

Best Practices in Clinical Supervision

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What is Clinical Supervision?

- “Supervision is a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical, and supportive” (Powell & Brodsky, 2004, p.11).

Clinical Supervision

- Quality clinical supervision is founded on a positive supervisor-supervisee relationship that promotes client welfare and the professional development of the supervisee.
- You are a teacher, coach, consultant, mentor, evaluator, and administrator; you provide support, encouragement, and education to staff while addressing an array of psychological, interpersonal, physical, and spiritual issues of clients (TIP 52-Clinical Supervision, SAMHSA)

Functions of a Clinical Supervisor

- **Teacher:** Assist in the development of counseling knowledge and skills by identifying learning needs, determining counselor strengths, promoting self-awareness, and transmitting knowledge for practical use and professional growth. (TIP 52-Clinical Supervision, SAMHSA)

Functions of a Clinical Supervisor

- **Consultant:** Case consultation, monitoring performance, assessing counselors as well as gatekeeper for the agency. In some ways similar to a business consultant so to speak.

Functions of a Clinical Supervisor

- **Coach:** *Very similar to an athletic model where you are supportive, building morale while being constructive and challenging staff to produce their best effort and skills. Often a cheerleader for the troops while alleviating burn-out and mitigating clinical vs. administrative issues.*

Functions of a Clinical Supervisor

- **Mentor:** An experienced supervisor will mentor and teach the supervisee through role modeling, facilitating professional development and identity and trains the next generation of supervisors. (TIP 52- Clinical Supervision, SAMHSA)

Principles of Clinical Supervision

Clinical Supervision is an essential part of all clinical programs:

Quality of Care

Continued professional Development

Clinical supervision is the primary means of determining the quality of care provided

Principles of Clinical Supervision

- Clinical supervision enhances staff retention and morale
- Clinical supervision is a primary means of improving workforce retention and job satisfaction (Roche, Todd, & O'Connor, 2007)

Principles of Clinical Supervision

- Every clinician, regardless of level of skill and experience, needs and has a right to clinical supervision. In addition, supervisors need and have a right to supervision of their supervision.
- The frequency and intensity of the oversight and training will depend on the role, skill level, and competence of the individual (TIP 52-Clinical Supervision, SAMHSA)

Principles of Clinical Supervision

- Clinical Supervision needs the full support of agency administrators.
- Counselors should be in an environment where learning and professional development and opportunities are valued and provided for all staff.

Principles of Clinical Supervision

- The supervisory relationship is the crucible in which ethical practice is developed and reinforced.
- The supervisor needs to model sound ethical and legal practice in the supervisory relationship
- This is where ethical practice is translated from a concept to a set of behaviors
- Developing a process of ethical decision making.

Principles of Clinical Supervision

- Clinical supervision is a skill in and of itself that has to be developed.
- Program and client goals coming together.
- Having a knowledge base to complement a new set of skills.

Principles of Clinical Supervision

- Clinical supervision in substance abuse treatment most often requires balancing administrative and clinical supervision.
- Often the supervisor may feel caught between two roles-They may complement while they at times conflict

Principles of Clinical Supervision

- Culture and other contextual variables influence the supervision process: supervisors need to continually strive for cultural competence.
- This involves the counselor's response to clients and the program's response to the cultural needs of the diverse community it serves.

Principles of Clinical Supervision

- Successful implementation of Evidence Based Practices.
- Supervisors ensure that evidence based practices are successfully integrated into ongoing programmatic activities by training, encouraging, and monitoring counselors.

Continuum of Cultural Competence

- Cultural Destructiveness: Superiority of dominant culture and inferiority of other cultures; active discrimination.
- Cultural Incapacity: Separate but equal treatment; passive discrimination.
- Cultural Blindness: Sees all cultures and people as alike and equal; discrimination by ignoring culture.
- Cultural Openness (Sensitivity): Basic understanding and appreciation of importance of sociocultural factors in work with minority populations
- Cultural Competence: Capacity to work with more complex issues and cultural nuances.
- Cultural Proficiency: Highest capacity for work with minority populations; a commitment to excellence and proactive effort
(Source: Cross, 1989)

Principles of Clinical Supervision

- Supervisors have the responsibility to be gatekeepers for the profession.
- Responsible for maintaining professional standards, recognizing and addressing impairment, and safeguarding the welfare of clients.
- May be necessary to counsel some individuals out of the field because they are ill-suited to the profession.
(TIP 52-Clinical Supervision, SAMHSA)

Principles of Clinical Supervision

- Clinical Supervision should involve direct observation methods.
- One of the most effective ways of building skills, monitoring performance, and ensuring quality of care.

Developing Counselors

Students in early stages (of skills development) typically require higher levels of support and encouragement than do advanced students who can absorb more abstract concepts (Spruill DA, & Beshoff JM (2000))

Developing Counselors

- Provide a Comprehensive Assessment
- Build a supportive and individualized supervisory alliance.
- A supervisory learning environment.
- Plan individual and group supervision activities, incorporating learning styles, cultures, etc.
- Encourage supervisees to examine their views regarding culture, race, values, religion, etc.

Demonstrating Leadership

- If promoted from within: Focus on not being controlling or condescending.
- Take responsibilities for decisions made-Don't blame others for what you did and give credit to others when things succeed
- Always putting the well-being of supervisees above personal accomplishments
- Not being afraid to take appropriate risks that are in the interests of the organization, staff, and clients.
- Protecting and advocating for supervisees, defending them to senior administration, buffering from rapid changes
- Not playing favorites. Most important, not giving orders just to prove who's boss. If you have to prove who is boss, you are not!

Developing Counselors

- Help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.
- Provide timely and specific feedback to supervisees.
- Create a professional development plan with supervisees-timeline, goals, etc.
- Implement direct supervisory activities

Developing Counselors

- Help supervisees recognize, understand, and cope with unique problems of transference and counter-transference when working with clients.
- Acknowledge supervisee's development and celebrate accomplishments-Recognition
- Help them develop a personal wellness plan for stress management. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)

Management and Leadership

Management: Tends to encompass what's happening right now; staffing, audits, complaints, budgets, etc.

Leadership: Where are we going and what do we need to get there??

Goals of Management

- Motivate People
- Improve Problem Solving
- Promote creativity and innovation
- Enable supervisee to work independently
- Re-energize those who no longer feel challenged
- Stress a healthy work environment-support their job but Don't Do their job! (Jim Clark, Ph.D.)

Training for Supervision

- Peake et al (2002) found that fewer than 20% of clinical supervisors had any formal training in the process.
- Supervisors cannot teach what they do not understand.
- Effective teaching is more than just familiarity with the subject matter. (Peake T, Nussnaum B. & Tyindell S (2002))

Things a New Supervisor Should Know

- 1) The reason for supervision is to ensure quality of care.
- 2) Supervision is all about the relationship-a good alliance just like in counseling.
- 3) Culture and ethics influence all supervisory interactions.
- 4) Be human and have a sense of humor-
Everyone make mistakes!!

Things a New Supervisor Should Know

- 5) Rely first on direct observation of your counselors and give specific feedback.
- 6) Have a practice model of counseling and of supervision; have a sense of purpose-Counselors need to know what they are going to learn from you!
- 7) Make time to take care of yourself spiritually, emotionally, mentally, and physically.
- 8) You are in a position to advocate for the best interests of the supervisee, the client, and your **organization** (TIP 52-Clinical Supervision, SAMHSA)

Critical Thinking

- Cognitive processes of conceptualizing, analyzing, applying information, synthesizing, and evaluating. Supervisors are expected to use critical thinking to make sound decisions and solve problems on a regular basis-Help supervisees develop critical thinking skills. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)

Critical Thinking

- Analyze and evaluate agency issues and policies:
Goal to improve agency and staff performance and service outcomes.
- Evaluate and select written and oral communication strategies
- Select, adapt, implement, and evaluate appropriate problem solving, decision making, and conflict resolution techniques. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)

Critical Thinking

- Ask supervisees relevant and clarifying questions and listen critically for content and underlying issues in their self-disclosure
- Negotiate, communicate, and document the resolution of conflicts or disagreement and strategies for resolving performance problems.
- Help supervisees develop sound criteria for self-evaluation and clarify their beliefs, values, and biases. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)

Some Resistance in the Beginning is normal

-“I’ve been doing this longer than you!!”

-“I’ve completed graduate training!”

-“Your not even in recovery”

-Recognize that this may happen with your supervisees and is often an expression of ambivalence about change and not a personality defect of the counselor

-“How are we going to resolve this-We’re in this together?”

Promoted from Within

- Don't try to be something that you are not!
- Don't try to fake it.
- Acknowledge that it is new.
- Worst mistake is to try to take the reins too quickly and not considering the staff's reaction to your promotion!

Skills of the Clinical Supervisor

- A body of knowledge Teaching
- An attitudinal shift Counseling
- Skills Training
- A new identity Mentoring

Models of Supervision

- **Competency Based Models:**
- Focus on skills and learning needs of the supervisee.
- SMART: Specific, Measurable, Attainable, Realistic, Timely
- Key strategies include: Applying social learning principles-Role-playing and practice, using teaching, consulting, and counseling.

Models of Supervision

- **Treatment-based Supervision Models:**
- Train to a particular theoretical approach to counseling
- MI, CBT, DBT, etc.
- Understanding of theory, incorporating approaches and techniques, emphasizes strengths.

Models of Supervision

- **Developmental Models:**
- Counselors go through different stages of development.
- These stages are not always linear and can be affected by changes in assignment, setting, and population served (Stoltenberg & Delworth, 1987)

Models of Supervision

- **Integrated Models:**
- Style of leadership combined with a model of treatment, dimensions of supervision.
- Skill and competency development
- Integrated models seek to incorporate EBPs into counseling and supervision.

Office of Supervisor vs. Role of Supervisor

- The Office refers to the rights and authority that come with the position
- The Role refers to the influence the person has within the organization
- The effective supervisor will use both! (Jim Clark, Ph.D.)

Office of Supervisor

- Position of Authority:
- Hiring/firing
- Disciplinary actions
- Responsible to customers
- Responsible to external organizations

Role of Supervisor

- Where your skills and authority are respected and sought out.
- Holding the office doesn't guarantee you the role:
 - Obtaining the Office is an event.
 - Obtaining the Role is a process. (Jim Clark, Ph.D.)

Skills Valued by Supervisee's

- Knowledge and Expertise
- Open-mindedness-Allows supervisee autonomy
- Encourages supervisee disclosure
- Disclosure of actions, feelings, attitudes, and conflicts.
(Clinical Supervision: A Competency Based Approach: Falendar & Shafraske, APA).

Skills Valued by Supervisee's

- Feedback:
- It should be timely, frequent, objective, clear, specific, credible, balanced, and reciprocal
- Feedback should be based on specific behavioral criteria that are within the control of the supervisee. (Heckman-Stone-2003, Trainee Preferences for Feedback and Evaluation in Clinical Supervision, *The Clinical Supervisor*, 22 (1), 21-33)

Skills Valued by Supervisee's

- Take what they learned in school and actually apply it to what they are doing now!!
- A combination of support and confrontation may yield the best results with beginning supervisees (Steward RJ & Neil, DM (2001) Counselor Education 7 Supervision, 41; 131-141.

Rules of Supervision

- “Do not ask a supervisee to do something you’re not willing to do first”
- Leaders bear pain, they don’t inflict it”
- Take a risk by demonstrating your skills first before asking staff to do so.
- Inspire rather than command staff

What Supervisee's Typically Don't Want

- A supervisor that is any of the following:
 - Inflexible/Intolerant
 - Insensitive to supervisee's needs
 - Ineffective teaching strategies
 - Unavailable
- Spends too much time on:
 - Administrative issues
 - On their own issues

(Jim Clark, Ph.D., 2011)

Suggested Strategies

- Modeling: How do we reflect what we do?
- Environment: Is it respectful?
- Questioning: Ask discriminating questions-Why are you doing what you are doing?
- Themes: When meeting with clients, what are the patterns, issues, that come from their communication?

Deal, KH (2003) The Relationship Between Critical Thinking and Interpersonal Skills: The Clinical Supervisor, 22 (20 3-19)

Ethical and Legal Issues

- You are the organization's gatekeeper for ethical and legal issues!
- Ethical decision making is a continuous, active process.
- Ethical standards are not a cookbook. They tell you what to do, not always how.
- Each situation is unique-It's important that all supervisee's learn to "think ethically" and make sound ethical and legal decisions
- The most complex ethical issues tend to arise in the context of two ethical behaviors that conflict.

Ethical and Legal Issues

- Therapy is conducted by fallible beings-People make mistakes-hopefully minor ones!
- Sometimes the answer to ethical and legal questions are elusive. (TIP 52-Clinical Supervision, SAMHSA)

Ethical and Legal Issues

- Direct vs. Vicarious Liability
- Direct liability of the supervisor might include dereliction of supervisory responsibility-”not making a reasonable effort to supervise”.
- In vicarious liability, a supervisor can be held liable for damages incurred as a result of negligence in the supervision process.....example??
- Supervisor liability increases when the counselor has been assigned too many cases, no direct observation, not available to supervise.

Ethical And Legal Issues

- Dual Relationships and Boundary Issues:
- “The most common basis for legal action against counselors (20 % of claims) and the most frequently heard complaint by certification boards against counselors (35%) is some form of boundary violation or sexual impropriety.”
(Falvey, 2002b)

Dual Relationships

Between Supervisors and Supervisees and between Counselors and Clients-Providing therapy for a supervisee, developing an emotional relationship with a supervisee, becoming an AA sponsor for a former supervisee.

Help them look at the gray areas, potential boundary crossings, etc.

Professional and Ethical Standards

- Know your Code of Ethics!!
- State and Federal statutes regarding duty to report, duty to warn, 42 Code of Federal Regulations, Part 2, HIPPA, etc.
- Follow due process guidelines when responding to grievances. Make sure supervisees understand the organization's employee grievance procedures.

Professional and Ethical Standards

- Make sure supervisees understand Informed Consent, client's rights, client grievance procedures.
- Use and teach supervisees an ethical decision making model.
- Monitor their practice and ensure their ethical treatment of clients.
- Provide timely consultation/guidance in sticky situations!
- Ensure Supervisees maintain good, thorough documentation, especially in critical situations.

Professional and Ethical Standards

- Intervene immediately and take action when a supervisee's job performance appears to present problems.
- Report supervisee's ethical violations to the appropriate professional organizations as required.
- Practice only within one's areas of clinical and supervisory competence (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)

A Step-by-Step Model for Making Ethical Decisions

- Identify the Problem
- Apply a Code of Ethics
- Determine the Nature and Dimensions of the Dilemma
- Consider all Possible Options
- Decide on a Course of Action
- Implement the Course of Action
- Evaluate the Decision

Counselor Evaluation

- We all like to be liked right???
- Counselors are not always comfortable asking for feedback.
- Supervisors may not like giving clear, concise, and accurate evaluations of staff.

Counselor Evaluation

- **Formative Evaluation:** Ongoing status report of the counselor's skill development- "Are we addressing the skills or competencies you want and need to focus on?"
- **Summative Evaluation:** More formal rating of the counselor's overall job performance, fitness for the job, and job rating- "How does this counselor measure up?"
- The evaluation process inevitably brings up supervisee anxiety and defensiveness "I thought I was going to throw up on you!!"
- "The supervisee's confidence and efficacy are correlated with the quality and quantity of feedback the supervisor gives to the supervisee."
(Bernard & Goodyear, 2004)

Counselor Evaluation

- Direct observation of the counselor's work is the desired form of input for the supervisor.
- The least desired form of input is unannounced observation by supervisors followed by vague, indirect, or hurtful feedback (Powell & Brodsky, 2004)
- Clients are often the best assessors of the skills of the counselor-Supervisors should routinely seek input from clients!

How to Address Personal Issues that Effect Job Performance

- Question- “How are their issues affecting job performance?”
- Clarify the boundaries of what constitutes acceptable job performance.
- Continually focus on approaches to improve job performance
- Develop a work plan for how the employee will take the necessary steps to improve.
- Help them examine how personal stressors might affect interactions with co-workers/clients.
- Explore how you and the agency can support them in confronting and resolving personal issues that are affecting job:
Referral to EAP, taking personal/sick time

Burnout and Compassion Fatigue

- Counselors need time to vent, reflect, listen, and recharge their batteries.
- We need to be the model for that.....nobody gets a prize for being crispy bacon!!
- Normalize their reaction to stress.
- Rest is good; self-care is important.
- Why are they in the field?, What do they want said about them as counselors?

Avoiding Burnout

- Identify what is stressing them about the organization and learn how to address the situation.
- Assist staff in adopting lifestyle changes to increase emotional resilience.
- Help eliminate “what ifs” and negative self-talk.
- Teach and support generally positive work habits. (TIP 52-Clinical Supervision-SAMHSA)

Questions, Comments, Concerns??

- Thank You!!
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