When We Get Behind Closed Doors: Clinical Supervision for Client Safety and Clinician Growth

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Recommendations from TIP 52

1. Clinical supervision is an essential part of all clinical programs.
2. Clinical supervision enhances staff retention & morale.
3. Every clinician, regardless of level of skill & experience, needs & has a right to supervision. In addition, supervisors need & have a right to clinical supervision.
4. Clinical supervision needs the full support of executive management.

5. The supervisory relationship is the crucible in which ethical practice is developed & reinforced.
6. Clinical supervision is a skill in & of itself that has to be developed.
7. Clinical supervision in substance abuse treatment most often requires balancing administrative & clinical supervision tasks.
8. Culture & other contextual variables influence the supervision process; supervisors need to continually strive for cultural competence.

9. Successful implementation of evidence-based practices requires ongoing supervision.
10. Supervisors have the responsibility to be gatekeepers for the profession.
11. Clinical supervision should involve direct observation methods.

Principles of Counseling & Supervision

- It's about the relationship!!!
- You begin with:
  - their stage of readiness
  - direct observation
- Offer hope, strength-based
- Know your model of treatment & supervision

EBP's Top 10

- MI
- Relapse Prevention
- Matrix Model
- CBT
- Pharmacotherapy Methadone, Antabuse, Buprenorphine, Naltrexone, Acamprosate
- 12 Step Facilitation
- DBT
- Brief Interventions
- Solution-Focused Brief Therapy Management
- Contingency Management

University of Georgia, 2007-10

Project MERITS
(Managing Effective Relationships In Treatment Services)

NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN)

Data collected from 740 counselors and 198 clinical supervisors.

In recovery:	2007	2009
Counselors	= 38.3%	42.5%
Clinical Supervisors	= 30.4%	46.9%

1. **Counselors & supervisors were *only moderately satisfied* with their supervisory relationships.**
2. **Negative experiences in supervision reported by both groups.**
3. **Supervisors report somewhat higher satisfaction with the supervisory relationship than do counselors.**

4. **Counselors & supervisors--dissatisfied with their pay & promote-ability.**
5. **Both --moderate levels of stress & work overload, job-related burn-out (lower rates than comparable human service workers).**
6. **Both -- high turnover intentions, 35-40% of counselors (28.5% 2009), 22% of supervisors (11.2% 2009) report strong intentions to leave current employer.**

7. **Neither group is optimistic about the availability of alternative employment options.**
8. **Quality of supervision is important to counselors.**
9. **As supervision is viewed more favorably by counselors, so is job satisfaction, organizational commitment, & perceived organizational support.**

10. **Associated with less perceived role overload, stress, burnout, weaker intentions to leave.**
11. **As stress/burnout increases, counselors & supervisors report less favorable attitudes toward their job, organization, profession.**

12. **Non-recovering counselors report significantly lower job satisfaction, organizational commitment, perceived organizational support, higher turnover intentions.**
13. **They report higher perceived employment options elsewhere, higher job stress, burnout, higher expectations about their impact on clients' recovery**

- The goal of supervision is to ensure competency.

- Competency should be defined by outcome. DOES IT WORK?

Session Rating Scale

Relationship

I did not feel heard, understood & respected ----------

I felt heard understood & respected

Goals & Topics

We did not work on or talk about what I wanted to work on & talk about ----------

We worked on & talked about what I wanted to work on & talk about

Approach or Method

The Therapist's approach is not a good fit for me

The therapist's approach is a good fit for me

Overall:

There was something missing in the session today

Overall, today's session was right for me

Implications for Supervision

- Focus on what works! On practice-base evidence, not evidence-based practice
- De-emphasize medical model of psychotherapy &manualized treatment
- Teach skillful therapeutic action; know your theory (musician learns theory first)
- Choose the therapy that fits the patient

What is Clinical Supervision?

3 Definitions

- Competency-based definitions
- Philosophy-based definitions
- Developmental definitions

Supervision Defined

- The Definition of Supervision in Webster's Encyclopedic Unabridged Dictionary of the English Language (1996) is: "To oversee"

- Loganbill, Hardy, & Delworth (1983) define supervision as "an intensive, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person".

Supervision Defined
(Bernard & Goodyear, 2004)

- "An intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing that professional functioning of the junior member(s) monitoring the quality of professional services offered to the clients she, he or they see(s), and serving as a gatekeeper for those who are to enter the particular profession".

Definition of Clinical Supervision

- “A disciplined tutorial process wherein principles are transformed to practical skills on four dimensions: Administrative, Evaluative, Supportive, and Educational/ Clinical.”

3 Roles of a Supervisor

- Supervisor =mentor, inward journey of heart
- Supervisor =visionary, outward journey of sight
- Supervisor =coach/teacher, upward journey of mind &skills

Rationale for Supervision

- What a way to learn!
- Primary way field is taught
- It improves morale and care
- Clinical responsibility is shared
- People grow professionally and personally
- “No Lone Rangers, please!”
- Administrative Monitoring
- We must supervise ethically and legally

Isomorphism

What exists in one environment is mirrored in another.

= Parallel process

CASE MANAGEMENT & CLINICAL SUPERVISION

Case Management

- Focus on patient
- Patient placement
- Continuum of care
- Multiple reviews

Clinical Supervision

- Focus on therapist
- Patient care
- Skill development
- 1 case presentation

Self-Assessment Questions

- What are the 3 most important/pressing issues for your unit/facility?
- Rate yourself as a supervisor (1= low, 5= excellent)
  - Amt. of time spent in direct observation of supervisees
  - Your availability for supervision
  - Your review of clinical records/charts
- What 3 things do you need to improve upon as a supervisor?

Ethics & Supervision

Ethics & Supervision

AGENDA

- --Macro-Ethics
- --Micro-Ethics

Principles In Making Legal & Ethical Decisions

- What principles do you use when deciding if something is legal? Ethical?
- What do you consider to be clearly illegal? Unethical?
- What issues are “gray” for you?

Assumptions

- Ethics is a continuous, active process
- Standards are not a rote cookbook. They tell us *what* to do, not always *how*
- Each situation is unique
- Therapy is done by fallible beings
- Sometimes answers are elusive

Bibliography

- Janet Elizabeth Falvey, Managing Clinical Supervision: Ethical Practice and Legal Risk Management,
- Beauchamp & Childress, Fundamentals of Medical Ethics, 5th edition, 2003
- Thomas Gutheil & Archie Brodsky, Preventing Boundary Violations in Criminal Practice, 2008

The Ethics Check List

- Legal: Minimal level of acceptable practice in profession - Is it legal?
- Ethical: Highest ethical standards - Is it balanced, fair, ethical?
- Moral: Personal Values - How will I feel about myself?

- What principles do you use when deciding something?

QUESTION

- What's your greatest dilemma?
- How did you resolve it? What principles did you apply

Ethics Principles

- Autonomy
- Non-Maleficence
- Beneficence
- Justice, Fairness

Legal & Ethical Issues

1. Respondeat Superior

VICARIOUS LIABILITY

"The supervisor may be held liable for damages occasioned by the negligence of a supervisee <u>solely</u> as a result of the supervisory relationship"

The Key Question

Did you make a REASONABLE EFFORT TO SUPERVISE?

What's a reasonable effort?

1 hour for every 20 contact hours.

Average weekly breakdown:

20 hrs. direct contact (50%)

8 hrs. indirect contact (20%) –paperwork, continuing care, family contact, referrals etc.

8 hrs case-management/meetings/training (20%)

4 hrs holiday/sick (10%)

Examples of Vicarious Liability

- Dereliction in carrying out supervisory responsibility for supervisee's work
- Giving inappropriate advice to client's detriment
- Failure to listen carefully to supervisee's comments about a client
- Assigning tasks to employee who is inadequately trained to do them

- Since last meeting, any concerns about clients? Are any patients dangerous or suicidal?
- Any concerns about confidentiality?
- Any duty to warn?

Legal & Ethical Issues

2. Dual Relationships

Ethical Considerations

- Supervision is an inherently unequal status
- Unequal power & expertise
- Therapy-like Qualities
- Expectations of growth, self-evaluation

Direct Methods

- Audio or video recordings
- One-way mirror
- Joint sessions
- Bug-in-the-ear, eye
- Phone-ins
- Webcam
- Role playing

To Intervene or Not

- Urgency--What if I don't intervene?
- Probability of unprompted actions--How likely is it that the supervisee make the intervention?
- Probability of successful implementation
- Dependence--Will intervention create undue dependence?

Components in Quality Clinical Supervision

1. Senior Management support
2. Staff training about supervision
3. Train supervisors
4. Supervision of supervision
5. Consistency
6. Time
7. A model

Disadvantages of Individual Supervision

- Expensive, time-consuming
- More chance for collusion
- Less likely to see “blind spots”
- Danger of supervisor “riding hobby horses” (over-focusing on favorite subjects)
- Too cozy, mutual appreciation society
- Pressure on supervisor when difficult supervisees

Advantages of Group Supervision

- More economic use of time, money, expertise
- Helps seeing others with similar issues, less isolating
- Group learns from each other, parallel processes
- Wider range of experiences, better mix
- Good to role-play-try out different strategies

Disadvantages of Group Supervision

- Less individual time
- May be intimidating
- Revealing shortcomings to others threatening
- Confidentiality more of a concern
- Group dynamics:
- --Collusion to prevent effective challenge
- --Resist reflection, premature advice
- --Maintain status quo, mutual admiration society, or “nothing is ever done right here”
- --Competitive, challenging, destructive

Outcomes

1. Improved staff retention
2. Integrated model of treatment (agency-wide)
3. Improved patient retention—length of stay
4. Improved staff morale
5. Videotaping is standard
6. Moved from case management to clinical supervision

What to Talk about in supervision

Transference

- “An irrational attitude manifested by a person in a way that is not evoked by the realities of the present but derived from other relationships or experiences.”

Counter-Transference

- Mirror image of transference
- The therapist's tendency to project her unresolved issues on the patient

Examples of Counter-Transference

- Having a need for clients to be dependent
- Needing to be liked by clients
- Wanting to feel like an expert
- Needing to control clinical relationships
- Too curious about the details of a client's life

- **Too aggressive, overly confrontive**
- **Uncomfortable with client's expression of anger because of one's own anger**
- **Over-identifying with client's problems**
- **Setting unrealistic goals to feel good about one's work**

Clues to Counter Transference

- Distaste of a client
- Mistakes in scheduling clients
- Forgetting appointments
- Forgetting patient's name, history
- Drowsy during session
- Prolong sessions, ending abruptly
- Billing mistakes
- Extra phone time
- Excessive socializing

Supervising to Help Counselors Make Fewer Mistakes

Bibliography

- Cummings, Destructive Trends in Mental Health
- Kottler, Bad Therapy
- Schwartz, How to Fail as a Therapist

- 20-57% of patients don’t return after their initial session
- 37-45% only attend therapy 2 sessions
- Client dissatisfaction with counselor is #1 reason for early termination
- There are proven ways to keep people in therapy

Define “Bad Therapy”

- When either client or counselor is not satisfied with the results.
- When that outcome can be traced to the counselor’s repeated mistakes.

What Clients Say

The client ends up worse after counseling:

- When the therapist was passive.
- It was a waste of time
- Unclear expectations
- Counselor was un-empathic
- Client didn’t feel safe

What is “Bad Therapy?”

- When counselor doesn’t listen to client & follows own agenda
- Makes same mistakes over & over again
- Inflexible, reluctant to make needed adjustments
- Not sure where you’re going
- Arrogance, overconfidence, narcissism; We’re not as smart as we think we are
- Internal feeling of ineptitude

What is “Bad Therapy?”

- Failure to create therapeutic alliance
- Using obsolete, untested methods
- Losing control of self/counter-transference issues; Overly personal; Boundary issues
- Making invalid assumptions; Trusting one’s intuitions solely

What is “Bad Therapy?”

- Counselor is lazy, punishing, disrespectful, benign neglect of client’s needs
- Counselor feels infallible
- Move too fast, impatient with the patient
- Use DSM labels to distance self
- Using useless fancy techniques
- Stuck with 1 approach; One size fits all; “formula therapy”

Therapeutic Narcissism

- We think we're smarter than patient
- Think we're more skilled than client
- Think charisma is a substitute for skills
- Think a strong therapeutic underpinning is unnecessary
- Labeling patient (resistant); Un-humble
- Our therapeutic approach can't be questioned; We practice the only true "religion"

How to Ruin the Therapeutic Alliance

1. Emphasize technique over relationship
2. Don’t communicate empathy/support
3. Believe empathy & unconditional positive regard means liking the patient
4. Don’t elicit feedback about the alliance
5. Ignore non-verbals
6. Respond defensively to negative client feedback

Your Experience

- Your worst therapy session? What happened?
- What made this session so awful for you, (the client)?
- What is it like to revisit that experience & talk about it?
- What would you have done differently?
- What did you learn from that experience? What could others learn from it?

Gatekeeping Functions

- Who should be a Counselor?
- Define Unacceptable Behavior

What is Unacceptable?

- Injuring someone
- Psychotic behavior
- Unprofessionalism
- Illegal/Immoral behavior
- Inappropriate behavior
- Sexual activity with clients

Less Obvious Behavior

- Resistance or hostility
- Emotional Immaturity
- “A personality unsuitable to counseling”
- Poor Interpersonal skills
- Excessive counter-transference

Other Problematic Behaviors

- Judgmental
- Over-personalizing
- Difficulty with conflict
- No self-awareness
- Difficulty managing concrete tasks
- Problems with peers
- Persistent high anxiety
- Difficulty with boundaries

What to do about it

- Encourage self-criticism
- Evaluate
- Do they know what they need to?
- Standardized assessment: IDP

What gets in our WAY?

- Fear we will be attacked
- Unclear expectations
- Can I defend my criticism?
- Over-identification with counselor
- Field's culture: non-judgmental, humanistic

Organizational Barriers

- Already reduced staffing
- Lack of supervision & direct observation of supervisees
- Lack of or small pool of potential replacements

Key Questions to Ask Yourself

- Would I re-hire this person?
- Would I be willing to be supervised by her?
- Would I want to him as my therapist?

PRESENCE in Supervision

Bibliography

- John Kabat-Zinn, Coming to our Senses;
- C.K. Germer, Mindfulness & Psychotherapy
- M. Linehan, Cognitive-Behavioral treatment of borderline personality disorders

Lack of Mindfulness

- Rushing thru activities
- Careless attention
- Failure to notice subtle feelings
- Forgetfulness, on auto pilot
- Preoccupied with the future/past
- Eating without being aware of eating

“You can become spiritual by going to church about as easily as you can become a car by sleeping in your garage.”

Garrison Keillor

"The True Journey of discovery consists not in seeking new landscapes but in having fresh eyes."

Spirituality is about letting go, about what we do with our pain

If you don't transform your pain you will transmit it

“Counselors can’t counsel from beyond whom they have become”

Carl Rogers

WHAT DOES IT MEAN TO REALLY LISTEN?

Begin with an Open Mind

1. Settling the mind, disengage from distress
2. A spaciousness, openness of heart
3. PRACTICE
4. Use artwork to evoke feelings of beauty
5. Remember your Spirit in the present moment

How to be a Better Supervisor

- Add awareness daily
- Read uplifting words
- Offer the day up
- Play relaxing music

Ethical Will to your Staff & Clients

What lessons & principles would you want to leave behind?