



# Effective Clinical Supervision in Substance Use Disorder Treatment: What is It and Who Benefits?

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**W**hat is Effective Clinical Supervision? Clinical supervision is an important part of counselors' professional advancement and development of counseling proficiencies, and as a consequence helps ensure high quality patient care (SAMHSA, 2008). It is distinctly different from administrative supervision in that the main goals of clinical supervision are to train, educate, support, and guide counselors, as well as create a positive work environment for all clinical staff (Powell & Brodsky, 2004). Clinical supervisor responsibilities also frequently consist of interpersonal interactions with counselors, including the provision of both task-related and emotional support (Powell & Brodsky, 2004). As such, junior counselors look to their clinical supervisors for leadership, clinical direction, professional training opportunities, and encouragement.

Effective clinical supervisors are experienced and skilled senior counselors who possess a wealth of formal knowledge and professional experience regarding substance use disorder treatment and evidence-based practices that they pass on to their counselors (Powell & Brodsky, 2004; SAMHSA, 2008). They are the gatekeepers to ensuring that patients receive the highest quality of care based on accepted standards of practice. As such, effective clinical supervisors have to have the necessary and required credentials, education, and enthusiasm for counseling to motivate and support their counselors to achieve greater professional maturity, improved interpersonal skills, and increased competence for better patient care and ultimately improved patient outcomes (Powell & Brodsky, 2004; SAMHSA, 2008).

Effective clinical supervision takes many forms and includes individual and group supervision, direct observation of counselor-patient interactions, review of video and/or audio tapes, transcript reviews, and teleconferencing (Eby, McCleese, Baranik, & Owen, 2007; SAMHSA, 2008). Regardless of how clinical supervision is delivered to counselors, it is important for the supervisor to be available (e.g., open to comments, non-threatening), accessible

(e.g., easy to talk to), able (e.g., knowledgeable, skilled), and affable (e.g., pleasant, reassuring). These are referred to as the four As of effective clinical supervision (Powell & Brodsky, 1998).

Furthermore, effective clinical supervision includes a mentoring component, which is commonly described as a working alliance between counselors and their clinical supervisors (Efstation, Patton, & Kardash, 1990). The working alliance is characterized by career-related support (e.g., helping counselors reach their career goals, providing them with opportunities to learn new skills) and psychosocial support (e.g., providing encouragement and support, modeling clinical competencies) (Ragins & McFarlin, 1990). During effective clinical supervision, the working alliance serves as a catalyst for boosting counselors' job performance and professional competence.

Unlike other healthcare fields, effective clinical supervision in substance use disorder treatment is a relatively new practice (SAMHSA, 2008). Traditionally, many counselors who entered the field had a personal history of substance use disorders and were in recovery before entering the field (White, 1998). Due to their personal experience, they brought a wealth of information with them and provided an insider view into substance use disorder treatment. However, they often lacked formal education and training in substance use disorder counseling (White, 1998). In addition, unlike clinicians in many other behavioral health fields, substance use disorder counselors may not have received training in the form of supervised internship experiences as part of their professional preparation (Eby et al., 2007; SAMHSA, 2008).

Today, the landscape is changing in substance use disorder treatment with the majority of counselors entering the field with at least a bachelor's degree and approximately half of them entering with a master's degree (Eby et al., 2007; Laschober, Eby, & Sauer, 2012, 2013). Additionally, the need for and benefits of effective clinical supervision are increasingly recognized in the substance use disorder treatment field (SAMHSA, 2008).

### Who Benefits from Effective Clinical Supervision?

Both counselors and patients in substance abuse treatment stand to benefit from effective clinical supervision for a number of reasons. In contrast to most other healthcare settings, there are no standard and required educational, credentialing, or licensure requirements for counselors providing direct care to patients in substance use disorder treatment programs (Eby et al., 2007; SAMHSA, 2008). Additionally, in many states counselors are not required to complete a supervised internship prior to interacting alone with patients (McCarty, 2002).

This raises a concern regarding whether or not substance abuse counselors are sufficiently prepared to provide treatment services to patients seeking substance use disorder treatment as well as other, often complex, healthcare problems (e.g., co-occurring psychological disorders, chronic medical conditions such as HIV/AIDS). In the absence of adequate training, there is evidence that effective clinical supervision is beneficial for counselors' professional development, skill enhancement, knowledge, confidence, and competence (Laschober et al., 2013; SAMHSA, 2008), which in turn, is likely to be associated with better patient outcomes. For example, effective clinical supervisors can teach counselors how to work with different types of patients, select and apply evidence-based practices, and tailor interventions to patients' unique needs.

Furthermore, effective clinical supervision is related to counselors' greater commitment to the organization and occupation, job autonomy, perceived procedural justice (e.g., feeling of being included in important

decisions) and distributive justice (e.g., feeling of being fairly rewarded for effort put forth), and well-being (Knudsen, Ducharme, & Roman, 2008; Knudsen, Roman, & Abraham, 2013). Additionally, effective clinical supervision is related to higher task performance (e.g., counselor skills developing treatment plans based on evidence-based practices) and relational performance (e.g., counselor modifies his/her behavior in response to supervisory feedback) (Laschober et al., 2013).

Effective clinical supervision is also related to less burnout among counselors and reduced intentions to leave the organization (Knudsen et al., 2008). This is crucial because counselor turnover is high in substance abuse treatment (Eby, Burk, & Maher, 2010; Eby & Rothrauff-Laschober, 2012) and known to have a negative impact on provision of care and patient outcomes (SAMHSA, 2008). Moreover, effective clinical supervision plays an important role in the adoption and implementation of evidence-based practices among counselors (Martino, Ball, Nich, Frankforter, & Carroll, 2008), which is another aspect of best healthcare practices.

On the patient level, effective clinical supervision may indirectly improve patient care and patient outcomes because the positive alliance between clinical supervisor and counselor is related to better counselor performance (Laschober et al., 2013). Counselors are the frontline professionals who provide more patient care and have more interactions with patients than other professionals working in substance abuse treatment such as nurses and physicians. Thus, continuous effective clinical supervision in the form of feedback, reinforcement, and support is important for counselors' own professional development as well as the delivery of high quality healthcare services.

To be optimally effective, clinical supervisors and counselors should have similar expectations regarding the purpose and goals of clinical supervision, which should be discussed and agreed upon early in the supervisory relationship. There is some evidence that supervisors' perceptions of what they provide to counselors in clinical supervision diverge from what is reported by counselors (Laschober et al., 2012). Aligning clinical supervisor and counselor expectations should foster more positive interactions between clinical supervisors and counselors as well as between counselors and patients, resulting in higher quality healthcare delivery.

Taken together, effective clinical supervision is an important part of counselors' personal and professional development, particularly for those who have less formal education and training in substance use disorder treatment counseling. Effective clinical supervisors help counselors identify issues and solutions to a variety of often complex patient needs according to accepted standard practices in the substance use disorder treatment field. Accordingly, it is important to promote and encourage effective clinical supervisor-counselor relationships to meet the needs of both counselors and patients alike.

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1. Clinical supervision is distinctly different from administrative supervision in that the main goal of clinical supervision is to \_\_\_\_\_ counselors.
  - a. Train
  - b. Educate
  - c. Support
  - d. Guide
  - e. All of the above
2. Junior counselors look to their clinical supervisors for \_\_\_\_\_.
  - a. Leadership
  - b. Clinical direction
  - c. Professional training opportunities
  - d. Encouragement
  - e. All of the above
3. \_\_\_\_\_ are the gatekeepers to ensuring that patients receive the highest quality of care based on accepted standards of practice.
  - a. Counselors
  - b. Clinical supervisors
  - c. Administrative supervisors
  - d. Medical directors
4. Which of the following is NOT an effective form of clinical supervision?
  - a. Individual supervision
  - b. Group supervision
  - c. Direct observation of counselor-patient interactions
  - d. Patient survey
  - e. Review of video and/or audio tapes
  - f. Transcript reviews
  - g. Teleconferencing
5. Which of the following is NOT one of the four As of effective clinical supervision?
  - a. Available
  - b. Accessible
  - c. Able
  - d. Accountable
  - e. Affable
6. Unlike other healthcare fields, effective clinical supervision in substance use disorder treatment is a relatively new practice.
  - a. True
  - b. False
7. The majority of counselors entering the field with at least a Bachelor's degree and approximately \_\_\_\_\_ of them entering with a Master's degree.
  - a. One-fourth
  - b. Half
  - c. Two-thirds
  - d. Three-fourths
8. Every state has the same standard and required educational, credentialing, and licensure requirements for counselors providing direct care to patients in substance use disorder treatment programs.
  - a. True
  - b. False
9. When a counselor modified his/her behavior in response to a supervisory feedback is referred to as \_\_\_\_\_.
  - a. Distributive justice
  - b. Job autonomy
  - c. Relational performance
  - d. Task performance
10. \_\_\_\_\_ are the frontline professionals who provide more patient care and have more interactions with patients than other professionals working in substance abuse treatment.
  - a. Counselors
  - b. Nurses
  - c. Physicians
  - d. Interns