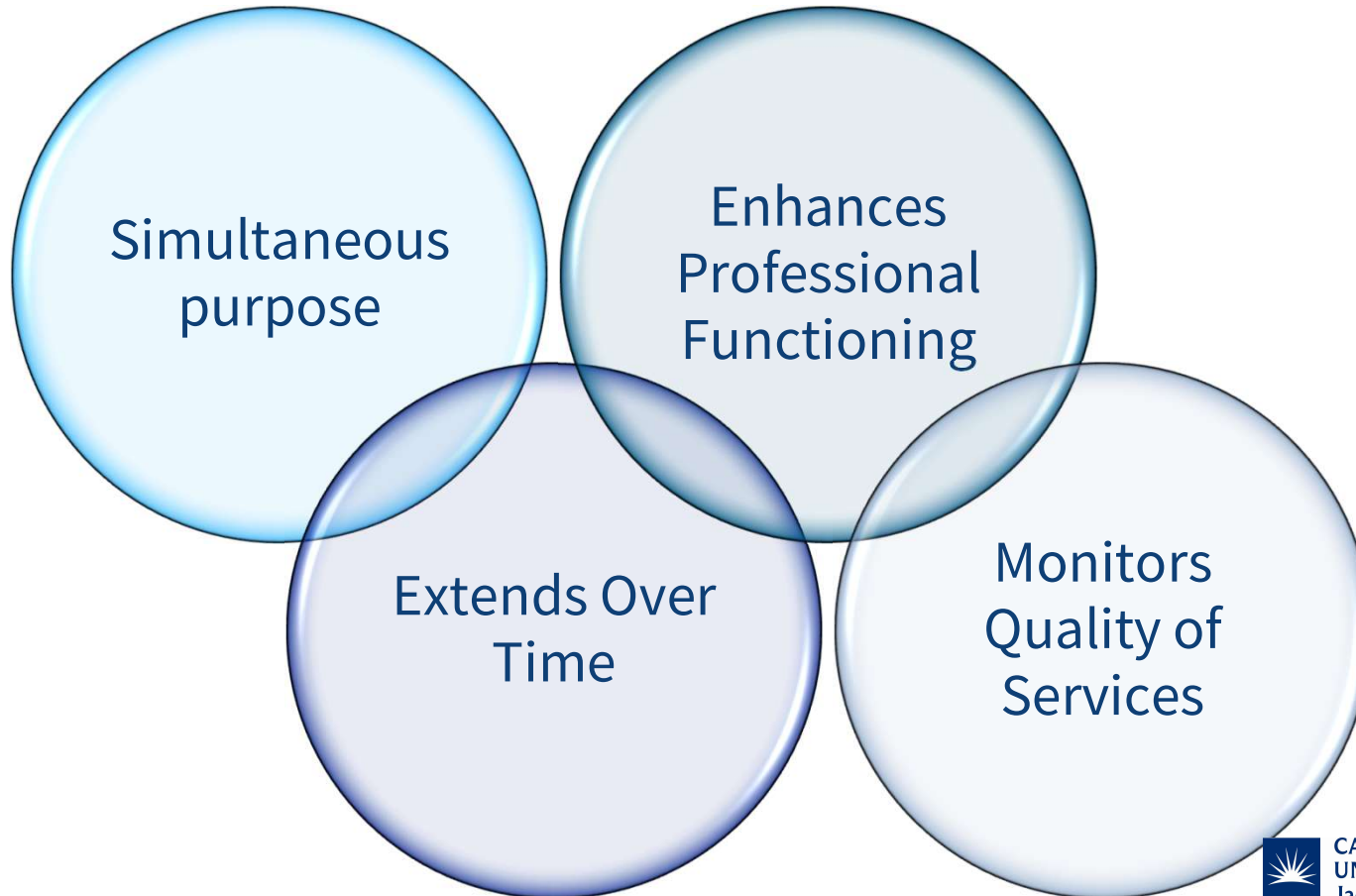
CLINICAL SUPERVISION IS:

A disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci:

Administrative   Evaluative   Clinical   Supportive

CLINICAL SUPERVISION IS:

- Simultaneous purpose
- Enhances Professional Functioning
- Extends Over Time
- Monitors Quality of Services

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CLINICAL SUPERVISION IS:

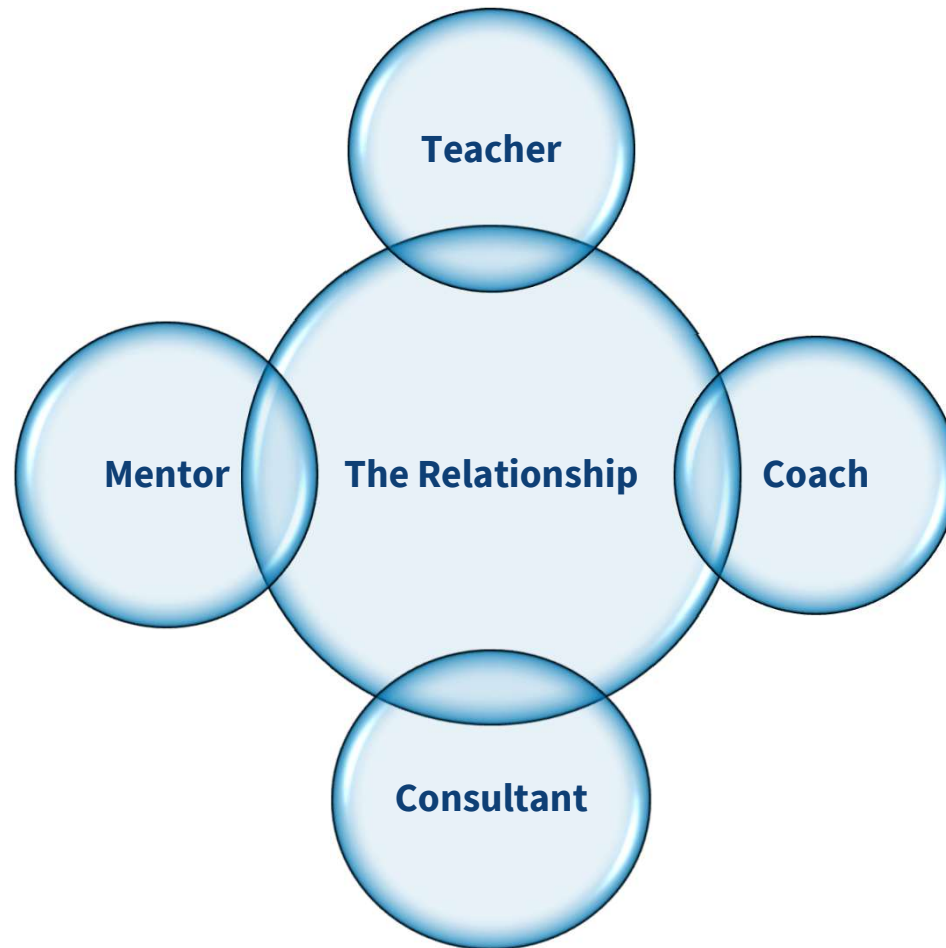Influencing the social process that ensures quality of care

Observing, mentoring, coaching, evaluating & inspiring

Creating an atmosphere that promotes self-motivation, learning, and professional development

Building teams, creating cohesion, resolving conflict, and shaping agency culture

ROLES OF THE CLINICAL SUPERVISOR

CENTRAL PRINCIPLES OF CLINICAL SUPERVISION

❑Essential part of all clinical programs

❑ Enhances staff retention and morale

❑ Every clinician (and supervisor), regardless of skill level & experience, needs and has the right to clinical supervision

❑ Needs the full support of agency administration

❑ The relationship where ethical practice is developed and reinforced

CENTRAL PRINCIPLES OF CLINICAL SUPERVISION

❑ Supervision is a skill in and of itself that must be developed

❑ Requires balancing of administrative and clinical tasks

❑ Continually strive for cultural competence

❑ Implementation of EBP's requires ongoing supervision

❑ Responsibility to be gatekeepers of the professions

❑ Supervision should involve direct observation methods

TRANSDISCIPLINARY FOUNDATIONS

UNDERSTANDING ADDICTION

Understand	Recognize	Describe	Realize
A variety of models and theories of addiction and other problems related to substance use.	The social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.	The behavioral, psychological, and physical health, and social effects of psychoactive substances on the person using and significant others.	The potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to co-exist with addiction and substance abuse.

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TREATMENT KNOWLEDGE

Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention and continuing care for addiction and others substance-related problems.

Recognize the importance of family, social networks, and community systems in the treatment and recovery process.

Understand the importance of research and outcome data and their application in clinical practice.

Understand the value of an interdisciplinary approach to addiction treatment.

APPLICATION TO PRACTICE

Understand the diagnostic criteria for substance use disorders, treatment modalities, and placement criteria within the continuum of care

Reduce the negative effects of substance use

Tailor interventions to the person's stage of change

Provide services appropriate to the personal and cultural identity of the person

Adapt practice to the range of treatment settings and modalities

APPLICATION TO PRACTICE

Knowledge of medical and pharmacological resources in the treatment of substance use disorders

Understand the variety of insurance and health maintenance options available & assist with accessing those benefits

Recognize that a crisis (or other issue) may indicate an underlying substance use disorder and a potential window of opportunity for change

Understand the need for and use methods for measuring treatment outcomes

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PROFESSIONAL READINESS

Understand:

Diverse cultures & incorporate the relevant needs of culturally diverse groups

The importance of self-awareness

The addiction professional's obligation to adhere to ethical and behavioral standard of conduct

The importance of ongoing supervision and continuing education in the delivery of services

The obligation to participate in prevention and treatment activities & policies and procedures for handling crisis situations

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PRACTICE DIMENSIONS

Clinical Evaluation

Treatment planning

Referral & Service Coordination

Counseling & Education

Documentation

Professional Responsibilities

CLINICAL EVALUATION: SCREENING

A systematic process by which the service provider & client (and significant others) review the current situation, symptoms, and other available information to determine the most appropriate initial course of action, given the clients needs and available resources.

CLINICAL EVALUATION: ASSESSMENT

*Assessment is the **ongoing** process through which the provider collaborates with the client and (natural supports) to gather and interpret information necessary for planning treatment and evaluating progress.*

COMPREHENSIVE ASSESSMENT SHOULD INCLUDE:

- History of Alcohol and Drug use & Interactive course of symptoms
- Physical Health, Mental Health, & Addiction Treatment History
- Relational/Family Complications
- Employment Desires & Barriers
- Legal Issues
- Psychological, Emotional, and Worldview Concerns/Trauma Hx
- Spiritual Concerns
- Education and Basic Life Skills
- Socioeconomic Characteristics & Lifestyle
- Use of Community Resources/Housing
- Treatment Readiness
- Level of Cognitive and Behavioral Functioning

TREATMENT PLANNING

*A **collaborative** process where the provider and the client develop treatment goals that matter to the client, are measurable, and identify steps toward a desired outcome for the person.*

REFERRAL

The process of facilitating the clients use of available support systems and community resources to meet needs identified in clinical evaluation or treatment planning.

SERVICE COORDINATION

Service coordination, which includes case management and advocacy, establishes a framework of action to enable the person to achieve specified goals.

It involves collaboration with the person and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, and ongoing evaluation of treatment progress and the person's needs.

COUNSELING

A collaborative process that facilitates the person's progress toward mutually determined treatment goals.

Competence in counseling is built on an understanding of, appreciation for, and ability to appropriately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, & couples.

CLIENT, FAMILY, & COMMUNITY EDUCATION

The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment, and recovery resources.

DOCUMENTATION

The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client related data.

PROFESSIONAL & ETHICAL RESPONSIBILITIES

The obligations of an addiction counselor to adhere to accepted, ethical and behavioral standards of conduct and continuing professional development.

DEVELOPMENTAL STAGES FOR COUNSELORS & SUPERVISORS

Counselor Development Level	Counselor Characteristics	Supervision Skills & Developmental Needs	Techniques
Level 1	• Focus on self • Anxious, uncertain • Preoccupied with performing the 'right way' • Overconfident of skills & overuses skills • Overgeneralizes • Gap between conceptualization, goals and interventions • Ethics underdeveloped	• Provide structure & minimize anxiety • Supportive, address strengths first then areas of improvement • Suggest approaches • Start connecting theory to treatment	• Observation • Skills training • Role playing • Readings • Group supervision • Closely monitor clients
Level 2	• Focus less on self & more on client • Confused & frustrated with complexity of counseling • May over-identify with the client • Challenges authority • Lacks integration with theory • Overburdened • Ethics better understood	• Less structure provided & more autonomy encouraged/Provide support • Periodic suggestions of approaches • Develop discrepancies • Introduce alternative views • Process comments, highlight countertransference • Affective reactions to clients/supervisor	• Observation • Role play • Interpret dynamics • Group supervision • Reading
Level 3	• Focuses intently on client • High degree of empathetic skill • Objective third person perspective • Integrative thinking and approach • Highly responsible and ethical counselor	• Supervisee directed • Focus on personal-professional integration & career • Supportive • Change agent	• Peer supervision • Group supervision • Reading

Supervisor Developmental Level	Supervisor characteristics	To Increase Supervision Competence
Level 1	• Is anxious regarding role • Is naïve about assuming the role of supervisor • Focused on doing the 'right thing' • May overly respond as "expert" • Is uncomfortable providing direct feedback	• Follow structure and formats • Design systems to increase organization of supervision • Assign level 1 counselors
Level 2	• Shows confusion and conflict • Sees supervision as complex & multidimensional • Needs support to maintain motivation • Overfocused on counselor's deficits and perceived resistance • May fall into role of therapist with the counselor	• Assign Level 1 counselors
Level 3	• Is highly motivated • Can provide an honest self-appraisal of strengths and areas of improvement as supervisor • Is comfortable with evaluation process • Provides thorough, objective feedback	• Comfortable with all levels

GENERAL CAUTIONS & PRINCIPLES ABOUT COUNSELOR DEVELOPMENT

There is a beginning:

But not an end point for learning clinical skills; be careful of counselors who think they "know it all."

Consider:

Individual learning styles and personalities of your supervisees and fit the supervisory approach to the developmental stage of each counselor.

Although not always predictable or rigid:

There is a logical sequence to development some counselors may have been in the field for years but remain at an early stage of professional development whereas others may progress quickly through stages.

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Models of Clinical Supervision

Competency-Based

Focus on the skills and learning needs of the supervisee. Key strategies are social learning principles (i.e., modeling role reversal, role play, & practice) through teaching, consulting, and counseling.

Treatment-Based

Incorporates EBP's into supervision and seeking fidelity and adaption to these theoretical models. MI, CBT, and psychodynamic theory are 3 examples.

Developmental Models

Understanding the counselor goes through different stages and recognizing that this movement is not always linear & can be affected by changes within the role.

Integrated Models

Addresses both skills and competency development and is based on the unique needs of the supervisee and supervisor. Seeks to incorporate EBP's into counseling and supervision.

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QUALITIES OF A GOOD MODEL OF SUPERVISION

- Rooted in the individual, beginning with the supervisor's self, style, and approach to leadership.

- Rooted in the learning and developmental needs of the supervisee, needs of the client population, the goals of the agency, and the ethical and legal boundaries of practice.

- Precise, clear, and consistent

QUALITIES OF A GOOD MODEL OF SUPERVISION

- Comprehensive, using current scientific and evidence-based practices

- Operational and practical, providing specific concepts and practices in clear, useful, and measurable terms.

- Outcome-oriented to improve counselor competence; make work manageable, create a sense of mastery and growth for the counselor, and address the needs of the organization, the supervisor, the supervisee, and the client.

EVALUATING STAFF

Because the supervisor/supervisee relationship is inherently unequal..
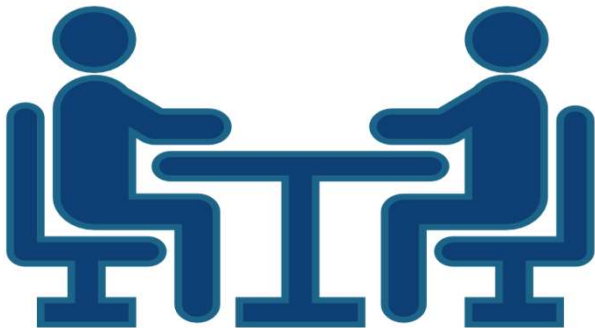
➢ Providing feedback to staff can be challenging & may be difficult to offer clear, concise and accurate feedback

➢ Important to establish purpose and positive context for evaluation process.

➢ Evaluation should be mutual, flexible, predictable, and continuous.

Two Types of Evaluation

1. Formative
2. Summative

FORMATIVE EVALUATION

Ongoing status report of the staff's skill development

Explores these questions:

1) "Are we addressing the skills or competencies you want to focus on?"

2) "How do we assess your current knowledge and skills and areas for growth and development?"

SUMMATIVE EVALUATION

A more formal rating of the overall job performance, fitness for the job, and job rating.

It answers the question:

"How does the staff measure up?"

➢ Typically done annually and focuses on the staff's overall strengths, limitations, and areas of improvement.

RESEARCH FINDINGS ON EVALUATION SUGGEST:

The supervisee's confidence and efficacy are correlated with the quality and quantity of feedback the supervisor gives to the supervisee.

Ratings of skills are highly variable between supervisors and often the supervisors and supervisee's rating differ or conflict.

Good feedback is provided frequently, clearly, and consistently and is specific, measurable, attainable, realistic, and timely.

Supervision has been found to increase provider competence and decrease stress.

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PRACTICAL ISSUES IN CLINICAL SUPERVISION

Distinguishing between supervision and therapy

Balancing clinical and administrative functions

Finding time to do clinical supervision

Structuring the initial supervision sessions

Documenting clinical supervision

DISTINGUISHING BETWEEN SUPERVISION & THERAPY

In ensuring quality client care and facilitating professional staff development, the process of clinical supervision sometimes encroaches on personal issues.

❑ The boundary between counseling and supervision may not always be clearly marked.

❑ The dividing line between therapy and supervision is how the supervisee's personal issues and problems affect their work.

❑ It is necessary at times to explore staff limitations as they deliver services to their clients.

BALANCING CLINICAL & ADMINISTRATIVE FUNCTIONS

➢ Try to be clear about what "hat" you are wearing. Are you speaking from administrative or clinical perspective?

➢ Be aware of your own biases and values that may be affecting your administrative opinions.

➢ Delegate the administrative functions that you need not necessarily perform such as human resources or financial.

➢ Get input from others to be sure of your objectivity and your perspective.

FINDING TIME TO DO SUPERVISION

❑ Add components of a supervision model one at a time.

❑ Schedule supervision meetings with your staff is a beginning step.

❑ Create regularly scheduled meetings to develop learning plans and review professional development.

❑ Begin to integrate observing staff in their work.

❑ Group supervision can be a helpful option.

❑ Peer supervision is something to consider, weighing advantages and disadvantages.

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STRUCTURING INITIAL SUPERVISION SESSIONS

In the first few sessions…

1. Describe the distinctions between your role as administrative and clinical.

2. Describe your model of counseling and learn about the staff's frameworks and models for their practice.

3. Describe your model of supervision.

4. Disclose your training and experience as part of your ethical duty of a supervision.

5. Discuss the various methods & techniques of supervision & the resources available.

6. Explore the staff's goals for supervision and their interests and assess their learning style.

STRUCTURING INITIAL SUPERVISION SESSIONS

7. Establish a climate of cooperation, collaboration, trust, safety, and establish boundaries.

8. Create an opportunity to review competencies outlined in TAP 21 or other evidenced-based resources endorsed by the organization.

9. Discuss and normalize the evaluation process (formative and summative).

10. Discuss and reinforce legal and ethical expectations and responsibilities of the supervisee.

11. Take time to decrease anxiety associated with being supervised and build a positive working relationship.

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DOCUMENTING CLINICAL SUPERVISION

❑ Informal and formal evaluation processes

❑ Frequency of supervision, issues discussed, content, and outcome

❑ Rights of staff when applicable (right to confidentiality, privacy, and informed consent)

❑ Risk management issues (how to handle crises, duty to warn and protect situations, mandated reporting, breaches of confidentiality, etc.)

❑ Supervisory notes are open to administration for performance appraisal and merit pay increases and are admissible in court proceedings.

YOU CANT POUR FROM AN EMPTY CUP. TAKE CARE OF YOURSELF FIRST
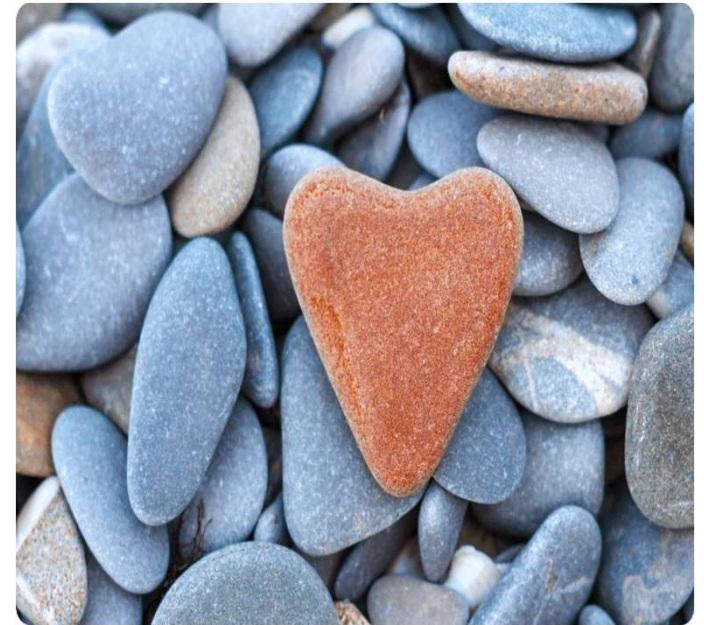
PROMOTING SELF CARE

➢ Identify the supervisees personal practice strategies that promote self care/self healing in clinical practice.

➢ Support supervisees to engage in a process of self-awareness to examine ways to care for self that promote resiliency and self healing.

Suggestions for Engagement:

❖ What experiences did you have this week that may have caused you distress?

❖ How did you handle the situation?

❖ What are some ways you might work through the distress rather than detach, ignore, or compartmentalize?

ACKNOWLEDGE THE CHALLENGES AMONGST CLINICIANS

❖ Bring awareness to the ***silence*** and ***stigma*** regarding the impact of our daily work. Normalize experiences and offer resources as needed or allowable.

❖ Assist supervisees in understanding the importance of creating dialogue amongst colleagues to bring about change to support clinicians' wellbeing, resilience, and stress levels.

BOUNDARIES AND COUNTERTRANSFERENCE ISSUES

Encourage supervisees to:

❑ Practice ongoing self-awareness and utilize supervision to process what may be triggering as this could affect their performance or wellbeing.

❑ Utilize supervision to enhance skills or work through discomfort regarding setting healthy boundaries or limits.

❑ Understand the differences between role and responsibility.

❑ Give themselves permission to take breaks and reset as needed.

❑ Reach out to their supervisor or another colleague when feeling uncomfortable about handling a situation alone.

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References

Center for Substance Abuse Treatment. *Clinical Supervision and Professional Development of the Substance Abuse Counselor.* Treatment Improvement Protocol (TIP) Series 52. Substance Abuse and Mental Health Services Administration, 2014.

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QUESTIONS?

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