





**Basic Essentials
for
Clinical Supervisors
in
Addiction Treatment
Programs**

Clinical Supervision – What is it?

The background of the slide is an abstract, complex pattern. It consists of numerous overlapping, concentric circles and arcs, creating a sense of depth and movement. The colors are primarily shades of light blue, teal, and pale green, with some darker blue accents. The overall effect is a dense, textured field of geometric shapes that resemble a woven fabric or a complex optical illusion.

Clinical Supervision – What is it?

“...a working alliance between addiction treatment practitioners in which they aim to enhance clinical practice, to meet ethical, professional and best practice standards... while providing support and encouragement in relation to professional practice.”

Kavanagh et al 2002

Clinical Supervision – What is it?

“It is central to the process of learning and to the expansion of the scope of practice and should be seen as a means of encouraging self assessment, analytical and reflective skills.”

Cottrell & Smith

Clinical Supervision – What is it?

“Clinical supervision is the most appropriate learning medium for the addiction counselor because it is a “learning by doing” process rather than a distant, classroom type of experience.”

Powell 1993

Clinical Supervision – What is it?

“Supervision provides us with an ongoing assessment of our skills and areas of clinical strengths and weaknesses.”

Powell 1993

Clinical Supervision – What is it?

“It has been demonstrated that it directly impacts on job satisfaction and burn-out by facilitating professional and personal growth. It provides the counselor with emotional-refilling, needed to function in an emotionally-draining field.”

Powell 1993

Developing Good Supervisors

- **Rule #1: Do not assume counselor's know how to supervise.**

Developing Good Supervisors

- **Rule#2: Supervision is a unique skill, different from therapy or administration. Someone may be a great counselor but a poor supervisor.**

Developing Good Supervisors

- **Rule#3: Many supervisors have:**
 - **Never had a formal course in supervision.**
 - **Never had any formal training or continuing education in supervision.**
 - **Never been supervised in supervising.**
- *The only model of supervision they had, was how they were supervised as a trainee years before.*

Developing Good Supervisors

- **Rule#4: Developing into a good supervisor is a process parallel in many ways to becoming a good counselor: it takes time and specific training.**

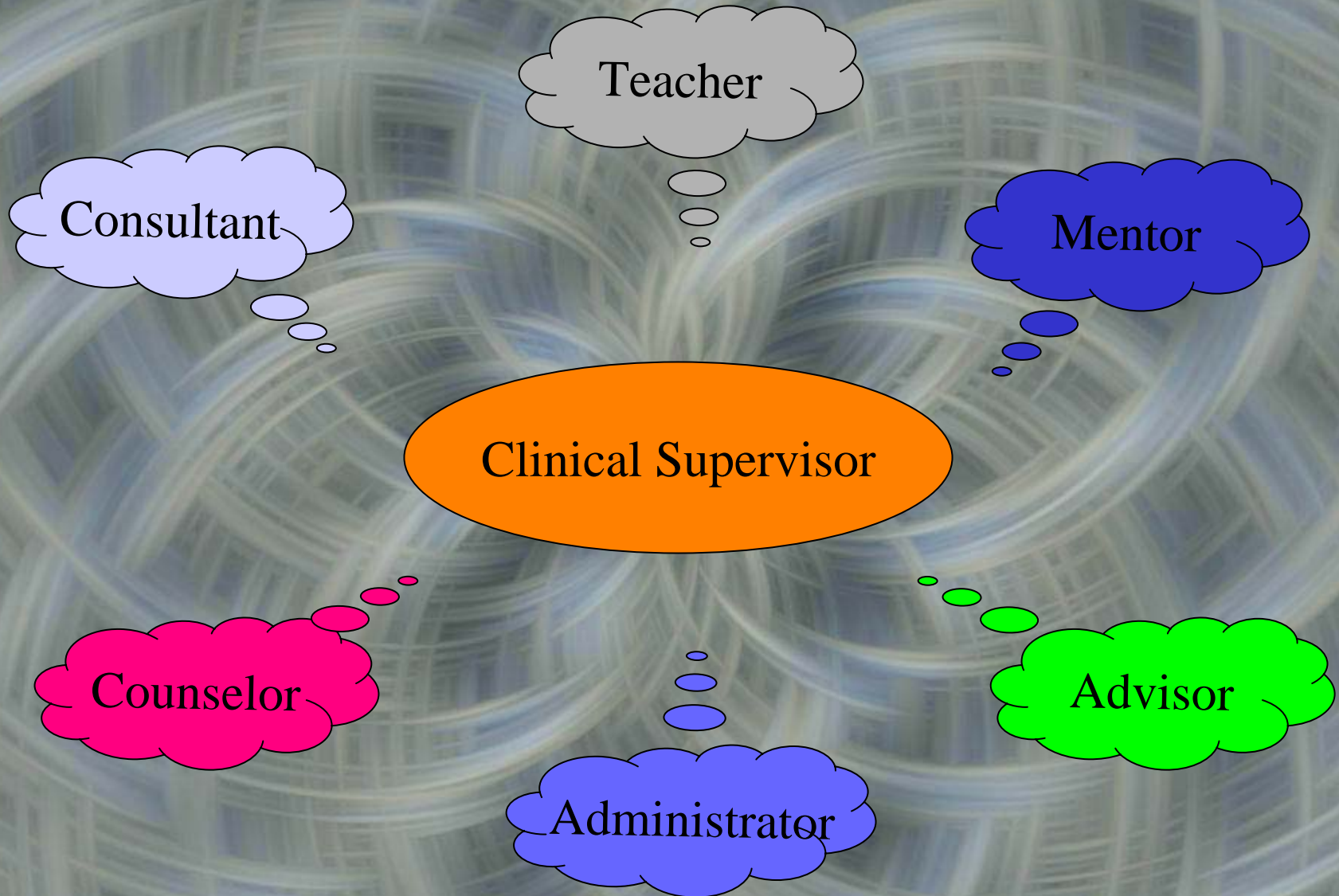
Developing Good Supervisors

- **Rule#5: It also takes time to learn about their supervision 'style'.**
- **Some will be better with advanced trainee's, some with new trainee's, or certain types of trainee's, etc. and this can all change over time.**

Developing Good Supervisors

- *Rule#6: It is critical to offer basic education, training and resources specifically on management and supervision theory and practice*

Powell's Model of Supervision (1993)



Powell's Model of Supervision (1993)

- **Conceptualization of supervisor as a servant leader who:**
 - **Is self-aware**
 - **Operates with focus & energy**
 - **Is proficient in many aspects of the job**
 - **Makes the organizations mission & vision clear by standing ahead of the followers while standing behind their actions**
 - **Shares power**
 - **Values people by caring for them**

Assumptions of Powell's Model of Clinical Supervision (Powell, 1993)

- **People have the ability to bring about change in their lives with the assistance of a guide.**
- **People do not always know the best path as they may be blinded by their own resistance to, and in denial of the issues.**
- **The key to growth is to blend insight and behavioral change in the right amounts at the appropriate time.**

Assumptions of Powell's Model of Clinical Supervision (Powell, 1993)

- **Change is constant and inevitable.**
- **In supervision, as in therapy, the *Guide* concentrates on what is changeable.**
- **It is not necessary to know about the cause or function of a manifest problem to resolve it.**
- **There are many correct ways to view the world.**

Evidence - Supervision Effectiveness (Kilminster & Jolly, 2000, p. 833)

- Supervision has a positive effect on patient outcome, and lack of supervision is harmful to patients.
- Supervision has more effect when the trainee is less experienced.
- Self-supervision is not effective.
- Behavioral changes can occur quickly – changes in thinking and attitude take longer.
- The quality of the relationship between supervisor and trainee is probably the *single most important factor for effective supervision*

The Supervisory Relationship

- **As in the client/counselor relationship, the quality of the supervisor/trainee relationship greatly influences the process and outcomes of supervision.**
- **Relationship issues include:**
 - **power and authority,**
 - **teaching trainee's how to get the maximum benefit from the supervision process,**
 - **conflicts in the supervisory relationship,**
 - **challenges for trainee's, and**
 - **challenges for supervisors.**



Future Directions in Clinical Supervision: Credentialing and Certification

Competencies for Substance Abuse Treatment Clinical Supervisors

TAP 21-A

Technical Assistance Publication Series



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Supervision Competencies Framework

- **Knowledge**
 - **Knowledge of area being supervised**
 - **Knowledge of models, theories, modalities, and research on management and supervision**
 - **Knowledge of professional/supervisee development (how counselors develop, etc)**
 - **Knowledge of ethics and legal issues specific to supervision**
 - **Knowledge of evaluation, process outcome**
 - **Awareness and knowledge of diversity in all of its forms**

Supervision Competencies Framework

- **Skills**
 - **Supervision modalities**
 - **Relationship skills – ability to build supervisory relationship/alliance**
 - **Sensitivity to multiple roles with supervisee and ability to perform and balance multiple roles**
 - **Ability to provide effective formative and summative feedback**
 - **Ability to promote growth and self-assessment in the trainee**
 - **Ability to conduct own self-assessment process**

Supervision Competencies Framework

- **Skills**
 - **Ability to assess the learning needs and developmental level of the supervisee**
 - **Ability to encourage and use evaluative feedback from the trainee**
 - **Teaching and didactic skills**
 - **Ability to set appropriate boundaries and seek consultation when supervisory issues are outside one's domain of supervisory competence**
 - **Flexibility**
 - **Scientific thinking and the translation of scientific findings to practice throughout professional development**

Supervision Competencies Framework

- **Values**
 - **Responsibility for client and supervisee rests with the supervisor**
 - **Respectful**
 - **Responsible for sensitivity to diversity in all its forms**
 - **Balance between support and challenging**
 - **Empowering**

Supervision Competencies Framework

- **Values**
 - **Commitment to lifelong learning and professional growth**
 - **Balance between clinical and training needs**
 - **Value ethical principles**
 - **Commitment to knowing and utilizing available organizational and psychological science related to supervision**
 - **Commitment to knowing one's own limitations.**

Supervision Competencies Framework

- **Social Context (overarching issues):**
 - **Diversity**
 - **Ethical and legal issues**
 - **Developmental process**
 - **Knowledge of the immediate system and expectations within which the supervision is conducted**
 - **Awareness of the socio-political context within which the supervision is conducted**
 - **Creation of climate in which honest feedback is the norm (both supportive and challenging)**

Supervision Competencies Framework

- **Training of Supervision Competencies**
 - **Coursework in management and supervision theory and skills, including knowledge and skill areas listed**
 - **Has received supervision of supervision including some form of observation with critical feedback**

Why Certify?

- **Certification attests to the educational background, knowledge, skills, and competencies of the clinical supervisor.**

Purposes of Certification

- **Enhances the consistent quality of treatment in DASA certified chemical dependency treatment programs.**
- **Enhances the consistent quality of counselor training in DASA certified chemical dependency treatment programs.**
- **Identifies Chemical Dependency Professionals who have met professional supervision standards**
- **Promotes the professional identity, visibility, and accountability of clinical supervisors**
- **Encourages the professional growth of clinical supervisors**

Assessment of Supervision Competencies

- **Successful completion of clinical coursework**
- **Verification of previous supervision of supervision documenting readiness to supervise independently**
- **Evidence of direct observation**
- **Documentation of supervisory experience reflecting diversity**
- **Documented supervisee feedback**
- **Self-assessment and awareness of need for consultation when necessary**
- **Assessment of supervision outcomes – both individual and group**

Questions or Comments?

References

- *Cottrell & Smith* www.clinical-supervision.com/development
- Kavanagh, D.J., Spence, S.H., Wilson, J., & Crow, N. (2002). Achieving effective supervision. *Drug and Alcohol Review, 21*, 247-252.
- Kilminster, S. M., & Jolly, B.C. (2000). Effective supervision in clinical practice settings: A literature review. *Medical Education, 34*, 827-840.
- Powell, D. (1993). *Clinical supervision in alcohol and drug abuse counseling*. San Francisco: Jossey-Bass .