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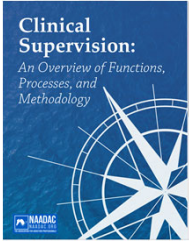

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CLINICAL SUPERVISION: AN OVERVIEW OF FUNCTIONS, PROCESSES, AND METHODOLOGY

Primary Author: Thomas Durham, PhD.

- ✓ Understand the value of clinical supervision in the addiction profession.
- ✓ Learn the various roles a clinical supervisor must be prepared to function as, including, administrative supervisor, operations supervisor, program operator, and clinical consultant.
- ✓ Identify fundamental competencies, qualities, and goals of effective clinical supervisors.
- ✓ Explore the parallel process in clinical supervision, and how the therapeutic alliance mirrors the supervisor relationship.
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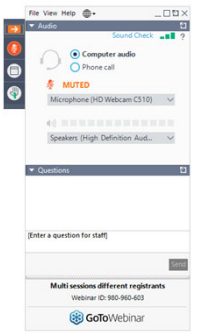
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Webinar Presenters



Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP
Executive Director, NAADAC
cmorenotuohy@naadac.org



Samson Teklemariam, MA, LPC, CPTM
Director of Training & Professional Development,
NAADAC
Steklemariam@naadac.org



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WEBINAR LEARNING OBJECTIVES

- 1 Understand why it is vital to maintain consistency and structure in clinical supervision
- 2 Define structured vs. unstructured supervision
- 3 Explore how to use an Individualized Development Plan (IDP) to track progress throughout supervision
- 4 Analyze effective tools to maintain structure in clinical supervision



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Presented by
Cynthia Moreno Tuohy, NCAC II, CDC III, SAP
Samson Teklemariam, LPC, CPTM

OBJECTIVES OF SUPERVISION

- Application of theory
- Awareness of countertransference
- Impact of clinician on the therapeutic process
- Development of empathy
- Development of curiosity
- Receptivity to feedback



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Durham, T.G. (2019). Clinical supervision: An overview of functions, processes, and methodology. Alexandria, VA: NAADAC, the Association for Addiction Professionals.

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WHICH SUPERVISOR WOULD YOU PREFER?

SCHEDULE-ONLY SUPERVISOR

- ✓ Not always accessible when you need
- ✓ Cannot run into office to seek immediate guidance
- ✓ Predictable supervision schedule



OPEN-DOOR POLICY SUPERVISOR

- ✓ Not always sure when the next supervision session is scheduled
- ✓ Supervisor is accessible during regular business hours
- ✓ You can run into their office anytime to seek immediate guidance


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POLLING QUESTION #1

Which supervisor would you prefer?


- A. Schedule-Only Supervisor
- B. Open-Door Policy Supervisor



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THE CASE FOR STRUCTURE IN SUPERVISION



- Providing predictability and a safe space.
- Consistency models responsibility.
- Parallel process: supervisory alliance transfers to the therapeutic alliance.
- Structure promotes overall autonomy.


An open-door policy can "feel good" to have as a cushion, but for someone who is working in the helping profession and no longer learning about it theoretically – that type of accessibility is damaging to their growth. They need SPACE to figure it out on their own, they need room to ask themselves "what should I do here? / what have I learned? / or even, "what would my supervisor say?" – this is the test of life.

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RESEARCH ON SUPERVISION

Effective Clinical Supervision (ECS) study by Tanja C. Laschober, PhD.



- 2013 study examining how ECS helped prepare counselors for patient interactions and how it impacted overall job performance.
- Assessed 392 groups of supervisors/counselors.
- Defined ECS as "building a consistent, structured, and clearly-defined relationship with scheduled interactions between a senior licensed/certified professional and a newly licensed/certified professional."

Rothrauff-Laschober, T. C., Eby, L.T., & Sauer, J. B. (2013). Effective Clinical Supervision in Substance Use Disorder Treatment Programs and Counselor Job Performance. *Journal of mental health counseling, 35*(1), 78-94.

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RESEARCH ON SUPERVISION

Effective Clinical Supervision (ECS) study by Tanja C. Laschober, PhD.

Results:

- Consistent, structured ECS has a positive effect on overall counselor job performance.
- Type/consistency of supervisory **relationship** has higher value than educational disparities.
- Trusting alliance with supervisor displayed higher compliance, attendance, and patient satisfaction ratings compared to supervisor proficiency or experience.

Conclusion: Having a strong supervisory alliance is just as important as the therapeutic alliance.



Rothrauff-Laschober, T. C., Eby, L.T., & Sauer, J. B. (2013). Effective Clinical Supervision in Substance Use Disorder Treatment Programs and Counselor Job Performance. *Journal of mental health counseling, 35*(1), 78-94.

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CLINICAL SUPERVISION GOALS

- Promote professional growth and development
- Protect the welfare of patients
- Monitor counselors' performance
- Empower the counselor to "self-supervise"



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WHAT DOES STRUCTURE IN CLINICAL SUPERVISION LOOK LIKE?


TRAINING	NOTES	PREPARATION	SESSION STRUCTURE
<ul style="list-style-type: none">- Evidence-based practices- Overall supervision model- Program model- Tiers of Ethics- Supervision style and/or preferences	<ul style="list-style-type: none">- Written expectations- Case management form- Supervision progress notes- EHR/EMR – documentation of patient progress in treatment	<ul style="list-style-type: none">- Checklist leading to supervision- Types of cases to review- Patient reaction to counselor interventions- Administrative vs. Clinical	<ul style="list-style-type: none">- Presentation of cases- Difficult scenarios/ethical issues- Timing within the session and scheduling- Feedback and follow-up

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HOW TO STRUCTURE A SUPERVISION SESSION?


1. Identify the Problem: *describe what happened in-session, train case presentation skills*
2. Review Documentation: *objective data on the session and a look into the counselor's thought process*
3. Explore Reactions: *discuss supervisee and patient reactions to treatment interventions*
4. Validate Experience: *give attention to the vulnerability in the room, remain non-judgmental, and offer alternative interpretations*
5. Follow Up: *practical next steps with measurable outcomes*



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TRAIN SUPERVISEE FOR STRUCTURE




Guidelines for Success in Supervision:

1. Use a weekly case management form.
2. Teach the supervisee to prioritize issues that involve unusual legal/ethical dilemmas.
3. Use supervision time to review any decisions supervisee made that impacted patient's treatment.
4. Train supervisees to build a filter – *before approaching your supervisor with a question outside of scheduled supervision, ask yourself:*
 1. Is a patient in imminent danger?
 2. Can this wait until my next supervision?
 3. How do I think I should handle this now?
 4. Is there a peer I can run through my thought process with if I am still unsure?





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POLLING QUESTION #2



To maintain structure in the clinical supervision session, what should a supervisor ask first when the supervisee enters?

- A. How was your weekend?
- B. How's the family doing?
- C. Are your clients doing well?
- D. Do you have an extra copy of your weekly case management form?



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INDIVIDUALIZED DEVELOPMENT PLAN

The IDP or Professional Development Plan will address:


- Agreed upon professional development goals
- Expectations for supervision
- Counselor's experience and readiness for the position
- Procedures to be used to observe and assess counselor competencies.





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The IDP Process

1. Set both professional and personal goals.
2. Use SMART planning
3. Map out routines/habits that will lead to goal achievement.
4. Create moments of practical collaboration both in building the plan and re-evaluating the plan.
5. Strategize for dealing with obstacles. And schedule re-evaluation.



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IDP EXAMPLE

THE IDP STARTS ON DAY 1

Tool 15. Professional Development Plan

Staff: _____ Position: _____ Date: _____

Practice Dimension: _____

Competency number and page from IAP 31: _____

Present level of competence from IAP 31 Rating Form:

1	2	3	4	5
Understands	Developing	Competent	Skilled	Master
1 = Understands: 2 = Developing 3 = Competent 4 = Skilled 5 = Master	Comprehends the tasks and functions of counseling Applies knowledge and skills inconspicuously Demonstrates performance in routine situations Effectively counsels in most situations Manages in complex counseling situations			

Describe the counselor's strengths and challenges for this rating:

Expected level of consistency to be achieved with this learning plan:

1	2	3	4	5
Understands	Developing	Competent	Skilled	Master
Describe the goal for this learning plan in observable terms:				

Tool 15. Professional Development Plan (Continued)

List the Knowledge, Skills, and Attitudes relevant to achieving the target competency:

Knowledge _____

Skills _____

Attitudes _____

State the performance goal in specific behavioral terms: _____

What activities will the counselor complete in order to achieve the stated goal? _____

How will progress be evaluated? How will proficiency be demonstrated? _____

Supervisor Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

UPDATE

Date of "re-observation": _____


Demonstration of knowledge and skills successful? Yes _____ No _____

If "No," demonstration needs the following correction and follow-up demonstration rescheduled: _____



Supervisor Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Source: Adapted from Foster & Dallas, 2008



REVIEW THE IDP REGULARLY

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CASE PRESENTATION

Train each counselor to:

1. Think about the goals the client has set, goals the counselor has for the client, and particular concerns about the overall case.
2. Form a case conceptualization.
3. Openly discuss transference or countertransference.
4. Consider original assessment objective data and compare to continual evaluation.
5. Identify specific clinical strategies and why they would be a good fit for this client.

Tool 16. Sample Case Consultation Format

Name of presenter: _____

Date: _____

Identifying data about the client (age, marital status, number of marriages, number and ages of children, occupation, employment status): _____

Presenting problem: _____

Short summary of the reason: _____

Important history or environmental factors (especially cultural or diversity issues): _____



Tentative assessment or problem conceptualization (diagnosis): _____

Plan of action and goals for treatment (treatment plan): _____

Intervention strategies: _____

Concerns or problems surrounding this case (e.g., ethical concerns, relationship issues): _____

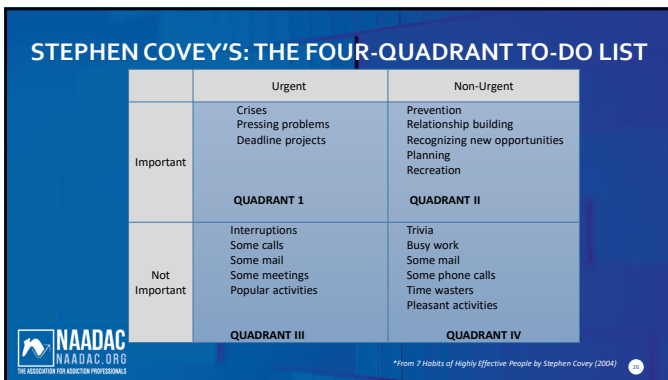
Source: Adapted from Campbell, 2000

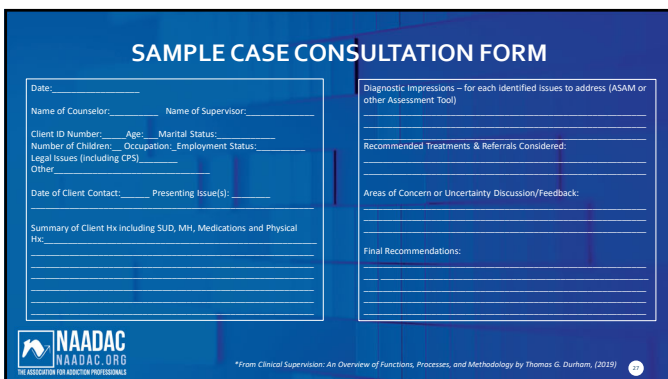
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TEN FAVORABLE CONDITIONS CHECKLIST

LIST OF FAVORABLE CONDITIONS FOR AN ATMOSPHERE OF SAFETY IN CLINICAL SUPERVISION:

1. Maintain awareness of the unequal relationship
2. Clarify roles
3. Address any defensiveness of the supervisee openly
4. Address culture openly
5. Ensure evaluation is mutual and continuous
6. Evaluation must be a meaningful component of the agency's structure
7. Avoid premature evaluations
8. Supervisors must model their own professional development
9. Maintain awareness of the supervisory relationship
10. Be passionate about being a supervisor

From Clinical Supervision: An Overview of Functions, Processes, and Methodology by Thomas G. Durham, (2019)




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SUPERVISEE CHECKLIST BEFORE SUPERVISION

PREPARATION CHECKLIST FOR SUPERVISEE BEFORE CLINICAL SUPERVISION SESSION:

1. Is my weekly case management form complete and does it reflect the sessions I've had since my last supervision session with my supervisor?
2. Is there anything in my treatment progress notes about my chosen interventions and the patient's reaction to those interventions that I did not mention in my weekly case management?
3. Are there any ethical issues that I would like to prioritize for my supervision session?
4. Is anyone on my case load about to be discharged or considered leaving treatment early?
5. Did I print two copies of my weekly case management form to bring with me?
6. Are there any follow-up items from previous supervision sessions?
7. Do any of my patients need to have their diagnosis re-assessed? Why?
8. Is anyone on medication-assisted treatment, and if so, are they reporting any side effects?
9. _____ insert checklist item here
10. _____ insert checklist item here


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QUESTIONS AND ANSWERS WITH YOUR PRESENTERS

Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP
Executive Director of NAADAC




Samson Teklemariam, MA, LPC, CPTM
Director of Training, NAADAC



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44 Canal Center Plaza, Suite 301
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fax: 703.741.7698 / 800.377.1136

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