Welcome, your facilitator will be:
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Using GoToWebinar
(Live Participants Only)

- Control Panel
- Asking Questions
- Handouts
- Audio (phone preferred)
- Polling Questions

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James Campbell, LPC, LAC, MAC, CACII and Celeste H. Hutchinson, MA, LPC, NCP, MAC
Increasing Effective Clinical Supervision for SUD Treatment Providers

James Campbell, LPC, LAC, MAC, CAC II and Celeste H. Hutchinson, MA, LPC, NCP, MAC

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Webinar Learning Objectives

☑ Define clinical supervision and Evidence-Based Practices.

☑ Identify barriers to consistent, effective clinical supervision.

☑ Articulate principles and suggestions designed to enhance the delivery of clinical supervision in diverse settings.
What is Clinical Supervision?

- Supervision is generally defined as the application of principles that facilitate professional development and skills relevant to providing quality service.

- Supervision often involves a senior or more experienced practitioner mentoring a junior or less experienced practitioner in order to “ensure quality of clinical care”.

- Some of the functions of a supervisor include evaluating practitioners’ performance, teaching skills through demonstration and discussion, and encouraging clinicians to consistently administer evidence-based practice.

(Substance Abuse and Mental Health Services Administration, 2009, p. 3)

Clinical Supervision

Historically the Substance Use Disorder Profession

- Was disproportionately staffed by individuals whose primary credential was established from their personal recovery.

- Many of these early professionals brought a wealth of information to the profession based upon their personal experiences.

- Despite this strength, the professional often lacked formal education and professional training in substance use disorder treatment and clinical supervision.

(White, 2014)
The Times They Are A-Changing

- Over the past decade the rate of bachelor's and master's level clinicians within the substance use disorder profession has steadily increased. It is estimated that 60-80% of substance abuse professionals hold at least a bachelor's degree whereas 50% have obtained a master's degree. (Substance Abuse and Mental Health Services Administration, 2009).

- Along with the addition of formal credentialing within the profession, there is also a progressive movement towards utilization of evidence-based interventions.

- As the profession is guided more by science, clinical supervision will be an important intervention to help assure implementation and fidelity of evidence-based practices. (Newby, 2018)

Where Do We Go From here?

- Importance
  - The importance of clinical supervision in implementation of evidence-based practice

- Barriers
  - Barriers that impact the frequency of regular clinical supervision

- Recommendations
  - Recommendations to help assure that clinical supervision occurs more frequently in substance use disorders treatment
Two Good Reasons

- **Reason 1**: Supervision increases fidelity to EBP
- **Reason 2**: Supervision Decreases Burnout and Increases Quality of Care

### Why is Clinical Supervision Important?

- Standards of Care are a best practice in both medical and behavioral health practices.
- EBP has now been established as the only acceptable standard of care in the modern age of addiction treatment.
- The literature has established that EBP-oriented supervision is the key to successful EBP implementation and maintenance.
Why is Clinical Supervision Important?

Two Good Reasons

Reason 1
Supervision increases fidelity to EBP

Reason 2
Supervision Decreases Burnout and Increases Quality of Care

Polling Question 1

What do you believe is the most compelling reason Clinical Supervision is Important?

A. To help align with other professions
B. To increase fidelity to Evidence-based Practices
C. To Decrease Burnout
D. To improve standards of care
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The Problem

For many, there is no supervision.

- Research reveals that approximately 30% of substance abuse counselors are not receiving any type of clinical supervision.
  (Newby, 2018)

- In a study by Eby et al. (2007), supervisors in the substance abuse counseling profession spend only 2.6 hours per week providing clinical supervision services.

If Clinical Supervision is so important, why isn’t it happening as it should?
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Common Barriers to Clinical Supervision

1. Competing Demands for Time
   - Carrying their own caseload, Providing Services, Leadership Meetings, Multiple Sites, Billing-related Duties
2. Lack of Intentionality
   - Clinical supervision by crisis, Reactionary supervision, An “open door” approach, Whose responsibility is it?
3. Lack of Training
   - Hours in the field or skills?
   - Trained for the role or promoted into it?
4. Continuing Education
   - In a changing field, continued growth is a necessity.
   - We cannot lead people who are ahead of us.
5. Lack of Administrative Support
   - Short-term/Fiscal demands vs. Long-term growth
   - Urgent vs. Important

Common Barriers to Clinical Supervision (Cont’d.)

- ?

Clinician Perceptions
  - Inexperience
  - Critical/Punitive Past Experiences
  - Cultural Differences

- 

Turnover and Stress
  - Low Pay
  - Increased Turnover
  - Increased Stress

- 

“Other”
  - There are often barriers that arise beyond those listed.
What can we do about it?

In Our Own Practice

Learn

* Learn as much as they can about clinical supervision and evidence-based practices.

Schedule

* Set up a weekly meeting schedule for supervision to occur

Relate

* Build relationships with supervisee’s
* Assess the supervisee’s counseling skill
* Work together to establish a supervisee learning plan

Follow Up

* Provide clear and consistent feedback
* find out how the supervisor and supervisee prefer to receive feedback

Evaluate

* Agree upon methods of observations to help assure fidelity to evidence based practices (direct observation, shadowing, co-leadership, live supervision, video recordings, etc.)
Suggestions for Addictions Professionals in Advocating for Effective Clinical Supervision:

- Get involved.
- Advocate at the state and national level for reimbursement for clinical supervision.
- Specifically promote reimbursement that focuses on evidence-based practices.
- Require training in clinical supervision prior to becoming a clinical supervisor.
- Encourage certification and licensure boards to require training hours in clinical supervision in order to obtain and maintain certification/license as a clinical supervisor.
- Utilize its multiple platforms to spread the word about the need for and the how to of quality supervision including: webinars, journal, local and national conferences.
- Promote developing national standards for clinical supervision, specifically emphasizing fidelity to evidence-based practices.

Thank You! Any Questions?

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Description
The critical role of clinical supervision in both staff development and retention is well-documented. The disconnect between the need for clinical supervision and the consistent provision thereof in the field, however, is often attributable to common barriers experienced among service providers. This session will explore common challenges and points of resistance to the provision of consistent, effective supervision, principles for improving the delivery of needed supervision, and offer practical examples of the application of these principles in the field.

UPCOMING WEBINARS

August 7th, 2020
Advocacy Series, Session III: Bolstering the Addiction Workforce – A Call to Action?
By: Israil Ali; Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP; and Julie Shroyer, MSW

August 14th, 2020
Cultural Humility Series, Part V: Substance Use Disorder Treatment for Latinx Communities
By: Pierluigi Mancini, PhD, MAC, NCAC II

August 19th, 2020
Understanding Sex Addiction as a Behavioral Addiction
By: Kathy Kinghorn, LCSW, SAP, CSAT-S

August 21st, 2020
Cultural Humility Series, Part VI: Why It Matters Now More Than Ever
By: Miguel E. Gallardo, PsyD

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Cultural Humility Series

- **Part I: Understanding SUD Disparities Among LGBTQIA People**
  By: De'An Roper, PhD, LCSW-S

- **Part II: Social Class Bias and the Negative Impact on Client Treatment Outcomes**
  By: Anthony Rivas, EdD, LMFT, LAC, MAC, SAP and Bita Rivas, EdD, LPC, LMFT, LAC, MAC

- **Part III: Do You Know Who You Are and For Whom You Provide Services?**
  By: Janice Stevenson, PhD

- **Part IV: Critical Issues in LGBTQIA Patient Care**
  By: Allison (Alli) Schad, LVSW, LCAS, SEP and Peter Pennington, LPC, NCC

- **Part V: Substance Use Disorder Treatment for Latinx Communities**
  By: Pierluigi Mancini, PhD, MAC, NCAC II

- **Part VI: Why It Matters Now More Than Ever**
  By: Miguel E. Gailardo, PsyD.

- **Part VII: Four Directions of Diversity: Honoring Differences**
  By: Don Coyhis, Mohican Nation

- **Part VIII: Social Responsibility in the Addiction Profession**
  By: Samson Teklemariam, LPC, CPTM and Jessica K. O'Brien, LCSW, CASAC, CPTM

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  By: Timothy Legg, PhD, PsyD, PMHNP-BC, MAC

- **Psychological First Aid During COVID-19**
  By: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC

- **Virtual Town Hall: Understanding the Impact of COVID-19 on the Addiction Profession**
  By: Thomas P. Britton, DrPH, LPC, LCAS, ACS, Lisa Dinhofer, MA, CT, and Andrew Kolodny, MD

- **Telehealth During COVID-19 and Beyond: Integrative Treatment for Co-Occurring Disorders**
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- **Virtual Workplace Wellness: Successfully Managing Change and Reducing Stress**
  By: PerCilla Zeno, CCHW, CPRS
Clinical Supervision in the Addiction Profession Specialty Online Training Series

Part One: The Supervisory Relationship
By: Thomas Durham, PhD.

Part Two: Using Technology for Clinical Supervision
By: Malcolm Horn, PhD, LCSW, MAC, SP

Part Three: Legal and Ethical Issues in Supervision
By: Thomas Durham, PhD.

Part Four: Stages of Clinical Supervision
By: Thomas Durham, PhD.

Part Five: How to Structure Clinical Supervision
By: Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP and Samson Teklemariam, MA, LPC, CPTM

Part Six: Motivational Interviewing in Clinical Supervision – A Parallel Process
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