NAADAC - Technology For Clinical Supervision

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>> Hello everyone, and welcome to part 2 of 6 for this specialty series of clinical supervision. Today's topic is using technology for clinical supervision presented by Dr. Malcolm Horn. It's great that you can join us. My name is Samson Teklemariam and I'm the director of training and professional development for NAADAC. I'll be the organizer for this session. This online training is produced by NAADAC, the association for addiction professionals, and closed captioning is provided by CaptionAccess. Please check your most recent confirmation e-mail or our Q and A chat box for the link to use closed captioning. Every NAADAC training series has its own web page that houses everything you need to know about that particular series. If you missed a part of that series and decided to pursue the certificate of achievement, you can register for the training that you missed, take it on demand at your own pace, make a payment, and take the quiz. You must be registered for any NAADAC training live or recorded in order to receive a certificate. To access material from this specialty online training series, the web address is, as you'll see at the top of the screen, www.naadac.org. You can go to this training session anytime. And this training is for one CE training hour. As you know, you've already paid the registration fee of $25 and this includes your access to the CE quiz, receiving the CE certificate upon the successful completion of your quiz, and your eligibility to apply for the certificate of achievement

for clinical supervision in the addiction profession. Please remember to follow these steps. First, of course watch and listen to the entire training. Pass the online quiz, which is now posted on our website, but there is a password to access the quiz that you will only get by listening to this webinar, to this training. Maintain records of your invoice and receipt of payment for each CE that you receive from this series. These records will be required when you apply for the certificate of achievement for clinical supervision in the addiction profession. Now, if you experience any trouble or any difficulty with the process, you can e-mail us anytime at ce@naadac.org. Also, you will have to listen to this entire webinar to capture the password. This password will be revealed in three separate moments throughout this seminar. If you happen to miss one part of this password, no worries. You will have access to this recording via the archive. For this access, here are some important instructions. You've entered into what's called listen-only mode. That means your mic is automatically muted. If you have trouble, I recommend switching to a telephone line (inaudible) some Internet connections aren't strong enough to handle webinars. If you have any questions for the presenter, you can type them into the chat box. It looks just like the one you see on my slide here. We will gather those questions and I will post them to the presenter during the designated spot during our live Q and A. Any questions

we do not get to, we will present directly to the presenter and post them on our website. Let me tell you about our presenter. Dr. Malcolm Horn began working with addictions in 2006. When she started at Rimrock. Currently she coordinates the continuing education for licensed staff, manages the internship program, and provides clinical supervision for counselors working on advanced licensure. She provides educational lectures and workshops to patients and community members and carries a cooccurring case load. She is an LCSW and is licensed by the State of Montana as an addiction counselor. Malcolm is also accreditation from NAADAC as an M AC and an S AP. (Inaudible) the NAADAC northwest regional (inaudible). Malcolm also teaches two courses at Montana State University, Billings. She recently received her doctorate degree in psychology with a teaching emphasis in Walden University. NAADAC is honored to present this teaching series (inaudible). So, Malcolm, if you're ready, I'll hand this over to you.

>> Thank you, Samson. Welcome everybody. I'm glad to have you here. I'll just do a -- I just want to quickly review kind of the learning objectives and I want people to gain a basic understanding of how to conduct clinical supervision using technology. I want people to understand and feel capable of addressing the potential problems that might come up. And then also understand the next steps in providing clinical supervision in your current practice. And so we're going to start right off

the bat with a polling question. And I'll let Samson get those answers to the polling question, give you a couple minutes to do that. Just the question in general, describe your experience with education or training on tele-clinical supervision. You've had some training, you've been doing supervision but with no specific training, you're going to be doing clinical supervision in the future, or you've had training and you feel very confident with telesupervision. So I'll give people a couple minutes for that.

>> Thanks, Malcolm. Everyone you see the poll on your screen. As a reminder, as you respond to that poll, in order to access this CE quiz from this training, please view the entire training and listen for the password. The password is revealed in three separate sections, and here I will share with you the first part of your three-part password. Remember, when you enter in this password into your CE quiz, it will be one word, all lower case. The first part of your password is the word [redacted] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance. Again, [redacted] And, of course, if you have any questions for Malcolm, please make sure to send them into the questions box and our presenter will answer them in the order in which they are received during our live Q and A. Now back to our presenter. I will close the poll and share the results. Thank you for those answers. And I'll turn this back over to Malcolm.

>> All right. Thank you. So it looks like about half of you are going to be doing clinical supervision in the

future. Some of you have had some training, but would like learning more. And then about 25 percent of you have been doing training but (inaudible). And that's my group because that's how I got into clinical supervision, was sort of I didn't necessarily have specific training and so was I kind of figured it out as I went along, I took some workshops, some online things, so I had to kind of teach myself as I went, so that's my group, the people who are just trying to figure it out. So hopefully this presentation will help you feel more secure in what you're doing. So we'll just jump right in. So what exactly is clinical supervision? When we talk about clinical supervision, you'd really define it as 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 evaluated, it extends over time, and has simultaneous purposes of advancing the profession, monitoring the quality of the professional services, and serving as a gatekeeper for those who enter the profession. So when we do supervision, it's important we keep those things in mind. So I'll be talking a little bit about having a sort of treatment plan, for lack of a better word, sort of an agreement that you have with you and your supervisees and your organization depending on where you're at. And really when you do that, keep in mind that I am evaluating how is this professional doing. It's going to be a long-term relationship, and it's really to be enhancing not only

that individual but the industry as a whole, our workforce. And, of course, making sure that we have quality, which includes there are some people that we need to say, you know what? I'm not sure that you're ready to do this. I've had that conversation a couple times with people, being kind of a gatekeeper, and it's a difficult conversation. So we'll kind of get through some of that. So really when we talk about what is effective clinical supervision? It looks a lot like good therapy. So quite often, the people doing the clinical supervision, often by way of the rules or statute in their state, they have to have been in the field providing the service for a period of time before they're eligible to be a supervisor. So in Montana, where I live, if you are going to do supervision for licensed addiction counselors, really the main requirement is you have to be licensed for three years. So, you know, typically, you've been doing therapy for several years, and you can use those same skills in doing supervision. So it's strengths-based. And there's positive regard and respect. We have to be able to build trust. Definitely if you are not that person's first supervisor and maybe the supervisor that they had before was not user-friendly or was difficult or maybe wasn't strengths-based, sometimes you have to do some repairing with that relationship to have them trust you and talk to you. You have to have a commitment to the relationship. So you have to have a commitment to meeting with

the person, observing them, guiding them. You have to have a commitment to doing that. There has to be mutually agreed upon goals, encouragement of critical thinking and autonomy. So one of my favorite things is when one of my supervisees comes to me and says, what do I do about x, y, and z? And they tell me and I say, that sounds like a great plan, it sounds like you're doing just fine on your own. So really encouraging them to be independent. And also the use of self. So all those things you use when you're doing good therapy and those skills you can also use when doing supervision. Telehealth is just adding another layer. It's very similar to live supervision, so if you had already been doing live supervision, it's an easy transition. There's just a few things that you want to be able to keep in mind when doing that. So, telesupervision is also called remote supervision, online, what I typically tell people to do is look at what your state calls it, whatever your jurisdiction is, what do they consider it to be called, and you want to then use that word or that term. It's generally accepted that there should be real time audio and visual. So you want to make sure that it's synchronous, that you are observing what they're doing, you're having those communications. There may be some asynchronous times, and we'll talk a little bit about that. General acceptance that's conducted via HIPAA conducted media, so we want to be able to protect client names if we're using those. So it's a video call, if you are

videoing in to someone at a facility and they're conducting a group or video session, making sure the video is encrypted, you want to protect that confidential (inaudible). Zoom does have a (inaudible), it costs more. There is, however, a white paper on it, so that can be helpful. So you just need to figure out what's going to work for you. If you do teletherapy, you can probably use the same format. So if you use mend or one of those other platforms to do your teletherapy, you could probably use that as well to do the supervision because it would be HIPAA-compliant, it would probably be encrypted, et cetera. Telesupervision is also becoming more accepted for lots of different reasons. One of them, it's a younger workforce that's coming in. Those of us who have been in the field for a while, we're getting into middle age or retirement. So young people are very tech-savvy. It doesn't bother them at all to use a webcam or Internet to do either the therapy service or the supervision. There's also a lot more online schools. It floors me how many there are. So a lot of people say, yeah, I got my entire degree online. They're very comfortable using that platform. It can also be accepted and very useful in rural areas. Here in Montana it happens frequently, you might have a small town that has a new counselor that moves in, that have probably been recruited by the local hospital or mental health center, but they need supervision. So if you have to drive three hours one way for your supervision session, it's going to be

really difficult to get those hours in, whereas if you can use technology to do that, wow, I mean, what a great tool to use. And then technology in general is becoming more common, we're seeing it used frequently. I know for me, I can get text messages or text reminders for my kids for the doctor, all these things. So technology is really becoming more integrated into our health care system as a whole, and so using telesupervision is just a nice addition to that. So there's some specific benefits, however, where technology might actually be a little bit better than face-to-face. It's certainly increased access to qualified clinical supervision. So, again, if you're in a rural area, it might not be feasible to have to drive to go to someone for supervision. And so in rural areas, it can be incredibly helpful. One of the remote supervision students that I had, there's actually -- I would fly there, one of those little jumper airplanes, I would fly in periodically to sit with her during her group, her individual sessions, and then when I wasn't there, we used the telephone to do supervision, staffing cases, et cetera, et cetera. So that can be a huge benefit, knowing that you can access quality supervision in rural areas. On the flip side, if you're in a big city, it also decreases travel time. In Montana where I live, if it takes you more than 10 or 15 minutes to get across town, that's a long time. Whereas when I travel and go to some of the bigger cities, they think nothing of it being a one or

two-hour commute to get to work. So, again, even if I'm in a metropolitan area, the idea of getting in my car, driving, even if it's just a few hours, it may take an hour or more to access my supervisor, again, I can still use the tele platform to do that. It also improves adherence to regular supervision sessions. So if they live in a rural community, adherence to their treatment sessions might be hard, right? I know that happens here, where someone has to drive two or three hours to meet their doctor or their counselor, they might miss that appointment, especially in the winter in Montana, it's kind of a general unspoken rule that if it's winter time, it's perfectly okay to say I'm not coming because the roads can be very dangerous. And so if we don't have to worry about that, then we can regularly engage in those sessions on a consistent basis. And one of the things that's so important when it comes to clinical supervision is that it's consistent. So similar to therapy, you want it to be consistent, you want to be continuously monitoring how is the supervisee doing? Are they meeting their clinical goals? Do they understand some of the nuances of therapy, whether it is confidentiality, whether it's confronting a client, whatever it might be. And so this certainly can be a great tool in being consistent with the clinical supervision. You can also be more flexible with your time. Sometimes my work day is crazy. It's just busy. And it can be really hard to then sit down and actually focus on, you

know, meeting with a staff member or a supervisee if I'm thinking, oh, my gosh, I've got to do this and this. Whereas if I can do it in the evening, maybe that makes it easier, right? Maybe I do it at 8:00 o'clock at night at home and maybe that's easier to do it. You also need to look at addressing the problem not having enough qualified supervisors, whether it's rural or metropolitan. You can certainly be able to use this modality. So other -- oops. First things first that you need to keep in mind -- oops. First things first. So keeping in mind what you need to be looking at, making sure that the requirements of the state, you immediate them. Every state tends to have different rules about what it takes to be a clinical supervisor, what it takes in order to qualify to do that. So make sure that you meet those requirements. Telesupervision is also used in different states. So it might not be so uncommon that you're providing clinical supervision for someone that is outside your state. So you need to be aware that if you live outside of that person's state, does that supervision count? So you want to make sure that you can do that. What I tell people is to get verification from the state and document it. And so not only in terms of if I live in a different state, will the other state accept those supervision hours from someone licensed out of that state, you also want to get verification that they'll accept telesupervision. So Montana, it's actually written into the rule that supervision can be

conducted using technology, and so it's actually written into the rule that you can do that. There are parameters around it. It has to be live and synchronous, and so -- but it is actually written into the rule. So check the state that you live in, check the state of the supervisee. Hopefully it's the same state. That makes it easier. But, again, recognizing that one of the benefits of telesupervision is that you can go across state lines. So just being aware of that. And, of course, you want to make sure that's documented, make sure that you have that in writing from the state or whoever it is that would verify those supervision hours. You also want to look at the way how does the state define face-to-face. Does that mean you have to be in the same room or do they accept the video feed? What does that mean? So ask for those definitions. And some states have yet to define that. Some states haven't really looked at what their rules are and are they in line with what telesupervision or teletherapy, for that matter, might look like. So you want to make sure that you know what the state is requiring, make sure you're not going to be wasting your time by doing supervision that won't be counted. (Inaudible) when I first started, my clinical supervisor was literally the person who had the license and had been there the longest. He didn't necessarily love doing clinical supervision, and it showed. I think I probably learned how to not do clinical supervision from him. And it wasn't that he was a bad guy, it just wasn't

something that interested him, it wasn't something he wanted to do. So making sure it's something you really want to do because it does take time, just like a therapeutic relationship, having that clinical supervision relationship, it takes time and effort. You also want to make sure that your liability insurance would cover supervision. So making sure that if you -- especially if you are an independent practice, would that cover that service? So make sure that that's in place too. Also make sure that you feel capable of providing clinical supervision. Like I said, just because you've been at the facility or the organization the longest and have the right initials after your name doesn't mean that you feel capable to doing it. So similar to therapy, if I have a patient that I don't feel I can provide the best care for them, I shouldn't be doing that. So I need to make sure it's something that I feel I'm capable of doing. And so if you feel like you're not, do you need more training? Do you need some specific training on what to do? And also, do you have time to do it? I mentioned the time factor earlier, and it has to be a priority, right? I have to say, nope, this meeting with this supervisee is important. And if you have several supervisees, making sure that you have adequate time for all of them, making sure that it's a scheduled time, it is protected, that if you have to reschedule it, you make sure you do that. That's also important for licensure because many states will say, you know, no

more than 20 hours may go by without at least one hour of clinical supervision. So if you are constantly canceling your supervision sessions or rescheduling them, making sure they are in there somewhere so those hours count. Also something I mentioned is something synchronous versus asynchronous. I typically use a hybrid. So synchronous means it's face to face, it's real time, the supervisee can ask me a question, I answer right away. Asynchronous is e-mailing. Like they might say, hey, I am concerned about x, y, z, or I need help with something. And hopefully it is a few hours before you can answer. (Inaudible) if they can't find me because I'm in session or they're in session or whatever, my staff, what they do is they send me an e-mail that says, hey, I really need to (inaudible) something with you, and then I find them. Right? When I've done remote supervision with people, they also will do asynchronous. They might e-mail me maybe an ethical concern or a question, knowing that I may not respond right away, it may take some time to do that. So making sure that you have that discussion. And then when we talk about the learning contract, that should be in there as to how am I going to be providing that supervision. And then, did you have a learning agreement or contract? And the answer should be yes, whether it's remote supervision or not, you should have some type of a learning agreement or contract. So my folks, I have -- it kind of looks like a treatment plan, for lack of a better term,

where we've laid out what are their long-term clinical goals, what are their short-term clinical goals, what are the areas that are relevant for them to learn? So honestly what I did with mine, is I took the (inaudible) and I said, these are the things that are identified as being competencies for substance abuse counselor and I kind of built them into the treatment plan. So supervisee is able to demonstrate appropriate assessment skills using the ASAM (inaudible) and then a rating, you know, 1 to 5, et cetera. So something like that, some type of learning agreement or contract with the plan that says this is how we're going to do it. It's also very important in that learning agreement, there should be something that says supervision does not guarantee a licensure. So I've had people that I've done supervision with and they've really struggled to demonstrate that competency that I'm looking for, and so I might say, you know what? I'm not ready for you to sign up on those final hours for you to take your test to get licensed. So it should say in there, just because you meet with me an x number of times doesn't mean it guarantees licensure. So, other things, talking about the barriers that might come up. So you want to have an upfront discussion with the individual. How are you going to ensure that they are on task? So right now, all the supervisees I have are here in my building, so it's very easy. I can see what they're doing. I can check their files. I can talk to the people that they're working with. I want to make sure

that they're on task. But if you're at a different facility, how are you going to make sure that they're on task, that their documentation is accurate, all those things? How are you going to ensure that your supervisee is on task? And so them and you, how are you checking yourself? And like I said earlier, really it takes time to be a good clinical supervisor. I need to make sure that I'm on task. If one of my staff members says, hey, I really want to learn about EMDR and we say, okay, I am going to research the training course and we're going to talk about how much that might cost, et cetera, and I need to make sure I follow through on that. So making sure that those things are all discussed. Using telesupervision, how are distractions going to be handled? And we'll talk a little bit about that. But you can see my little cartoon there. Telecommuting I realize that clothes are totally unnecessary. Well, yeah, you want to make sure there's no distractions and we'll talk a little bit that in a few minutes. Group supervision may look very different if you're using telesupervision. So if you're doing group supervision, it's relatively easy face-to-face, right? You all meet in an area, you are the supervisor, and there's the group, and you do your group supervision. If you're doing it via tele, that might be different. So like if you have different -- if you're -- depending on what your platform is, theoretically everyone has a webcam, you might be able to see the supervisees in the group, so

it might be different where, again, you only see part of the person. You only see from the mid-torso up, or sometimes it's just their face, so you want to make sure, are there distractions in the room? Are they staying on task? Are you staying on task? I think one of the maybe down falls when it comes to technology is because it's so commonly used, it sometimes feels a little bit more casual and people sometimes feel like, oh, yeah, I'm going to do this webinar thing and I'm going to check my e-mail while I'm doing it. And we've all probably done that before, but being aware that that's really not a good ethical practice if you are providing telesupervision. You want to stay on task, as tempting as it might be to do other things while you're in the session, making sure that you're not doing that. And group might look a little more complicated because not only are you monitoring you and one supervisee, you're monitoring all the supervisees in the group, and if you're only seeing them from the head up, that might be hard to tell are they actually engaged and focused, if that makes sense. Also being aware of that it may not be good for older workforces. They're older and may not be as comfortable with technology, and so unlike the younger set, that might be a barrier for them, something that they're uncomfortable with and not very adept at, at using the technology. And then at this next slide, I'm going to take a quick pause because Samson is going to give you the second part of your password.

>> Yes, thank you, Malcolm. As a reminder, in order to access this CE quiz from this course, please make sure to view the entire training and listen for the password. When you enter into the CE quiz, the password will be entered in as lower case one word. We are revealing it in three separate sections, and here I will share with you the second part of your password. The second part is the word [redacted] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance. Again, [redacted] And, of course, if you have any questions for our presenter, please make sure to send them into the questions box and our presenter will answer them in the order in which they were received during our live Q and A, or they will be posted on our website in about a week or so. And now back to our presenter.

>> Thank you, Samson. So you've decided you're going to do telesupervision, you're looking at the nuts and bolts of how do I actually do this. Okay. So first, how are you observing the supervisees? Is it a video link? Is it live observation? Are you traveling to the site? If you're traveling to the site, are there financial parameters in place? So when I mentioned earlier that there was an individual in a very rural part of Montana and I was doing her clinical supervision, we would do, you know, touching base via phone, throughout obviously the week, and then I would also, about once a month, I'd go up there and I'd spend a couple days there observing her service. We built it into the learning agreement and the contract that she would be

responsible for paying for my travel. Right? So you may need to take that into consideration. Hopefully, if the person is within your organization, because maybe you have satellite facilities, right? If you are traveling theoretically, your organization is covering the cost of your travel, whether it's by car or plane or whatever it might be. Also, looking at the web and the video, what do you do in terms of -- like right now we're using the Internet and I was a little bit stressed out beforehand, I've been not complaining exactly, but I was telling Samson I've had a technology week just not working for me, and I was having computer problems. So I started looking at how exactly will I be doing that live observation? Because most states require an exact number of direct observation hours. So you need to have that discussion, if they're not in your building or at your site, how are you conducting that live observation? Because you really do need to observe, hey, when I saw you conducting the group and you were going through this task, I noticed you did this. Tell me more about that choice, or whatever that might be for you. You also want to be able to define and discuss how are you communicating with them on an ongoing basis? E-mail. My staff, they can e-mail me. We joke that I am like a tornado. I've actually been called Hurricane Malcolm because I move very fast, doing lots of things at one time. And they all know, like, hey, I need you for like five seconds, I will come by. (Inaudible) one

of my supervisees that was remote and once a week she would send me an e-mail, it was encrypted, it was password protected, but it had like just initials of her case load. And we're viewing kind of these are some of the clinical issues she was addressing, and when we'd talk, we'd go through those issues. But she'd e-mail me a document where we were able to talk about the things that she was struggling with. You might use Dropbox or the cloud or something like that in order to put forms. Particularly being aware, if you don't have the ability to look at their documentation. So most -- like I said, all of the supervisees I have right now are in my building and we have the same her. I can log into the her, I can look at their notes, look at their documentation, help them do a treatment plan. But if they're not at my site, how am I doing that? Am I using the Dropbox? Am I using the cloud? E-mailing? You need to be able to think those things through. Collecting signatures. So I mentioned the learning contract and kind of the treatment plan agreement. I make my folks sign it, and I sign it too. So how are you going to have those signatures if it's remote? Are you scanning it and e-mailing it? Does it go to the Dropbox? Also making sure that you record the supervision session content. So it's not enough to simply said, hey, I met with Samson for an hour today. Okay, but what did you do? And theoretically, just like working with a patient, whatever we're talking about during that clinical

supervision session should be reflected on their learning agreement. Samson identified he really wanted to get some more skills helping patients identify coping skills with relapse prevention. So I might put on my record that, hey, we talked about these strategies he could use, we talked about an upcoming training he might want to go to. So making sure you are keeping that. In Montana we're doing a rule change that says that supervisors and supervisees need to keep those for a period of time. So making sure that not only the supervisee keeps a record of the session, but you as a supervisor also keep a record of that session. That should also be in place in capes you have to gatekeep that person. So you need to have documentation saying that they struggled with certain components of the supervision and that this is what you've done to redirect them. So I've got one right now and she struggles with the use of self. She's got a great personal story. It's probably going to be a great skill for her. But right now, she overdiscloses. And so we documented, okay, I spoke to this person about the use of self, I gave her a specific example where I saw her do it, we discussed how she could do it differently, et cetera, et cetera. You need to make sure you're documenting those things because otherwise if you do end up saying I don't feel comfortable signing off on this, you need to make sure you have documentation that that person is aware of it. A supervisee should never be shocked that they're being let go.

Just like an employee, they should not be shocked that there's been a problem. You want to record their progress, identify what their strengths are, both you and the supervisee should be signing that, and you also want to talk about time frames. So if you are not at the same facility and you tell the supervisee, okay, so if you have a problem or an issue that pops up and you e-mail me or text me, I will get back to you within one hour or 24 hours or one business day or whatever it is. You want to make sure that you also have that in place, because that way, if there's a problem, they say, well, I tried to get hold of my supervisor and she never responded, you can say, well, actually, we had made, on our learning agreement, that I would get back to you within, you know, x number of time, and I did. Or you didn't. Right? So making sure that you have a solid time frame in place. So that's something to be aware of. Now if we talk specifically about the nuts and bolts of the -- oops. I have to advance it. The learning agreement of the documentation. So these are some things you want to make sure you have on your learning agreement and what you're documenting. So one, make sure it meets state requirements and regulations. So, again, that state regulation or that rule, that should be kind of the guiding principle for your supervision. So make sure that your learning agreement and all of that meets those state requirements because you'd hate to go through all of that process and then have the state not accept those hours. That

would be horrible. You want to stipulate the expectations for the supervisee and the supervisor. So I write in mine, like a provision for termination of the relationship. Right? And whatever that might be. Supervisee does not make progress in terms of ethical issues, or the supervisee does not make appropriate progress on their clinical intervention skills, or however I'm going to define them. But you want to do that. And I tell my supervisees, I say, you tell me what it is that I need to do better. Because it is, it's a relationship, right? And I'm not perfect. And I can't read their minds. So they need to be able to tell me as well what they're going to need. The counselor experience and skills and readiness for the next step in their career. So are they getting dual licensed? Are they looking at wanting to move to a higher level of care-type position? So maybe they are doing outpatient assessments right now, but they really want to be, say, an inpatient primary counselor. So what are the skills that they need to be able to do that. And then making sure you write those into the learning agreement. One of my supervisees, he told me, about a year ago, that he really wanted to do EMDR. And I said that's great. So I wrote it down as a goal, we set some time lines, we will investigate the next training session, the cost, we'll make an agreement that the organization will pay for the training, providing he continues to work with us for x number of years, or whatever that's going to

look like. And then making sure, you know, just like a patient's treatment plan, there's a timeline. Supervisee recommendations for improvement. So do they identify what their weaknesses are? And have they been able to identify maybe places where they need to gain some more skills? And, of course, I also want to be able to give them recommendations about, hey, I see that you're really struggling when it comes to, say, confronting a patient about a positive drug screen. Let's practice that a little bit. I want to make sure I have that documented. You want to make sure you or your organization have procedures for observation. So I'm going to observe you every Friday in your morning group. What's the process for that. And also for documentation. I have one staff member, and English is not her first language, so when it comes to the documentation, sometimes her syntax is off, sometimes she uses the wrong word, and so we've laid that out, that, okay, any assessment that you finish, I'm going to review it. And we'll review it together. Right? And it's not a punitive thing, it's simply me saying this is an area that we recognize that you struggle, and so I want to make sure that you're successful, so I want to be able to review any of those whenever I can. Differential diagnosis. Can they determine what is needed to make a diagnosis? Can they do the differential in terms of is it this or is it this? Every other week here we have what's called mental case review, where we take a past or present patient, we go

through their ASAM, and it's usually a patient where there's an opportunity to look at, okay, is this anxiety disorder or (inaudible)? Of course substance abuse might be a little different. But making sure they are comfortable making those diagnoses. And that can be a great learning goal. Right? Samson will be proficient at identifying the diagnostic criteria for substance abuse disorders and will be proficient in making the correct diagnosis, or whatever that might be. I also want counselors to have an assessment of their skills and application of their theory base, so really teaching counselors, it's important to be able to say, Samson is a 39-year-old married blah-blah-blah. How do they present that case? Particularly when we talk more about integrative behavioral health, right? I might need to present a patient to a psychiatrist, so I need to make sure that I am professional in how I share that information. And I want my counselors to be able to do the same. Have procedures for having you monitor them on a multidisciplinary team. So at my facility, it's very easy. Most of us are in the same building. I can see how they interact with the case managers or the nurses or the psychiatrists. I can see how they do that. Whereas if I'm not at their location, I might think they're doing great, I might think they are the most proficient, polite, respectful team player ever, and then I find out that at that facility, actually, nope, they're not a team player and people don't like working with them.

So I need to know how are they doing. Because for the most part when it comes to substance abuse treatment (inaudible) it is a multidisciplinary team. Okay. So the learning contract specifically should have the goals of supervision. Expectations should be very clear. The method and frequency. So how am I doing the supervision? It's going to be direct supervision x number of hours, indirect x number of hours, synchronous or asynchronous or both. Frequency and type, so one 1-hour phone call per week, whatever that looks like, you want to be as specific as possible. The parameters for termination, so what might get them fired, so to speak. Cost, if there's any additional cost. Sometimes if you are -- like when I have provided remote supervision, it's often been somebody who's not a part of my organization, and so they pay us for that supervision. Right? And so you need to make sure that there is that payment agreement worked out. Also, in terms of a provision for technology fail. If we are going to be meeting via, you know, Zoom every week, what happens when my Internet crashes? How are we wrapping around with each other? Are we going to reschedule? When are we going to reschedule? What's the timeline to reschedule? Those are all things you probably want to have lined out in your learning contract, and so make sure that you have those things in place. And then, of course, when you're not at the same location, and this will be a few things to really keep at

the forefront of your mind, while, you know, not being at the same location is the perfect fit for technology in supervision, and because it's very convenient, but how do you troubleshoot it in real time? So let's say we are in the supervision session, we are staffing a case, and my webcam dies. Okay. What do we do? So when I have patients I see via telehealth, I have the conversation with them that if for whatever reason we have a technology fail, I will call you or I will text you within a certain amount of time and we will reschedule. Okay? So whatever that's going to look like. How do you protect patient confidentiality? So particularly if you're sharing documents, so if you have to have a document, a case note or whatever, are you using a client's initials? Are you using Xs instead? Being aware that sometimes that's not enough in a rural setting, even if I take out the patient's name, if there's some identifying things in there, even the situation, we might go, oh, I know who that person is. I see that all the time here. And so how am I protecting that confidentiality? And so whether it means that you use encrypted files, whether you use pseudonyms, however that might be. If they're at your site, you can use her or whatever. But if you're not at the same site or organization, you probably need to have some type of agreement that says I have the permission to look at those files, and so that can be sticky. So making sure that you're wrapping in all the appropriate people into that, how am

I going to be looking at that documentation and respecting the laws and rules of confidentiality. And, of course, how do you do the direct observation? Do you travel there? Do they travel to you? What are you doing? It could also cause problems, of course, not being at the same location, so confidentiality of a client. Most states do put the onus of protecting clients on the supervisor. So it's usually your responsibility, because you are the mentor, you are the teacher, it is your responsibility to make sure that the client's confidentiality is being protected. You must also be able to observe the service delivery, which is hard to do if you're not at the same site. So, again, what are the parameters for travel, what is the cost, and how are you doing that? Or maybe you're not traveling, maybe you're using a webcam. And is the patient comfortable with you using a web camera? They may not be. So you need to get the client's permission, whether you record and view it later. That would be an asynchronous method of observation. Right? The counselor films their group and they send it to you as the supervisor, you observe it, and you would give feedback. That would be asynchronous. It's not in real time. How do you build rapport with the supervisee? So if you're in person, you can read body language, but if it's remote, it might be more difficult. And, again, how are you documenting all of that and where are you keeping that file? So other barriers that may happen with them being at a different location,

there's a time lag. They can't just walk down the hall to your office to find you. If you are in a different state, make sure you are following the rules of their state. And also, is there an emergency supervisor in their state they can go to? So if you're supervising someone in their state and they have a crucial issue they need to talk about, is there a backup person they can go to? If you read the case notes, et cetera, how are you making sure they're confidential? The biggest barrier in this area might be if the supervisee is not at your facility or your location, that can be a little stickier, so you need to have a business agreement with that organization. You can also have screen sharing. That's a fabulous modality where you can remotely -- they can pull up the case note, you can read it right there in the session, and it can be encrypted. So that's the method I would honestly recommend if you're going to be doing supervision for someone not at your site and not in your organization using screen sharing on an encrypted system is the best because you don't have to worry about it being a document laying around somewhere or a flash drive laying around somewhere. It's shared real time. So that's what I would recommend as the primary way to do that. So, other barriers, you know, you do lose something not being face-to-face. There is a difference, right? I mean, we all know that. So, technology, I would say, if I can't do it face-to-face, I would use technology, but definitely face-to-face is easier to build a

relationship. The same with teletherapy. Right? It's easier to build a relationship with my client if I see them, vice versa. It can be more difficult to model a specific skill. So if I want to show a supervisee, hey, this is how you show a person do their (inaudible), it can be easier if I'm right there showing it to them, versus I have to describe it to them, or role play it over camera, that might be more difficult. Make sure you know if your state requires ongoing supervision CEs. Some states require some supervisors to have ongoing supervision education. So check with your state. And also defining your role. There are clinical supervisors and there are administrative supervisors. So I have some people where I do their clinical supervision, but I'm not their actual day-to-day (inaudible), so I don't sign their pay stub. So thankfully right now all of my supervisees are at my (inaudible), so I can go right down the hall to their administrative supervisor and say, hey, I want to let you know that Samson and I had a really difficult conversation today, and I want to let you know how that's going. So make sure that's something to keep in mind. Okay. So some other tips. I don't know if any of you ever saw this video. It's hilarious. If you did not, you can Google it. I think if you just do the British guy trying to do a news story, and he's doing it from his home office, and he's all serious, right? He's British, got this fancy tie on, and then his kid comes in the background, and then another

kid comes in the walker, and then his wife comes in on all fours trying to get the kids out. It's hilarious. But you want to make sure there's a distraction-free zone, right? Just as when I have a patient, it's really distracting if they're in their living room with their kids running around. Same thing with supervision, making sure there's a distraction-free space to do it, particularly if you're doing it from home or they're going to be at home, you want to make sure you have a distraction-free place. And, again, if you wouldn't do it in your office, don't do it via tele. Would you wear your pajamas or trim your toenails in your office? Probably not. So even though you're at home, if you're on camera, it doesn't mean you're not going to take the same seriousness with it. And unfortunately technology does tend to make things a little bit more casual for us, and that's just kind of the reality of it. So, again, pointing out that geography can be very important. If you're in a rural place, Montana is very big. There's only about 10,000 people there, and we are the biggest city, so people are really spread out. So it can be great in a rural city, as well as a metropolitan area. We are looking at a workforce shortage of clinical supervisors, so this can be a great tool (inaudible). Is there traveling? And is there additional cost for doing it via technology? That's something you and your organization can decide. Boundaries. So things to keep in mind when it comes to clinical supervision. Transitioning from

being a friend or a coworker can be difficult, right? And so that happens. And, again, that often happens where, hey, you've been at the organization the longest time and you have the right initials after your name, now you're a supervisor. Wow. So I was just their coworker and their friend, now I'm their boss, so that can be hard. Social media blurs the bond Reese between formal and informal. And do not friend your supervisees. You want to protect that relationship as the supervisor and supervisee. And then also be very aware about what's on the Internet about you. I encourage people to Google themselves once in a while, see what's out there. You want to make sure that there's no drunken frat party pictures of you from college because that really undermines your professional relationship and your professional identity. So I encourage people to be aware of that. Other potential problems, the backup for technology, the Dropbox or the scanning, making sure that supervisee and supervisor sign their progress reports, they sign the record of the supervision session. Building that supervisory relationship, when it's remote, it can be harder. It can also be difficult to understand the dynamics of another organization. So if I'm providing supervision to someone in a different organization, that organization may have a different culture, so to speak, so I need to be aware of how is that supervisee functioning in that environment, is it adaptive, is it maladaptive, do I need to adjust the things that I do as

their supervisor? And, of course, you need to be aware that there's probably also an administrative supervisor that is also in the mix with them, and so how do I communicate with that person? I recommend having a very open conversation about that, and having some type of learning agreement or business agreement in place to do that. And of course the confidentiality of the client is always an issue to keep in mind. So, recommendations. Site visits. If it's going to be someone at a different location, I strongly recommend site visits. You do want them to be scheduled. You don't want to just like randomly drop in. And I do that when I'm going to be observing like a group session here, I will tell one of my supervisees, hey, I'm going to be observing your group next week. What day is a good day? And let me know what day might be a best day for me to observe group. Being consistent and being accountable in your communication, how you follow through with things. Document everything. So similar to a patient's record, document every problem and how you're addressing it. Also participate in your own supervision. I think sometimes it's a problem when you've been at an organization for a long time, you're the supervisor, you're the clinical supervisor, it's almost like you're not allowed to have problems. People look to you for advice, they look to you to be a leader or a mentor, and sometimes that's hard to say, ugh, I'm really struggling right now. So I strongly recommend you have your own supervision. If

it's going to be supervision that you would have to pay for, I would see if your organization is willing to pay for you, because that's just part of good practice. You also should have ongoing education. I find myself constantly trying to make sure that whatever I'm doing, I'm doing it the best I possibly can, which means I need to be aware of any changes or trends that happen in the industry. Have an associates business agreement, that's important. And then also refrain from giving the client advice via e-mail or text. You know, I don't want to get into a big advice-giving session via my smartphone. Just like if I have a patient that I'm doing telehealth with or they're e-mailing me, I'm not going to give therapeutic advice in an e-mail. So if there's an issue, what I tell people is the e-mail or the text should really be, Hey, I'm struggling with x, y, z issue, could you please get ahold of me? That's what I recommend. I don't recommend putting a ton of stuff in an e-mail or text, unless it's going to be like my weekly check with them of their documentation, and then that file should be encrypted and I know it's going to be asynchronous, it's not going to be a synchronous communication, if that makes sense. If it doesn't make sense, let me know and I can certainly clarify that. So there's different platforms to use. Make sure it's a platform that if you're going to be using confidential patient information, maybe sure it is HIPAA compliant, make sure it's encrypted, make sure you are both

comfortable using it, and you have a backup plan if it fails. This week, I swear to goodness, I think I'm done with all my technology fails for the year. I'm over it. So include in the learning agreement what the process is if there's a fail. And keeping in mind if that's a session where you are doing an observation. So if you are doing, say, an observation via camera, so you're watching the supervisee conduct the therapeutic service and your technology fails, that's a little sticky, so making sure there's a backup plan in place for what to do. And this is just funny, and it's one of the reasons why I say, when it comes to e-mail, making sure you have the discussion of how quickly I will get back to you or not, and what that might look like. And, of course, e-mail and text, they're asynchronous. Confidentiality, are your servers encrypted, can you protect against viruses? If there's a part of an e-transmission of a client, it becomes part of their file, and people don't realize that. So if I send an e-mail to someone and I'm talking about a specific patient and the patient's name is in there, that is now part of their clinical record. So, again, be very careful about that. How are you counting it for time? So if you have a supervisee who e-mails you all the time and you find it takes up an hour, two, three, for your workweek, are you billing for that? Does it count for something? How are you taking that into consideration? And, again, don't provide clinical advice over text or e-mails. That's

not just -- it's just not an appropriate place to do that. And so, now we're going to be getting to the very end. There's some references for you. And then, of course, we have questions and answers, and it looks like I only have about six minutes for that. But there we go. Samson, I will turn it back over to you.

>> Thanks Malcolm. And, yes, we do have some questions coming in. Thank you all so much for sending those in. And you can still send in those questions. I'll go ahead and ask the first one. What do you recommend about shared cases? For example, a counselor in a rural area with a accessible supervisor, but this person they can only meet once a month because of travel constraints, but they need (inaudible) and they use me through telesupervision to make up those hours. What do you recommend for shared cases?

>> So what I would recommend is having it written into your learning agreement that you will have to communicate with that other supervisor. I would recommend being transparent about it. So maybe you join the other supervisor for their session once in a while so that all three of you are there together. Maybe you have the ability to have a three-way phone call once in a while. But I would get kind of like a release of information to that other supervisor, and so making sure the supervisee is aware that you two will be communicating, just like with a patient, I might be communicating with their doctor about

their care, I want to make sure the supervisee is aware I will be talking to that person, I want them to know about the content of those conversations, if there's concerns, we can bring them up. And, of course, (inaudible) three-way video chat once in a while. And it doesn't have to be a while one, just a quick ten or 15 minutes, how are things going, what are we struggling with? Are we following through on our learning objectives. So that's why I recommend I'd get a learning agreement or lease of information, for lack of a better term, to that supervisor and try to find times where all three of you could touch base together once in a while.

>> Great. And one more. In terms of observation of the actual counseling session, audio versus video, what are some things we lose as supervisors if we rely just on audio recording observation and no video?

>> Oh, so you lose out on a lot because you lose all the body language, right? We can hear the tone of their voice, we can hear their words, but we can't see their facial expressions, we can't see the body language that's happening. And so I feel like that's -- I mean, you can still do that, but I feel like, wow, I'm missing a huge chunk there, I'm missing what that looks like. I would also, of course, be concerned if I can't see them, how do I know they're paying attention? How do I know they're not scrolling Facebook on the side or something like that?

And it would be difficult to do that and make sure they're actually on task. So I guess I'd recommend trying to figure out how you can have a video feed or do something face-to-face. Just like if you're only doing therapy by talking and not seeing what the patient is doing, same thing with supervision, that can be a challenge. So I would try to figure out if you can do some type of video feed there, or a recording that they send you, something like that, so you can see the body language.

>> Thank you so much, Malcolm. Everyone who sent in other questions, we will add those to the Q and A spreadsheet and they will be sent to Malcolm, and they will be posted on our website within two weeks, the same web page you used to register for this training. And as a reminder, in order to access this CE quiz, please view the entire training and listen for the password. The password has been revealed in three separate sections. Here, I'll share with you the third and final part of your password. The final part is the [redacted] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance). Again, [redacted] And, of course, if you missed the first or second part of your CE password, no worries. Right? After the training is complete, you will receive an e-mail from GoToWebinar and within that e-mail it will have your own unique watch recording link and you will be able to watch the recording and fast forward and rewind as often as you need to, to capture that password if you missed it. Again, Malcolm, thank you so much for this incredible training and webinar. And for

everyone else, congratulations, you just completed part 2 of the six-part training series of clinical supervision in the addiction (inaudible). You are that much closer to the certificate of achievement, which can be an excellent resource to add to your portfolio and résumé that will validate your interest and studies in the area of clinical supervision. Please make sure to register for part 3, legal and ethical issues in supervision with the author of our new workbook, Clinical Supervision and Overview of Functions, Processes, and Methodology, will cover and add onto content that was discussed in chapter 3, live on December 15, 2019, at 12 to 1:00 o'clock eastern. Registration is only $25 per training, which includes eligibility for certificate of achievement and of course access to the CE quiz and the CE certificate upon successful completion of that quiz. Just as a reminder, for those who missed our earlier instructions, this webinar is approved for one continuing education hour, and our website contains a full list of accepting boards and organizations to obtain your CE certificate for this course, please make sure to follow these instructions. You will find the CE quiz posted now at the website you see on this screen. If you join NAADAC, you have access to over 145 CEs and many other opportunities to build your repertoire as a clinician and supervisor. You can join NAADAC right now by going to naadac.org. Thank you again for participating in this webinar. And, Malcolm, thank you for your

valuable expertise. I encourage you all to browse our website and learn how NAADAC helps others. You can stay connected with us on LinkedIn, Facebook, and Twitter. Have a great day.

(End of meeting.)