NAADAC Specialty Training Series:
Clinical Supervision in Addiction Profession

USING TECHNOLOGY FOR CLINICAL SUPERVISION
PRESENTED BY MALCOLM HORN, PH.D., LCSW, MAC

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WEBINAR PRESENTER

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WEBINAR LEARNING OBJECTIVES

1. Participants will gain basic understanding of how to conduct clinical supervision using technology.
2. Participants will understand and feel capable of addressing potential problems with conducting this service.
3. Participants will understand their next steps in providing clinical supervision using technology.

POLLING QUESTION #1

How many of you have had specific education/training on Tele-Clinical Supervision?

A. I have had training but I like learning more and that's why I'm attending this session.
B. I have been doing tele supervision but have not had specific training.
C. I am going to be doing CS in the future.
D. I have had training and feel very competent in doing tele supervision.
WHAT IS CLINICAL SUPERVISION?

“Supervision is 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 evaluative
• extends over time
• has the simultaneous purposes of:
  • enhancing the professional functioning of the more junior person(s),
  • monitoring the quality of professional services offered to the client(s) she, he, or they see(s), and
  • serving as a gatekeeper of those who are to enter the particular profession.”

Bernard and Goodyear (1998)

EFFECTIVE CLINICAL SUPERVISION

• Good supervision is a lot like good therapy:
  • Strengths based
  • Positive regard and respect
  • Build trust between supervisee and supervisor
  • Have a commitment to the relationship
  • Mutually agreed upon goals
  • Encouragement of critical thinking and autonomy
  • Use of self

• Telehealth is a great way to do all of the above! Telehealth is very similar to live supervision and can be very effective with just a few adjustments...

A ROSE BY ANY OTHER NAME….

• Can be called virtual supervision, remote supervision, on-line, etc
• General acceptance is that there should be real-time audio and visual
• General acceptance is it is conducted via a HIPAA compliant medium
  • If the video call had PHI in it, then you want to have it the video encrypted
  • Zoom does have a HIPAA compliant version but you must make a business associates agreement and it costs more; there is a White Paper on it

• Tele supervision is becoming more accepted
  • Younger, more tech-savvy generation
  • More on-line schools
  • Rural areas that lack qualified supervisors
  • Technology in general is becoming more proliferate
SOME BENEFITS OF TECHNOLOGY:

- Increased access to qualified clinical supervision in rural areas
- Decreased travel time in metropolitan areas
- Improves adherence to regular supervision sessions
- Time can be more flexible (i.e. meeting outside of business hours)
- Addresses the problem of not having enough qualified supervisors

FIRST THINGS FIRST....

- Make sure you meet the requirements in your state to provide CS
  - Check if there are specific requirements for providing supervision
  - Get verification from the state and document it (i.e. in email)
  - How does the state define "face-to-face"
- A clinical supervisor should not just be the person that has been at the organization the longest
  - Is this something you want to do?
  - Does your insurance cover supervision?
  - Make sure you feel capable of providing CS
  - Have you had specific training?
  - Do you have time to adequately do CS?
  - Is supervision going to be synchronous or asynchronous or a hybrid?
  - Do you have the learning agreement/contract?

SOME BARRIERS TO ADDRESS:

- How are you going to ensure that you are on task?
- How are you going to ensure that your supervisee is on task?
- How will "distractions" be handled?
- Group supervision may look different if you’re using tele
- May not be a good fit for the older workforce as they may not be as comfortable with technology
SOME THINGS TO CONSIDER....

HOW ARE YOU OBSERVING THE SUPERVISEE(S)?

- Video link
- Live observation
- Travel to the site
- Financial parameters for the travel
- Web-video

HOW ARE YOU COMMUNICATING WITH THE SUPERVISEE(S)....

- Email
- Dropbox
- Collecting signatures
- Record of the supervision session content
- Record of the supervisees progress
- Both Supervisee and Supervisor should sign
- And what is the timeframe for responses to communication?

THE LEARNING AGREEMENT & DOCUMENTATION SHOULD:

- Make sure it meets the state requirements and regulations
- Stipulate expectations for the supervisee and supervisor
- Counselor experience and skills and readiness for the next step in their career
- Supervisee recommendations for improvement
- Have procedures for:
  - Observation
  - Documentation
  - Differential diagnosis
  - Counselors assessment of skills, application of theory base
    - "XX is a 20 year old..."
  - Function in a multidisciplinary team
    - If you are not in their location, it may be difficult to determine how much of a "team player" the supervisee is

LEARNING CONTRACT

- Goals of Supervision: expectations must be very clear
- Method & frequency
  - Direct
  - Indirect
  - Synchronous
  - Asynchronous
- Frequency & type (one 1-hour phone call per week)
- Parameters for termination
- Cost
- Provisions for technology fail
WHEN YOU ARE NOT AT THE SAME LOCATION

• This is the perfect example of using technology for CS!
  • How do you troubleshoot in real-time?
  • How do you protect client confidentiality?
  • How do you review notes, etc.
  • How do you do direct observation?

• This can also cause problems...
  • Must address confidentiality of client
  • Most states put the onus of protecting clients on the supervisor
  • Be able to observe the service delivery
  • Build rapport with supervisee(s)
  • How is that documented?

BARRIERS

• Time lag (they cannot just walk down the hall to your office)
• You must ensure that if your supervisee is in a different state, that you are also aware of the rules in their state
  • Is there an “in case of emergency” supervisor within their state they can go to?
• If you read case notes, assessments, etc, how do you ensure they are confidential
  • Black out name
  • Initials only
  • Agreement with the facility (if outside your own)
  • Screen share on an encrypted system

MORE BARRIERS....

• You do lose something in not being face-to-face... building a trusting relationship can be more difficult via tele
• Can be more difficult to model a specific skill
• Make sure you know if your state requires ongoing supervision CEs
• Define your role: are you a clinical supervisor or an administrative supervisor?
**SOME TIPS:**

- Make sure the supervisee (and you) have a confidential, distraction free space to do supervision
- If you wouldn’t do it in your office... don’t do it via tele (would you wear your pajamas or trim your toenails during a session in your office??)

**GEOGRAPHY**

- Telehealth can be used in rural and metropolitan areas to improve consistency of CS
- Rural communities
  - Reliable internet
  - Workforce shortage of appropriate CS
- Urban transportation
  - Cuts down on lengthy travel to supervision sessions
  - Traveling for work
  - Is there an addition cost for doing CS via technology?

**BOUNDARIES**

- Transitioning from “friend” or “coworker” to Supervisor can be difficult.
- Social media sometimes blurs boundaries between “formal” and “informal”
  - Do not “friend” your supervisees
- Be very aware of what is on the internet about you...
POTENTIAL PROBLEMS

- What is your backup plan for technology fails?
- Supervision documentation
  - Dropbox, Scan/email
  - Both supervisee and supervisor should sign the progress reports
- Building a supervisory relationship
- Can be difficult to "understand" the dynamics of another organization
- Confidentiality of clients

RECOMMENDATIONS

- Site visits!
- Be consistent in your communication (time, method)
- Document everything
- Participate in your own supervision
- Ongoing education
- Have an associates business agreement if it is outside your organization
- Refrain from giving client advice via email/text

PLATFORMS

- Skype
- Zoom
- GoToMeeting
TECHNOLOGY FAILS

- Include in the learning agreement what the process is if there is a technology fail
- This plan may vary depending on if the session is an observation session or a "process" session

BE CAREFUL OF EMAIL AND TEXT

- It is easy to misunderstand texts and emails
- Asynchronous
- Confidentiality
  - Are your servers encrypted?
  - Are you protected against virus?
  - If there is an e-transmission of a client it becomes part of their file
  - How are you counting this for time?
- Do not provide clinical advice
  - Text and emails should be quick and concise

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REFERENCES


• SAMHSA. (2013). Tip 52: Clinical Supervision and Professional Development of the Substance Abuse Counselor.

• Personal experience and trial and error!

QUESTIONS AND ANSWERS WITH YOUR PRESENTER

THANK YOU!

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