



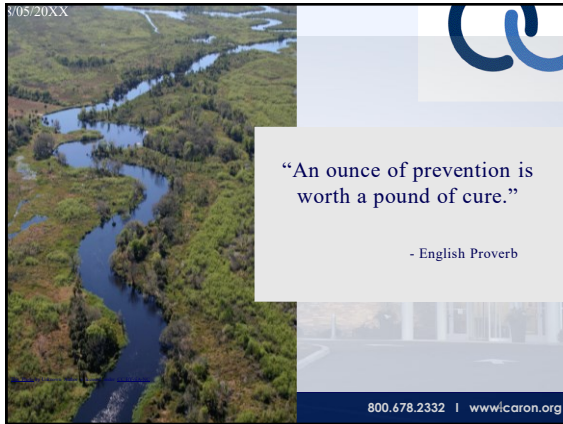
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Current Complications in Supervision?

Counselor burnout

Training needs of counselors and supervisors

Understaffed/under-served

Ethical concerns

Boundary discrepancies

Technology/changes



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Myths about clinical supervision

True clinical supervision is only to review of cases

Supervision is only for beginners or the inexperienced

If you give handouts or teach, that is training, not supervision

Supervisors are experts so they likely know what is best

Supervision is the same as consultation

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DEFINING CLINICAL SUPERVISION

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Supervision defined

"A unique professional relationship between a supervisor, a supervisee, and the clients served."

- Corey, 2019



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Does it work?



The goal of supervision is to ensure competency.

Competency should be seen in the use of best practices.

Best practices should lead to better improve outcomes.

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Identifying a model of clinical supervision

- Powell's Model: **The Blended Model** (Powell & Brodsky, 2004) is the only model specific to substance abuse supervisors.
- Other models of supervision that support Powell's Model:
 - Systems Approach to Supervision (Holloway, 2017)
 - Cognitive Behavioral Model of Supervision (Newman & Kaplan, 2016)
 - Holistic Model of Supervision (Campbell, 2006)

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Trauma & Supervision A trauma lens informs our understanding of supervision in several ways. Supervision should be structured in a way for staff to gain support, debrief about their work, and advance their skills and knowledge. When operating from a trauma lens, supervisors should also support professional growth and encourage learning opportunities. It is crucial for organizations to create safe spaces for meaningful and sometimes difficult conversations, and to mitigate the impacts of vicarious trauma (Walsh, 2017)

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Purposes of Clinical Supervision

- To nurture the counselor's professional (and, as appropriate, personal) development
- To promote the development of specified skills and competencies, to bring about measurable outcomes
- To raise the level of accountability in counseling services and programs

(Corey, 2019)

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Breakout questions

What personal attributes do you bring to the supervision process that you believe enhance its effectiveness?


What personal attributes of your own might interfere with your supervision that need to be addressed?



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Supervision defined

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

(Powell, 2003)

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Dimensions

Administrative

Clinical

Evaluative

Supportive

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Blended Model

Insight
Skill

Contextual Factors
Stage of Development
Contextual Factors

DESCRIPTIVE DIMENSIONS

PHILOSOPHY

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What do we talk about in Clinical Supervision?

 The focus of clinical supervision is on the counselor not the patient.

 Ethical Concerns/protective factors

 developmental level of supervisee

 Professional development

 Parallel process: Transference, Counter-transference

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360° Case Conceptualization Process

Counselor: Self-Focus Group: Client Focus



360 Case Conceptualization
Provides a structure to address the most important supervision tasks
- Knowledge, Skills, Awareness

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Exploring Ethical Issues in Supervision

 Since our last meeting, has anything happened that raises concerns for you?

 Are any patients dangerous or suicidal?

 Are there any abuse/neglect reporting responsibilities?

 Have you any issues about confidentiality?

 Any duty to warn issues?

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The Key Question



Did you make a **REASONABLE EFFORT** TO SUPERVISE?

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A systematic approach to supervision



Professional Development

Quality Assurance


Outcomes

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Practical Application: A blended model



- Therapist focused
- Observation based
- Use of measurable data
- Developmentally focused (skill AND insight)
- Incorporates MI Strategies as a supervision approach

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HOW DO YOU KNOW YOUR STAFF ARE PERFORMING WELL IN THEIR ROLE?



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Measurements:
Patient Satisfaction

- My therapist was invested in my treatment
- My therapist helped me make progress



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Measurements:
Competencies - Documentation

- Open/Closed Chart Reviews
- Timeliness of Documentation
- Completion of aftercare plans
- Treatment plan signature
- Meeting standards
- Tells the story for continuity



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Measurements:
Competencies – Patient Treatment Management

- Acceptance to next level of care
- Completion Rates
- Average LOS
- Family Engagement
- Quality of Life measurements



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Measurements:
Commitment & Growth



- Use of paid time off
- Training Compliance: mandatory trainings & required hours for certification

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Measurements:
Empowerment

- **Teamwork:** ran team meetings; covered other units proactively offered help when able; proactively asking for help when overwhelmed; covered lectures/groups without prompting
- **Supervision / Development:** attends individual/group supervision consistently; is active in the supervision process; brings development plan progress to supervision; demonstrates a willingness to grow



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**Are we asking the right questions?
Consider...**

- What are the trends and what do they tell me?
- Where is there room for development (training, coaching, shadowing, etc.)?
- Where can changes be made to processes or efficiencies?
- Are there places we can be more proactive as a system?
- When do development plans move into performance improvement plans (PIP)?
- What else...?

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MINDFUL LEADERSHIP

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Ask yourself...

How can I develop a mindset that enables me to get the most out of clinical supervision?



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Mindful awareness

“The state of receptive awareness that enables us to pay attention to what is happening right now without judgment.”

- Jon Kabat Zinn

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PRIMAL LEADERSHIP

"GREAT LEADERS MOVE US. THEY IGNITE OUR PASSION AND INSPIRE THE BEST IN US. WHEN WE TRY TO EXPLAIN WHY THEY ARE SO EFFECTIVE, WE SPEAK OF STRATEGY, VISION, OR POWERFUL IDEAS. BUT THE REALITY IS MUCH MORE PRIMAL: GREAT LEADERSHIP WORKS THROUGH THE EMOTIONS."

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The Mind of the Leader: Rasmus Hougaard

Leadership is about unlearning management and re-learning being human.

- people centric leadership – the foundation of leadership is to understand yourself – if we don't understand ourselves we can't understand and lead others
- 3 characteristics of leadership": mindfulness, selflessness, compassion.
- 73% of leaders don't feel mindful. 96% would like to become more mindful
- present – productive and creative

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The Mind of the Leader: Rasmus Hougaard

- Understand and managing attention is the single most important determinant of business success
- Neuroplasticity - training the attention muscle
- Attention matters – mind and feet in the same place at the same time
- Mindfulness = managing attention

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Consider WHAT questions

- What would I like to get out of supervision?
- What areas of practice do I want to become more proficient in?
- What needs to happen in supervision to make it worth my time?
- What is one thing I want to take away from supervision this year?

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Consider WHAT Questions

- What would I like to be different about my skill set a year from now?
- What would I like to be different about myself that can be helpful for my clients?
- What do I think it is like for others to supervise me?

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Consider HOW Questions

- How do I think I can use supervision to improve my range of interventions?
- How do I think I can become more comfortable with emotions in my sessions?
- How do I increase my use of DBT skills to help with emotional dysregulation?

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Be aware of what is in the room

- Anxiety (feedback, competence, evaluation, interaction)
- Duality of relationship (role conflict, role ambiguity, administrative control, attraction)
- Cultural, age, and gender issues (disciplines, theoretical perspectives, values)
- Lack of clarity about the supervision process (goals, methods, techniques)

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Be aware of what is in the room

- Personal issues (transference, countertransference, lifestyle, habits, professionalism)
- Systems and organizational issues (organizational climate, norms, regulations)
- Burnout (stress, empathy fatigue)

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Know your resources...

National Institute on Drug Abuse
<http://www.drugabuse.gov/parents-teachers>


Smart Approaches to Marijuana
<https://learnaboutsam.org/>

Substance Abuse and Mental Health Services Administration
<https://www.samhsa.gov/>

SAMHSA Center for Mental Health Services (CMHS)
 Evidence-Based Practice Implementation Resource Kits
[SAMHSA Guide to Evidence-Based Practices \(EBP\)](#)

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Know your resources

The Partnership to End Addiction
<https://drugfree.org/download/marijuana-talk-kit/>
 Monitoring the Future (monitoringthefuture.org)
 National Institute of Health (prevention.nih.gov)
 – National Institute on Drug Abuse (nida.nih.gov)
 – National Institute of Mental Health (nimh.nih.gov)
 Evidence-Based Behavioral Practice (ebbp.org)
 The Association for Addiction Professionals (naadac.org)

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Implementing evidence-based approaches:

<https://www.caron.org/professional-webinars>



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Key takeaways

Virtual communication is the future

Contoso is leading in virtual communication

Contoso helps businesses communicate effectively

Contoso is free to try and easy to use



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Key Takeaways & Call to Action

1. What are one or two things you'll take from our time together today?
2. What are you committed to changing in your supervisory practice as a result of this experience?

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