CLINICAL SUPERVISION
COURSE OBJECTIVES

- UNDERSTANDING THE RESPONSIBILITIES OF THE CLINICAL SUPERVISOR
- LEARNING TO GIVE CONSTRUCTIVE FEEDBACK
- LEARNING TO STRUCTURE SUPERVISORY SESSIONS
- LEARNING TO DESIGN PROFESSIONAL DEVELOPMENT PLANS
- USING THE “ADDICTION COUNSELING COMPETENCIES” AND THE “RUBICS” IN CLINICAL SUPERVISION
‘SUPERVISION IS NOT AN OBLIGATION BUT RATHER A RESPONSIBILITY’
THE ROOTS OF SUPERVISION

LEGAL ROOTS:  **TAFT-HARTLEY ACT OF 1947**

any individual having authority, in the interest of the employer, to hire transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, if in connection with the forgoing the exercise of such authority is not merely of a routine or clerical nature, but requires the use of independent judgment.

(Biddle and Newstrom 2990)
DEFINITIONS OF SUPERVISION

ADMINISTRATIVE SUPERVISOR:

The *Administrative* supervisor’s role is to assist the supervisee in learning to function more effectively within an organization. The ultimate goal of the *administrative* supervisor is see that the organization is run more efficiently and smoothly.

CLINICAL SUPERVISOR:

The *clinical* supervisor is primarily concerned with the supervisee’s performance in the areas of the counseling relationship, client welfare, clinical assessment, intervention approaches, clinical skills etc.
A COMPOSITE DEFINITION

THE CONSENSUS OF SUPERVISION IS TO BRING ABOUT CHANGE IN THE KNOWLEDGE, SKILLS, AND BEHAVIOR OF ANOTHER INDIVIDUAL, TYPICALLY ONE WITH LESS TRAINING AND EXPERIENCE THAN THE SUPERVISOR.
THE PURPOSE OF SUPERVISION

- TO NURTURE THE COUNSELOR’S PROFESSIONAL (AND, AS APPROPRIATE, PERSONAL) DEVELOPMENT

- TO PROMOTE THE DEVELOPMENT OF SPECIFIED SKILLS AND COMPETENCIES, SO AS TO BRING ABOUT MEASURABLE OUTCOMES

- TO RAISE THE LEVEL OF ACCOUNTABILITY IN COUNSELING SERVICES AND PROGRAMS
THE PURPOSE OF SUPERVISION, CONT.

THE FOCUS OF THE CLINICAL SUPERVISION RELATIONSHIP:

- ADMINISTRATIVE
- EVALUATIVE
- CLINICAL
- SUPPORTIVE
EFFECTIVE SUPERVISORS

- COMMUNICATES EXPECTATIONS CLEARLY TO AVOID MISUNDERSTANDINGS
- PROVIDES FEEDBACK RESPECTIVELY AND IN A TIMELY MANNER
- EDUCATES
- ESTABLISHES A SAN ENVIRONMENT THAT IS SUPPORTIVE AND RESPECTFUL
- UNDERSTANDS HOW PEOPLE CHANGE AND LEARN
EFFECTIVE SUPERVISORS, CONT.

KNOW ASSETS AND LIABILITY OF THE PEOPLE THEY SUPERVISE
   **SKILLS, ABILITIES, TRAINING, KNOWLEDGE**

KNOW HOW THEIR SUPERVISEE’S FEEL ABOUT SUPERVISION
   **WHAT ARE THEIR PREVIOUS EXPERIENCES WITH SUPERVISION (POSITIVE/NEGATIVE)**

KNOW IF YOU SHARE A COMMON LANGUAGE WITH THE SUPERVISEE
EFFECTIVE SUPERVISORS, CONT.

REMEMBER YOU:

~CAN’T AVOID ‘BEING THE BOSS’
~ARE UNDER CONSTANT PRESSURE
~NEED TO RECOGNIZE CONFLICT WILL OCCUR

**SUPERVISION IS NOT JUST ABOUT RESOLVING CONFLICT, BUT FINDING WAYS TO DIVERT IT**
SUPERVISORY CHALLENGES

- TIME: TOO MUCH TO DO – NOT ENOUGH TIME
- REWARDS: WHAT DO YOU LIKE TO DO BEST/LEAST
- PEERS: BECOMING A SUPERVISOR TO FORMER PEERS
- FOCUS: ARE YOUR RESPONSIBILITIES TO CARRY A CASE LOAD AS WELL AS SUPERVISE
- AGENCY: DO YOU AND YOUR AGENCY HAVE THE SAME EXPECTATIONS IN RELATIONSHIP TO YOUR RESPONSIBILITIES
- INTRAPERSONAL: SELF IDENTITY (PAST EXPERIENCES)
EIGHT STEPS OF MENTORING AND CLINICAL SUPERVISION *

- AGREE TO WORK TOGETHER
- DEFINE AND AGREE ON A LEARNING GOAL
- UNDERSTAND THE VALUE OF THE GOAL
- BREAK THE GOAL INTO MANAGEABLE PARTS
- PICK STYLES AND METHODS OF LEARNING
- OBSERVE AND EVALUATE
- PROVIDE FEEDBACK
- DEMONSTRATE COMPETENCY & CELEBRATE ACHIEVEMENTS
ADDICTION COUNSELING COMPETENCIES
THE KNOWLEDGE, SKILLS, AND ATTITUDES
OF PROFESSIONAL PRACTICE
TAP 21

THE EIGHT PRACTICE DIMENSIONS OF
ADDICTION COUNSELING (TAP 21):

I. CLINICAL EVALUATION
II. TREATMENT PLANNING
III. REFERRAL
IV. SERVICE COORDINATION
V. COUNSELING
VI. CLIENT, FAMILY AND COMMUNITY EDUCATION
VII. DOCUMENTATION
VIII. PROFESSIONAL AND ETHICAL RESPONSIBILITIES
PRACTICE DIMENSION I

CLINICAL EVALUATION

- SCREENING
- ASSESSMENT

ESTABLISH RAPPORT, INCLUDING MANAGEMENT OF A CRISIS SITUATION AND DETERMINATION OF NEED FOR ADDITIONAL PROFESSIONAL ASSISTANCE
TREATMENT PLANNING

USE RELEVANT ASSESSMENT INFORMATION TO GUIDE THE TREATMENT PLANNING PROCESS
PRACTICE DIMENSION III

REFERRAL

ESTABLISH AND MAINTAIN RELATIONSHIPS WITH CIVIC GROUPS, AGENCIES, OTHER PROFESSIONALS, GOVERNMENTAL ENTITIES, AND THE COMMUNITY AT LARGE TO ENSURE APPROPRIATE REFERRALS, IDENTIFY SERVICE GAPS, EXPAND COMMUNITY RESOURCES, AND HELP ADDRESS UNMET NEEDS.
PRACTICE DIMENSION IV

SERVICE COORDINATION

- IMPLEMENTING THE TREATMENT PLAN
- CONSULTING
- CONTINUING ASSESSMENT AND TREATMENT PLANNING

THE ADMINISTRATIVE, CLINICAL, AND EVALUATIVE ACTIVITIES THAT BRING THE CLIENT, TREATMENT SERVICES, COMMUNITY AGENCIES, AND OTHER RESOURCES TOGETHER TO FOCUS ON ISSUES AND NEEDS IDENTIFIED IN THE TREATMENT PLAN.
COUNSELING

- INDIVIDUAL COUNSELING
- GROUP COUNSELING
- COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS

ESTABLISH A HELPING RELATIONSHIP WITH THE CLIENT CHARACTERIZED BY WARMTH, RESPECT, GENUINENESS, CONCRETENESS, AND EMPATHY.
PRACTICE DIMENSION VI

CLIENT, FAMILY, AND COMMUNITY EDUCATION

PROVIDE CULTURALLY RELEVANT FORMAL AND INFORMAL EDUCATION PROGRAMS THAT RAISE AWARENESS AND SUPPORT SUBSTANCE ABUSE PREVENTION AND THE RECOVERY PROCESS.
PRACTICE DIMENSION VII

DOCUMENTATION

DEMONSTRATE KNOWLEDGE OF ACCEPTED PRINCIPLES OF CLIENT RECORD MANAGEMENT.
PRACTICE DIMENSION VIII

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

ADHERE TO ESTABLISHED PROFESSIONAL CODES OF ETHICS THAT DEFINE THE PROFESSIONAL CONTEXT WITHIN WHICH THE COUNSELOR WORKS TO MAINTAIN PROFESSIONAL STANDARDS AND SAFEGUARD THE CLIENT.
PERFORMANCE ASSESSMENT RUBRICS
FOR THE ADDICTION COUNSELING COMPETENCIES

PROFESSIONAL PRACTICE DIMENSION RUBRICS

A. CLINICAL EVALUATION
B. TREATMENT PLANNING
C. REFERRAL
D. SERVICE COORDINATION
E. COUNSELING
F. CLIENT, FAMILY, AND COMMUNITY EDUCATION
G. DOCUMENTATION
H. PROFESSIONAL AND ETHICAL RESPONSIBILITIES

2/1/2017
THE RUBICS

CLINICAL EVALUATION

THE SYSTEMATIC APPROACH TO SCREENING AND ASSESSMENT


ASSESSMENT – AN ONGOING PROCESS THROUGH WHICH THE COUNSELOR COLLABORATES WITH THE CLIENT, AND OTHERS, TO GATHER AND INTERPRET INFORMATION NECESSARY FOR PLANNING TREATMENT AND EVALUATING CLIENT PROGRESS
TREATMENT PLANNING

A COLLABORATIVE PROCESS THROUGH WHICH THE COUNSELOR AND CLIENT DEVELOP DESIRED TREATMENT OUTCOMES AND IDENTIFIES STRATEGIES TO ACHIEVE THEM. AT A MINIMUM, THE TREATMENT PLAN ADDRESSES THE IDENTIFIED SUBSTANCE USE DISORDER(S), AS WELL AS ISSUES RELATED TO TREATMENT PROGRESS, INCLUDING RELATIONSHIPS WITH FAMILY AND SIGNIFICANT OTHERS, EMPLOYMENT, EDUCATION, SPIRITUALITY, HEALTH CONCERNS, AND LEGAL NEEDS.
THE RUBICS, CONT.

REFERRAL

THE PROCESS OF FACILITATING THE CLIENT’S UTILIZATION OF AVAILABLE SUPPORT SYSTEMS AND COMMUNITY RESOURCES TO MEET NEEDS IDENTIFIED IN CLINICAL EVALUATION AND/OR TREATMENT PLANNING
SERVICE COORDINATION

THE ADMINISTRATIVE, CLINICAL, AND EVALUATIVE ACTIVITIES THAT BRING THE CLIENT, TREATMENT SERVICES, COMMUNITY AGENCIES, AND OTHER RESOURCES TOGETHER TO FOCUS ON ISSUES AND NEEDS IDENTIFIED IN THE TREATMENT PLAN. SERVICE COORDINATION, WHICH INCLUDES CASE MANAGEMENT AND CLIENT ADVOCACY, ESTABLISHES A FRAMEWORK OF ACTION FOR THE CLIENT TO ACHIEVE SPECIFIED GOALS. IT INVOLVES COLLABORATION WITH CLIENT AND SIGNIFICANT OTHERS, COORDINATION OF TREATMENT AND REFERRAL SERVICES, LIAISON ACTIVITIES WITH COMMUNITY RESOURCES AND MANAGED CARE SYSTEMS, CLIENT ADVOCACY, AND ONGOING EVALUATION OF TREATMENT PROGRESS AND CLIENT RECORDS.
THE RUBICS, CONT.

SERVICE COORDINATION COMPONENTS

- IMPLEMENTING THE TREATMENT PLAN
- CONSULTING
- CONTINUING ASSESSMENT AND TREATMENT PLANNING
THE RUBICS, CONT.

COUNSELING

A COLLABORATIVE PROCESS THAT FACILITATES THE CLIENT’S PROGRESS TOWARD MEETING TREATMENT GOALS AND OBJECTIVES. COUNSELING INCLUDES METHODS THAT ARE SENSITIVE TO INDIVIDUAL CLIENT CHARACTERISTICS AND TO THE INFLUENCE OF SIGNIFICANT OTHERS, AS WELL AS THE CLIENT’S CULTURAL AND SOCIAL CONTEXT. COMPETENCE IN COUNSELING IS BUILT UPON AN UNDERSTANDING OF, APPRECIATION OF, AND ABILITY TO APPROPRIATELY USE THE CONTRIBUTIONS OF VARIOUS ADDICTION COUNSELING MODELS AS THEY APPLY TO MODALITIES OF CARE FOR INDIVIDUALS, GROUPS, FAMILIES, COUPLES, AND SIGNIFICANT OTHERS.
COUNSELING COMPONENTS

- INDIVIDUAL COUNSELING
- GROUP COUNSELING
- COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS
THE RUBICS, CONT.

CLIENT, FAMILY, AND COMMUNITY EDUCATION

THE PROCESS OF PROVIDING CLIENT’S, FAMILIES, SIGNIFICANT OTHERS, AND COMMUNITY GROUPS WITH INFORMATION ON RISKS RELATED TO PSYCHOACTIVE SUBSTANCE USE, AS WELL, AS AVAILABLE PREVENTION, TREATMENT, AND RECOVERY RECOURSES.
THE RUBICS, CONT.

DOCUMENTATION

THE RECORDING OF THE SCREENING AND INTAKE PROCESS, ASSESSMENT, TREATMENT PLAN, CLINICAL REPORTS, CLINICAL PROGRESS NOTES, DISCHARGE SUMMARIES, AND OTHER CLIENT-RELATED DATA.
THE RUBICS, CONT.

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

THE OBLIGATIONS OF AN ADDICTION COUNSELOR TO ADHERE TO ACCEPTED ETHICAL AND BEHAVIORAL STANDARDS OF CONDUCT AND CONTINUING PROFESSIONAL DEVELOPMENT
THE SUPERVISORY INTERVIEW

STEP ONE  --  SET THE AGENDA

STEP TWO  --  GIVE FEEDBACK

STEP THREE  --  TEACH AND NEGOTIATE

STEP FOUR  --  SECURE COMMITMENT
FEEDBACK

FEEDBACK IS AN OVERT RESPONSE, VERBAL OR NONVERBAL, THAT GIVES SPECIFIC AND SUBJECTIVE INFORMATION TO A PERSON ABOUT HOW THEIR BEHAVIOR IN A PARTICULAR SITUATION AFFECTS SOMEONE OR SOMETHING
OBJECTIVE OF FEEDBACK

THE OBJECTIVE OF FEEDBACK IS TO TRANSMIT RELIABLE INFORMATION SO THAT PERSONS RECEIVING IT CAN ESTABLISH A “DATA BANK” FROM WHICH TO CHANGE THEIR BEHAVIOR – IF THEY CHOOSE TO DO SO
PROVIDING FEEDBACK, CONT.

- OBSERVE
- REPORT
- ASSUME
- LEVEL
PROVIDING FEEDBACK, CONT.

- OBSERVE
  - OBSERVE AND RECORD BEHAVIORAL INFORMATION

- REPORT
  - REPEAT IN SPECIFIC, OBJECTIVE, BEHAVIORAL TERMS AS FACTUALLY AS POSSIBLE WHAT WAS SEEN AND/OR HEARD
PROVIDING FEEDBACK, CONT.

**ASSUME**

- SHARE YOUR ASSUMPTION OR BELIEF ABOUT THE BEHAVIOR YOU JUST OBSERVED. WHAT DID YOU THINK THE PERSON WAS THINKING OR TRYING TO ACCOMPLISH? WHAT ASSUMPTION WERE YOU MAKING ABOUT THE PERSON’S MOTIVATION

**LEVEL**

- DESCRIBE YOUR FEELINGS AND HOW THE OTHER PERSON’S BEHAVIOR AFFECTED YOU AND OTHERS, INCLUDING THE “BOTTOM LINE” EXPECTATIONS AND LONG TERM CONSEQUENCES, IF NEEDED
THE ORAL PROCESS

- Ask Permission
- Report Behavior Observed
- Relate Assumptions
- Share Your Feelings and Concerns
- Report Impact on Clients, Colleagues, Agency
- Request Playback of Message Sent
- Clarify Misunderstanding and Omissions
- Confirm Mutual Understanding
THE ORAL MODEL

AN EXAMPLE OF HOW THE MODEL SOUNDS:

“WHEN I SAW (HEARD) YOU ….
I ASSUMED (THOUGHT) ….
AND MY REACTION WAS ….”
## A-B-C MODEL

<table>
<thead>
<tr>
<th>SUPERVISEE</th>
<th>BEHAVIORS</th>
<th>SUPERVISION NEEDS</th>
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<tbody>
<tr>
<td><strong>C</strong></td>
<td>NOT RESPONSIBLE</td>
<td>CONSTANT ATTENTION</td>
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<tr>
<td>“CHALLENGERS”</td>
<td>CONSISTENTLY INCONSISTENT</td>
<td>GIVE MINIMUM ROOM TO FAIL</td>
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<td></td>
<td>RARELY MEETS DEADLINES</td>
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<td></td>
<td>BELOW MINIMUM STANDARDS</td>
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<td><strong>B</strong></td>
<td>SEMI-RESPONSIBLE</td>
<td>CLEAR EXPECTATIONS</td>
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<tr>
<td>“BETTER BE THERE”</td>
<td>SEMI-CONSISTENT</td>
<td>TEACHING/REINFORCEMENT</td>
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<td></td>
<td>SOMETIMES MEETS DEADLINES</td>
<td>CONSISTENCY, SUPPORT</td>
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<td></td>
<td>SOMETIMES MEETS STANDARDS</td>
<td>“A PRESENCE”</td>
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<tr>
<td><strong>A</strong></td>
<td>RESPONSIBLE, RELIABLE</td>
<td>MINIMAL OVERSIGHT</td>
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<td>“ALWAYS”</td>
<td>TIMELY, MEETS DEADLINES</td>
<td>TO SET PERSONAL LIMITS</td>
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<td>CONSISTENT</td>
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<td>EXCEEDS STANDARDS</td>
<td>BOUNDARY SETTING</td>
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<td></td>
<td>COMES EARLY, STAYS LATE</td>
<td>SMALL SUPERVISION</td>
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<td>WORKS TO MUCH (OBSESSIVE)</td>
<td>‘CHECK INS’</td>
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2/1/2017
DEVELOPING A PROFESSIONAL DEVELOPMENT PLAN

USING THE TAP 21

- CHOOSE A PRACTICE DIMENSION
- CHOOSE A COMPETENCY
- IDENTIFY PRESENT LEVEL OF COMPETENCE

1- UNDERSTANDS – COMPREHENDS THE TASKS AND FUNCTIONS OF COUNSELING
2- DEVELOPING – APPLIES KNOWLEDGE AND SKILLS INCONSISTENTLY
3- COMPETENT – CONSISTENT PERFORMANCE IN ROUTINE SITUATIONS
4- SKILLED – EFFECTIVE COUNSELOR IN MOST SITUATIONS
5- MASTER – SKILLFUL IN COMPLEX COUNSELING SITUATIONS

IDENTIFY COUNSELOR'S STRENGTHS AND DEFICIENCIES

2/1/2017
DEVELOPING A PROFESSIONAL DEVELOPMENT PLAN, CONT.

- IDENTIFY TARGETED LEVEL OF COMPETENCY

- IDENTIFY THE:
  - KNOWLEDGE: WHAT WE NEED TO KNOW IN ORDER TO DEVELOP PROFICIENCY
  - SKILLS: THE BEHAVIORS ESSENTIAL TO EFFECTIVE PERFORMANCE
  - ATTITUDES: THE STATE OF MIND CONSISTENT WITH PROFESSIONAL PRACTICE

- IDENTIFY THE ACTIVITIES, METHODS OR TASKS THAT WILL ASSIST IN ACHIEVING THE GOAL

- WAYS IN WHICH PROGRESS WILL BE EVALUATED

- LEVEL OF PROFICIENCY ACTUALLY ATTAINED
DEVELOPING A PROFESSIONAL DEVELOPMENT PLAN USING THE RUBICS

- CHOOSE A PRACTICE DIMENSION
- CHOOSE A COMPETENCY
- IDENTIFY PRESENT LEVEL OF COMPETENCE BY USING THE PERFORMANCE ASSESSMENT ASSESSMENT RUBRICS GUIDE

1- DEVELOPING
2
3- PROFICIENT
4
5- EXEMPLARY

IDENTIFY COUNSELOR'S STRENGTHS AND DEFICIENCIES
DEVELOPING A PROFESSIONAL DEVELOPMENT PLAN, CONT.

- IDENTIFY TARGETED LEVEL OF COMPETENCY
- IDENTIFY THE KNOWLEDGE, SKILLS AND ATTITUDES RELEVANT TO ACHIEVING THE COMPETENCY
- IDENTIFY THE ACTIVITIES, METHODS OR TASKS THAT WILL ASSIST IN ACHIEVING THE GOAL
- WAYS IN WHICH PROGRESS WILL BE EVALUATED
- LEVEL OF PROFICIENCY ACTUALLY ATTAINED
CHOOSING AN EVALUATION TOOL

THE TAP 21 vs THE RUBICS
‘A REAL LEADER HAS NO NEED TO LEAD—HE IS CONTENT TO POINT THE WAY’

Henry Miller
REFERENCES

- SCATTC
- NORTHWEST FRONTIER ATTC
- NIH.GOV
- SAMHSA.GOV
- CSAT.GOV
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REFERENCES, CONT.

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