Improving Clinical Supervision Skills & Obtaining Supervision Credentials

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H.L. Counseling Enterprise, Inc.
Counselingenterprise.com
Health Recovery Professional Program (HPRP)

- The State of Michigan’s Health Professionals Recovery Program (HPRP) was established in 1994 by legislation.
- This organization serves as a monitoring agent for Healthcare Professional (Licensees) who have been deemed unsafe to practice because of their Substance Use Disorder or Psychological Disorder. Their aim is to keep the public safe.
- http://hprp.org/
Supervision Credentials

Approved Clinical Supervision (ACS) via the Center for Credentialing & Education (CCE)-Headquarter in Greensboro, NC. Continued Education Requirements - **20** hours over a five-year period.

Certified Clinical Supervisor-Michigan (CCS-M) via the Michigan Certification Board for Addiction Professionals (MCBAP). Continued Education Requirements - **20** hours over a **two-year** period.
Michigan Board of Counseling Supervision

- Michigan Board of Counseling Supervision-Requirements: for individuals who were providing supervision on or before January 1, 2013, have training in the function of counseling supervision and have acquired at least 3 years of experience in counseling.

- For licensed individuals who began supervision post January 1, 2013, need to have one of the followings:
  2 semester hours of graduate credit in training in counseling supervision or
  30 contact hours of workshop training in counseling supervision.

- For additional information, please visit the Michigan Board of Counseling website at: [http://www.michiganaces.org/state-of-michigan-licensure-supervision.html](http://www.michiganaces.org/state-of-michigan-licensure-supervision.html)
Professional Memberships

American Counseling Association (ACA)

Michigan Counseling Association

Chi Sigma Iota (CSI) Honor Society for Counselors

National Board for Certified Counselors (NBCC)

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Clinical Supervision Settings

- Academic Counseling Centers
- Internship Site Settings
- Private Practice Settings
- Clinical Practice Settings
Leadership Philosophy

- To assume a leadership position is to assume a very honorable role. There appears to be two schools of thoughts regarding leadership. One, leaders are born and two, leaders are made. However, there are some who postulate that leaders are both born and made. Nevertheless, what are some of the distinct qualities of leaders? They follow an unwavering code of honesty and ethical conduct, they can bring together previously conflicting parties to create a stronger unified body, they propose specific solutions to problems as opposed to vague philosophical concepts, they delegate responsibility to competent people, and they demonstrate a strong sense of humility and recognizes that their role is not an opportunity for self-aggrandizement. Leadership is a position where individuals look forward to leading by example as well as assuring that both their direct reports and their leaders are treated with respect and compassion. Finally, as one aspires to assume leadership positions, he/she must be prepared to appeal to the masses of people and not just those of leadership hierarchy.
Poll Question #1

What led you to your current role as a supervisor?

• 1. Applied
• 2. Assigned
• 3. Volunteered
• 4. Other
West African proverb

- “Not to know is bad; not to wish to know is worse.”
## Staffing Utilization model

### Staffing

<table>
<thead>
<tr>
<th>Intake Staff(s)</th>
<th>Individual Therapy Staff(s)</th>
<th>Group Therapy Staff(s)</th>
<th>Case Management Staff(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>They will be solely responsible for completing all of the intake assessment</td>
<td>They will be solely responsible for conducting the Individual Sessions</td>
<td>They will be solely responsible for facilitating the Group Sessions</td>
<td>They will be solely responsible for facilitating the Case Management Sessions</td>
</tr>
</tbody>
</table>
Poll Question #2

Which category best describes your current discipline?

- Professional counselor
- Professional Social Worker
- Professional Psychologist
- Professional Licensed Marriage Family Therapist
- Other
Career Process Measures

Career maturity  “extent to which the individual has mastered the vocational tasks, including both knowledge and attitudinal components, appropriate to his or her stage of career development” (Betz, 1988, p. 80).

Career Adaptability  “a multidimensional construct that characterizes an individual’s psychosocial readiness and resources for coping with current and imminent vocational development tasks, occupational transitions, and work traumas” (Savickas and Porfeli, 2011, p. 357).
Silent Generation-1925 to 1942

Baby Boomer-1946 to 1964

Generation X-1965 to 1979


Generation Z-Boomlets-Born after 2001
Poll Question #3

Which category best describes your primary workforce generation?

- Silent Generation
- Baby Boomer
- Generation X
- Millennials
- Boomlets
Behavioral Health Disciplines

PSYCHIATRISTS

PSYCHOLOGISTS

SOCIAL WORKERS

COUNSELORS.

WHAT'S THE DIFFERENCE BETWEEN MENTAL HEALTH AND BEHAVIORAL HEALTH?

HOW DO MAINTAIN A BALANCE BETWEEN THE TWO?

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Introduction to Clinical Supervision

- Supervision is an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession (Bernard & Goodyear, 1992)

- Supervision is:
  - evaluative and hierarchical
  - extends over time, and
  - is simultaneous with enhancing the professional functioning of the more junior person(s); observing the quality of professional services offered to the clients and serving as a gatekeeper for the particular profession the supervisee seeks to enter.
Supervision versus Teaching, Counseling, and Consultation

**Similarities** - Both have the goal of imparting new skills and knowledge. • Both have evaluative and gatekeeping functions.

**Differences** - Whereas teaching is driven by a set curriculum or protocol, supervision is driven by the needs of the particular supervisee and his or her clients.

(Ekstein & Wallerstein, 1972).

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Supervision versus Teaching, Counseling, and Consultation

**Counseling/Therapy**

**Similarities** - Both can address recipients' problematic behaviors, feeling, or thoughts

**Differences** - Supervision is evaluative, whereas counseling is not. Counseling clients often have a greater choice of therapists than supervisees have of supervisors

Frawley-O’Dea and Sarnat (2001)
Supervision versus Teaching, Counseling, and Consultation

**Consultation**

- **Similarities** - Both are concerned with helping the recipient work more effectively professionally.

- **Differences** - Consultation is a relationship between equals, whereas supervision is hierarchical. Consultation is more usually freely sought by recipients than is supervision.

Caplan and Caplan (2000)

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Supervision Components

- Parameters
- Tasks
- Developmental Levels

Bernard and Goodyear (2014)
Supervision Focus: Administrative

The following are some examples of Administrative duties of the clinical supervisor:

1. Formulating the clinician’s work schedule.
2. Ensure a comprehensive orientation to agency, client population, mission and vision statements, policies and procedures, long range strategic planning.
3. Develop, assess and monitor policies and procedures using national standards as a guideline to ensure compliance (or any other regulatory body the agency answers to such as JCAHO and CARF).
4. Organizational planning and structuring, coordinating, delegating tasks.
Supervision Focus: Administrative

The following are some examples of Administrative duties of the clinical supervisor:

5. Involving staff in the designing and scheduling of activities (including clinical programming, administrative activities such as when paperwork can/will be completed) to maintain clinically effective service delivery.

6. Engaging in the recruitment/retention/termination, performance analysis/recognition, progressive disciplinary action, and other personnel decisions to maintain high standards of clinical care.

7. Ensure workforce professional development and training to meet service delivery needs.
Feedback Concept

- An important concept of feedback is that supervisees tend to compare the feedback they have been given to their own self-assessment.

- Thus supervisees are much more receptive to feedback if it correlates to their own ideas as to how they are functioning.

- If it’s highly contrasting from anything supervisors thought about, then it is harder to accept and assimilate into their schema.
Factors that make feedback easier to accept are:

1. If it relates with the supervisee's perception of his or her own behavior;
2. If it's presented as a developmental goal, or if it is part of a mutual supervision plan.
3. If it's behaviorally-linked and specific, and occur in proximity when the actual behavior was observed;
Feedback that is perceived as negative can be hard to receive and integrate and can be de-moralizing.

That’s why it’s very imperative that when one is giving what is perceived as negative feedback that it be outlined constructively, in terms of plans, action plans for improvement.

Improvement is most likely to occur if the recipients are optimistic about receiving feedback, believe change is possible and desirable.
Feedback Summary: C.O.R.B.S.

- **C = Clear**: Be clear and concise about any feedback you deliver. Vague feedback contribute to confusion, anxiety and frustration in supervisees.

- **O = Owned**: The feedback you give is your own perception and not the ultimate truth.

- **R = Regular**: Regular feedback is more useful to supervisees. Try to give feedback as close to the event as possible and early enough for the person to do something about it.

- **B = Balanced**: Balance the negative with the positive feedback, depending on the supervisee sandwiching of feedback may be necessary.

- **S = Specific**: Generalized feedback is hard to learn from. Phrases such as “You are a frustrating counselor” can lead to hurt and anger. “I feel frustrated when you don’t follow the recommendations the team made regarding this case” is more to the point and attached to specific behaviors.
Work Place Bullying

- Defined as an individual’s intention to injure another individual physically, emotionally or socially through negative actions. Dake, Price, & Telljohann (2003).

- **Impact**: the victim is physically, emotionally affected, and their work performance as well as their morale regresses by the constant bullying in the work environment.

- **Impact**: Agencies suffer which includes the culture, cost, reputation, and the productivity that the agency stands for.

- **Impact**: stress, depression and unethical behaviors among staffs that leads to psychological issues among the direct care workers, supervisors, and others.
Work Place Bullying continue

- Methodology:
  a) sabotaging others work or reputation
  b) browbeating, threats or intimidation
  c) physical intimidation or assault
Supervision Model

- Bernard and Goodyear (2014)
Psychotherapy Theory Model

- **Psychodynamic**: Focuses on understanding the dynamics of resolving relational conflicts between the supervisor and the supervisee.

- **Humanistic-Relationship**: Emphasized the supervisee capacity for self-exploration to use **themselves** as a **change** agent. This process is contingent on the supervisor’s ability to display genuineness, empathy, and warmth.

- **Cognitive-Behavioral**: Focuses on assessing and monitoring the relationship between the supervisee and the client. They often structure their supervision to include homework assignments and to discuss what the supervisee has learned from session to session with their clients.

- **Sarnat (2010)**
Psychotherapy Theory Model

- **Systemic**-is built for the family therapy concept. The supervisor focuses on the system of the supervisor, supervisee, and client dynamics.

- **Constructivist** (Narrative & Solution Focus)-The former focuses on the story telling of supervisees and their relationship with their clients. The supervisors do not act as an expert but instead as a consultant. The supervisors do not attempt to persuade the supervisees positive in accepting a therapeutic approach. The latter focuses on the aspects of the supervisees and clients’ relationship. The supervisee asks the miracle question such as “Imagine that a miracle has occurred: the problems for which you are seeking supervision magically disappear. What, specifically, will you notice that will tell you that this has occurred?”
Developmental Model

Stagnation Stage- the supervisees are unawareness of deficiencies or difficulties.

Confusion Stage- In this stage, the supervisee recognizes that the answer will not come from the supervisor. The supervisee maybe become angry or frustrated at the supervisor because they are empowering the supervisees to develop their own insight and strategies rather than relying on the supervisor.

Integration Stage- the supervisee accepts ownership for what occurs during supervision sessions and has learned to optimize the supervisor’s time and expertise.
Process model

THE DISCRIMINATION MODEL

THE HAWKINS AND SHOHET MODEL

SYSTEM APPROACH TO SUPERVISION (SAS)
Supervisors might focus on any or all a supervisee’s following skills:

**Intervention**—what the supervisee is doing in the session that is observable by the supervisor, what skill levels are being demonstrated, how well counseling interventions are delivered, and so on.

**Conceptualization**—how the supervisee understands what is occurring in the session, identifies patterns, or chooses interventions, all of which are covert processes.

**Personalization**—how the supervisee interfaces a personal style with counseling while he or she attempts to keep counseling uncontaminated by personal issues and countertransference responses.

The Hawkins and Shohet Model
### System Approach to Supervision (SAS)

<table>
<thead>
<tr>
<th>FUNCTIONS</th>
<th>TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advising/instructing</td>
<td>a. Counseling skills</td>
</tr>
<tr>
<td>2. Supporting/sharing</td>
<td>b. Case conceptualization</td>
</tr>
<tr>
<td>3. Consulting</td>
<td>c. Emotional awareness</td>
</tr>
<tr>
<td>4. Modeling</td>
<td>d. Professional role</td>
</tr>
<tr>
<td>5. Monitoring/Evaluating</td>
<td>e. Evaluation</td>
</tr>
</tbody>
</table>
Events Based Supervision Model
Ladany, Friedlander, and Nelson’s (2005)

- **Beginning-Marker**: Either the supervisee requests help or the Supervisor observed the need for an intervention.

- **Middle-Task Environment**: focuses on the supervisory alliance, focus on the therapeutic process, explorations of feelings, or countertransference

- **End-Resolution**: results in the supervisee’s increased knowledge, skills, and/or self-awareness.
Supervisees’ Resistance

Supervisee Factors Affecting Engagement
- Resistance
- Attachment Style
- Shame
- Anxiety
- Competence Concerns
- Transference

Quality of Supervisory Relationship

Supervisor Factors Affecting Relationship Quality
- Attachment Style
- Exercise of Power
- Counter-transference
## Ways Supervisees Reduce Their Engagement through Resistance.

<table>
<thead>
<tr>
<th>Resist</th>
<th>Resist the supervisor’s influence-withholding or distorting information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resist</td>
<td>Resist the supervisory experience itself-consistent tardiness to supervision sessions.</td>
</tr>
<tr>
<td>Be</td>
<td>Be noncompliant with tasks related to the supervisory process-failure to comply with making either a video or audio recording of sessions.</td>
</tr>
<tr>
<td>Be</td>
<td>Be noncompliant with mutually agreed on plans with respect to clients-(i.e., addressing relapse issues.</td>
</tr>
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Supervisor Style

- **Must interventions** - when supervisors want their supervisees to take a particular course of actions for the welfare of their clients or for other reasons.
- **Can interventions** - when supervisees have a choice on whether they may make take a particular action.
- Of the two styles, **must** interventions is likely to elicit resistance from the supervisees.
- Quarto, 2002 and Proctor and Inskipp’s (1988)
Supervisee Attachment

- The result of a parent/child relationship between the supervisor and supervisee. The discernment between empowering versus enabling.
- Dickson, Moberly, N. J., Marshall, Y., & Reilly, 2011;
Supervisees anxiety

Effects

- Supervisee Learning
- Supervisee Performance
- Quality of Engagement with Supervisor
Supervisee Transference

- Supervisee transference can take various forms:
  - Negative - The supervisee perceive the supervisor to more critical or punitive than they are the case.
  - Positive - Example when the supervisee idealize their supervisor. Sexual attractions can constitute a specific type of positive transference.
  - Lane's (1986)
Having a particular strong positive or negative feeling when interacting with the supervisee.

Experiencing feelings that are uniquely different from those they have supervised in the past.

Experiencing a gradual change towards the supervisee or their session together.
Poll Question #4

Which definition best describes diversity?

- Diversity is when people share a common goal or thought.
- Diversity is a population's differences and uniqueness.
- Diversity consists of people of the same race.
- Diversity consists of people who share the same interest.
- None of the above
ASSESSING Burnout in Supervisees/SUPERVISOR

Maslach Burnout Inventory (MBI)

The MBI-Human Services Survey measures burnout as it occur in individuals in human services institutions and health care occupations such as counseling, nursing, social work, psychology, and ministry.
Maslach Burnout Inventory (MBI)

The MBI Surveys address three general scales:

1. **Emotional exhaustion** measures feelings of being emotionally overextended and exhausted by one’s work.

2. **Depersonalization** measures an unfeeling and impersonal response toward recipients of one’s service, care treatment, or instruction.

3. **Personal accomplishment** measures feelings of competence and successful achievement in one’s work.
ASSESSING Burnout in Supervisees/SUPERVISOR

Maslach Burnout Inventory (MBI)

- Exercise-Survey
Transforming Stress into an Asset

- **Recognize worry for what it is.** Stress is an emotion, not a sign of dysfunction. When we begin to worry, realize it’s an indication that you care about something, not a cause for anxiety.

- **Focus on internal locus of control.** Too many people experience stress about things they simply can’t change. Remember what you can control and what you can’t.

- **Create a supportive network.** Knowing you have somebody to confide in can help a lot. Build relationships so that you have people to confer with in times of stress.
Exercise – Maintaining One’s APPETITE

• What steps do you take to “take care of yourself”, what are some of your other interests besides your job?

• What are some of the things you do to maintain your passion?

• How do you add to the fun atmosphere on the job? If you don’t, why not?
SWOTT Analysis

- Strengths
- Weaknesses
- Opportunities
- Threats
- Trends
SWOTT Analysis Group Exercise

1. How does Clinical Supervision look at your place of employment currently?

2. How would you like to change this current state?

3. Utilize the SWOTT Analysis on a place of employment of one of your group members. Please will cover the strengths that exist currently, the weaknesses that exist, the opportunities exist, the threats to implementing change, and any general trends that exist in the milieu of our field.

4. Using this SWOTT analysis, what sticks out as an outline to potential change within your organization?
What is multi-Cultural?

- Oftentimes, multicultural is equated with race. While race is an integral part of one’s culture, it is not the sole component. For example, race tends to describe the person’s physical appearances (i.e., skin complexion) but it does not delve into other areas.

- One’s skin complexion is the result of the amount of their melanin level. Melanin is a chemical that the human body produces to protect itself from the indigenous climatic environments.

- For example, indigenous cool/cold climates produce low melanin levels henceforth light skin complexion whereas warm/hot climates produce high melanin levels henceforth dark skin complexion.
What is multi-Cultural?

- **Multicultural** involves such as the differences in areas of language, social class, race, ethnicity, gender, sexual orientation, and physical ability.

- **Multicultural** takes into account the unique qualities of various groups as well individual differences within groups.

(C. Lee, 2006b)
Poll Question #5

Which ethnic group best describes most of your workforce?

- European Americans
- Asian Americans
- Hispanic Americans
- Arab Americans
- African Americans
- Other
Multicultural Supervision

Intrapersonal:
Identity
A person’s identities (racial; gender; sexual orientation; national; cultural; etc) that affect her or his sense of self in relationship to others

Social/Political
The level of privilege or oppression that a person experiences on the multiple dimensions of race, gender, sexual orientation, SES, and so on

Interpersonal:
Biases, Prejudice
A person’s expectations and prejudices toward another based on that person’s membership in a particular group (i.e., “the isms”)

Interpersonal:
Cultural Identity and Behavior
Cultural (including gender and other factors) influences on understandings of normative social role behavior
Supervisors’ Views and perceptions

**Etic:**
Places an emphasis on the universal qualities of mainstream society.

**Emic:**
Places an emphasis on the indigenous characteristics of the individual.
Views and perceptions continue

**Acculturation:**

Is a process of socialization in which members of one cultural group adopts the beliefs and behaviors of another group.

Whereas we often refer to acculturation as a process through which a minority group adopts the beliefs and behaviors of the dominant group, the process may be reciprocal.
Poll Question #6

Which definition best describes cultural competence?

- It is having the ability to acculturate and assimilate.
- It is having knowledge of a population's history.
- It is having an appreciation of a culture's uniqueness.
- It is having a staff that represents the population served.
- All of the above
Culturally Impaired

**Impairment:**
The state of being diminished, weakened, or damaged, especially mentally or physically

(Dictionary.com)

**Culturally Impairment:**
The state of being diminished, weakened, or damaged, as the result of limited exposure to cultures other than your own, to the degree that being around other cultures create anxiety, awkwardness, and discomfort.
Cultural Competence/impairment Development

Stimulus/Reaction

Embrace/Rejection

Cultural Competence/Cultural Impairment

Tolerance/Intolerance

Growth/Stagnation

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MI Stages of Change
Cultural Competence

Pre-Contemplation
Unconscious of biases & prejudices

Contemplation
Conscious of biases & prejudices

Planning
Strategic Methods to address biases & prejudices

Action
Explore Own Biases & Acculturate with other cultures

Maintenance
Ongoing Self-Improvement
Increase Comfort Level with other Cultures
Maslow’s Hierarchy of Needs

- Physiological or survival needs
- Safety needs
- Love, affection, and belongingness needs
- Esteem needs
- Self-actualization needs

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Hierarchy Diagram Workplace

Optimal Workforce

Integration of cultural strengths

Cultural Ownership

Culturally Similar Staffs

Culturally Different Staffs

Clients

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Cultural Competence within the workforce

- Talent/Natural Skills set
- Cultural Uniqueness
  - a) Racial
  - b) Religious Beliefs
  - C) Dress Attire
- Appreciation of Uniqueness
- Qualifications
  - Academics & Credentials
- Opportunity to be hired, grow and produce
The Supervisor Toolbox

- Supervision Contract
- Reciprocal Supervision Agreement
- Supervisee Need Index
- Ethical & Issues in the Supervisory Relationship
- Supervisee Needs
- Supervisor & Supervisee Relationship
The Supervisor Toolbox

- Anticipator Supervisee Anxiety Scale (ASAS)
- Evaluation Process Within Supervision Inventory
- Supervision Ethics Codes
References


- Ammirati, R.J., & Kaslow, N.J. (2017). All supervisors have the potential to be harmful. *The Clinical Supervisor, 36*(1), 116-123.

References

References

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References


