When We Get Behind Closed Doors: Clinical Supervision for Client Safety and Clinician Growth

Alan Lyme, LISW, ICCS, ICADC

alyme@phoenixcenter.org
Principles

It’s about the relationship!!!
Stage of readiness
Direct observation
Know your model of treatment
Recommendations
1. An essential part of our program.
2. Supervision enhances retention & morale.
3. Every clinician needs/has a right to supervision. Supervisors need supervision.
4. Senior management support
5. The crucible where ethics are reinforced.
6. A skill by itself!
7. Supervisors usually are administrative & clinical supervisors.
8. Culture & other contextual variables influence the supervision process; supervisors need to continually strive for cultural competence.
9. Evidence-based practices require ongoing supervision.
10. Supervisors are gatekeepers.
11. Direct observation
Principles of Supervision

- It’s about the relationship!!
- You begin with:
  -- their stage of readiness
  -- direct observation
- Offer hope, strength-based
- Know your model of treatment & supervision
INTERVENTIONS WITH STRONG BASE OF SCIENTIFIC EVIDENCE FOR MENTAL HEALTH & SUBSTANCE USE DISORDERS
EBP’s Top 10

1. MI
2. Relapse Prevention
3. Matrix Model
4. CBT
5. Pharmacotherapy
   Methadone, Antabuse, Buprenorphine, Naltrexone, Suboxone
6. 12 Step Facilitation
7. DBT
8. Brief Interventions
9. Solution-Focused Brief Therapy Management
10. Contingency Management
Project MERITS
(Managing Effective Relationships In Treatment Services)

- **NIDA’s National Drug Abuse Treatment Clinical Trials Network (CTN)**
- Data collected from 740 counselors and 198 clinical supervisors.
- **In recovery:**
  - Counselors: 38.3% in 2007, 42.5% in 2009
  - Clinical Supervisors: 30.4% in 2007, 46.9% in 2009
1. Counselors & supervisors only moderately satisfied with supervisory relationships.
2. Both report negative experiences in supervision.
Supervisors report somewhat higher satisfaction with the supervisory relationship than do counselors.

3. We think we're doing better than supervisees.
4. Both dissatisfied with pay & promoteability.
5. Both intend to quit.

35-40% of counselors,
22% of supervisors
6. Neither optimistic about finding other work.
7. As supervision improves, so does job satisfaction.
8. Associated with less perceived role overload, stress, burnout, weaker intentions to leave.
9. Non-recovering counselors--significantly lower job satisfaction, organizational commitment, higher turnover intentions.
10. They report higher perceived employment options elsewhere, higher job stress, burnout, higher expectations about their impact on clients’ recovery.
The goal of supervision is to ensure **competency**. Competency should be defined by **outcome**. DOES IT WORK?
Session Rating Scale

Relationship
I did not feel heard, I felt heard
understood & understood &
respected respected

Goals & Topics
We did not work on We worked on
or talk about what I & talked about
wanted to work on what I wanted
to work on & talk about
Approach or Method

The Therapist’s approach is not a good fit for me

Overall:
There was something missing in the session today

Overall, today’s session was right for me
Implications for Supervision

1. **Focus on what works! On practice-base evidence, not evidence-based practice**

2. **De-emphasize medical model of psychotherapy & manualized treatment**

3. **Teach skillful therapeutic action; know your theory (musician learns theory first)**

4. **Choose the therapy that fits the patient (the style that fits the supervisee)**
What is Clinical Supervision?
Supervision Defined

- The Definition of Supervision in Webster’s Encyclopedic Unabridged Dictionary of the English Language (1996) is:
  “To oversee”
- Loganbill, Hardy, & Delworth (1983) define supervision as “an intensive, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person”.
Supervision Defined
(Bernard & Goodyear, 2004)

• “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, and has the simultaneous purposes of enhancing that professional functioning of the junior member(s) monitoring the quality of professional services offered to the clients she, he or they see(s), and serving as a gatekeeper for those who are to enter the particular profession”.
Definition of Clinical Supervision

“A disciplined tutorial process wherein principles are transformed to practical skills on four dimensions: Administrative, Evaluative, Supportive, and Education/ Clinical.”

(Powell)
3 Roles of a Supervisor

- Supervisor = **mentor**, inward journey of heart
- Supervisor = **visionary**, outward journey of sight
- Supervisor = **coach/teacher**, upward journey of mind & skills
Rationale for Supervision

- What a way to learn!
- Primary way field is taught
- It improves morale and care
- Clinical responsibility is shared
- People grow professionally and personally
- “No Lone Rangers, please!”
- Administrative monitoring
- We must supervise ethically and legally
Isomorphism

What exists in one environment is mirrored in another.

Parallel Process
CASE MANAGEMENT & CLINICAL SUPERVISION

**Case Management**
- Focus on patient
- Patient Placement
- Continuum of Care
- Multiple Reviews

**Clinical Supervision**
- Focus on Therapist
- Patient Care
- Skill Development
- 1 Case Presentation
Self-Assessment Questions

- What are the 3 most important/pressing issues for your unit/facility?
- Rate yourself as a supervisor (1= low, 5= excellent)
  -- Amt. of time spent in direct observation of supervisees
  -- Your availability for supervision
  -- Your review of clinical records/charts
- What 3 things do you need to improve upon as a supervisor?
Principles In Making Legal & Ethical Decisions

1. What principles do you use when deciding if something is legal? Ethical?
2. What do you consider to be clearly illegal? Unethical?
3. What issues are “gray” for you?
Assumptions

1. Ethics is a continuous, active process
2. Standards are not a rote cookbook. They tell us *what* to do, not always *how*
3. Each situation is unique
4. Therapy is done by fallible beings
5. Sometimes answers are elusive
Bibliography

✓ Janet Elizabeth Falvey, *Managing Clinical Supervision: Ethical Practice and Legal Risk Management*


1. Is it legal?
2. Is it balanced, fair, ethical
3. How will I feel about myself?
QUESTION

What was your greatest dilemma?

How did you resolve it? What principles did you apply?
Ethics Principles

• Autonomy
• Non-Maleficence
• Beneficence
• Justice, Fairness
Autonomy

- Tell the Truth
- Respect privacy
- Protect confidentiality
- Obtain consent
- Help others make decisions
Legal & Ethical Issues

1. Respondeat Superior
VICARIOUS LIABILITY

Supervisors may be held liable for damages occasioned by the negligence of a supervisee solely as a result of the supervisory relationship.
The Key Question

Did you make a **REASONABLE EFFORT TO SUPERVISE**?

(“I’ll have Supervision for 500, please Alex…”)
What’s a reasonable effort?

1 hour for every 20 contact hours.

Average weekly breakdown:
20 hrs. direct contact (50%)
8 hrs. indirect contact (20%) – paperwork, continuing care, family contact, referrals etc.
8 hrs case-management/meetings/training (20%)
4 hrs holiday/sick (10%)
• Since last meeting, any concerns about clients? Are any patients dangerous or suicidal?
• Any concerns about confidentiality?
• Any duty to warn?
Legal & Ethical Issues

2. Dual Relationships
#3. You’re having hard financial times & might have to declare bankruptcy if you don’t sell your house. You put your house up for sale. After 12 months there are no buyers. The only person to come to an open house is a client who says, “I’d love to buy it. Although I’d be buying it anyway, it is nice that it will help you too.”

1. How do you feel? What would you do?
2. What are your options?
Ethical Considerations

- Supervision is an inherently unequal status
- Unequal power & expertise
- Therapy-like qualities
- Expectations of growth, evaluation
You’re a clinical supervisor & have supervised Eloise for 2 years & watched her progress in her skills & professionalism. Lately, you’ve been concerned about her relationship with a much younger female client who completed the 10 week IOP 2 months ago & participates weekly in a continuing care group in the program. The client visits the agency 3x a week to see Eloise. You became aware of her visits after noticing her in the waiting room on occasions. The client & Eloise spend the time chatting in the hall & have been seen going for brief walks together outside of the agency grounds.

You raise the issue with Eloise who said that the client was “my surrogate daughter”. They attend 12-Step meetings together as both are in recovery. Eloise says she’s offering a role model to the client who “never had a mother figure in her life”. Eloise expresses no reservations about the relationship.

You see the relationship between Eloise & the client as a boundary issue. When you raised your concern with Eloise, she becomes defensive & told you that you are “over-reacting.” She says “people have taken newcomers to AA meetings for over 50 years & nobody has thought it was an ethical problem,” and accuses you of “picking on her” because she is a woman.
Designing Supervision
How to get at information

Indirect methods:
- Written & verbal records
- Forms, files
- How person interacts with staff
- “Holiday Inn” Surveys: client evaluations
✓ Audio, videotaping
✓ 1-way mirror
✓ Joint sessions
✓ Bug-in-the-ear, phones
✓ In vivo

Peer supervision
To Intervene or Not

- Urgency - What if I don’t intervene?
- Might supervisee make the intervention?
- Will it be successful?
- Undue dependence?
What to do/What Not to do

- Beware of intrusiveness
- Limit the # of interventions
- Include positive reinforcement
- Limit the amount of information
Primary methods of supervision
Modes of Supervision in Substance Abuse Field

- Observe individual
- Observe group
- Review notes
- Review audio/video
- Verbal report
- Other
Heisenberg Effect
Best Practices
Components in Quality
Clinical Supervision

1. Senior Management support
2. Staff training about supervision
3. Train supervisors
4. Supervision of supervision
5. Consistency
6. TIME
7. A model
Supervising to Help Counselors Make Fewer Mistakes
Bibliography

• Cummings, *Destructive Trends in Mental Health*

• Kottler, *Bad Therapy*

• Schwartz, *How to Fail as a Therapist*
• 20-57% of patients don’t return after their initial session
• 37-45% only attend therapy 2 sessions
• Client dissatisfaction with counselor is #1 reason for early termination
Define “Bad Therapy”

• When either client or counselor is not satisfied with the results.

• When that outcome can be traced to the counselor’s repeated mistakes.
The client ends up worse after counseling:

- When the therapist was passive.
- It was a waste of time
- Unclear expectations
- Counselor was un-empathetic
- Client didn't feel safe
What is “Bad Therapy?”

- When counselor doesn’t listen to client & follows own agenda
- Makes same mistakes over & over again
- Inflexible, reluctant to make needed adjustments
- Not sure where you’re going
- Arrogance, overconfidence, narcissism; We’re not as smart as we think we are
- Internal feeling of ineptitude
- Failure to create therapeutic alliance
- **Using obsolete, untested methods**
- **Losing control of self/counter-transference issues; Overly personal; Boundary issues**
- **Making invalid assumptions; Trusting one’s intuitions**
How to Ruin the Therapeutic Alliance

1. Emphasize technique over relationship
2. Don’t communicate empathy/support
3. Believe empathy & unconditional positive regard means liking the patient
4. Don’t elicit feedback about the alliance
5. Ignore non-verbals
6. Respond defensively to negative client feedback
Your Experience

1. Your worst therapy session? What happened?
2. What made this session so awful for you (the client)?
3. What is it like to revisit that experience & talk about it?
4. What would you have done differently?
5. What did you learn from that experience? What could others learn from it?
Trust!

"It takes years to build trust, and a few seconds to destroy it"

- Trust means “confidence” in their integrity & abilities
- The opposite of trust is “suspicion”
Exercise

- Think of someone with whom you have a high trust relationship
- Describe this relationship. What’s it like?
- How well do you communicate?
Think of someone you have a low-trust relationship with.

Describe the relationship? What’s it like? How does it feel?
“The moment there is suspicion about a person’s motives, everything he does becomes tainted.”

Mahatma Gandhi
Questions of the Day

- Do you trust your boss?
- Does your boss trust you?
- Do you trust your supervisees?
- Do your supervisees trust you?
PRESENCE in Supervising
Lack of Mindfulness

✓ Rushing thru activities
✓ Careless attention
✓ Failure to notice subtle feelings
✓ Forgetfulness, on auto pilot
✓ Preoccupied with the future/past
✓ Eating without being aware of eating
“The True Journey of discovery consists not in seeking new landscapes but in having fresh eyes.”
Marcel Proust
Assumptions

1. Radical acceptance
2. Less is better
3. Elicit not impose
Ambivalence Happens
The only way to connect with other people is to experience them, not think about them.
“We heal out of who we are.”

Parker Palmer
“Counselors can’t counsel from beyond whom they have become.”

Carl Rogers
“Strengthen the vessel first to carry more light.”
Kabala saying
Don’t offer answers. Offer compassion, openness, simple presence
Magical words: “I don’t know”
Counseling is about intimacy, at the heart of intimacy is vulnerability
Your greatest gift is your *wholeness*

Listening = holy silence
The Chinese characters that make up the verb "to listen."
Before every session, take a moment to remember your humanity
What storms are you weathering?

I’ve had a lot of problems in my life. Some actually happened.
The longest trip a counselor will ever take is the journey from the head to the heart.
3 Principles of Healing

1. If we don’t transform our pain we transmit it!

2. Transformed people transform people

3. Love transforms people
It may be when we no longer know what to do, we have come to our real work, & when we no longer know which way to go, we have begun our real journey.

Wendell Berry
"You must realize that desire is the cause of almost all unhappiness—but, just out of curiosity, where could I get a suit like that?"
How to be a Better Supervisor

1. Practice mindfulness
2. Read good books
3. Offer the day up
4. Play music to soothe your Spirit
5. Have an attitude of gratitude
6. *
If you have the courage, love your patients so they may learn how to love themselves.
“My teacher said, ‘You have fine technique, great virtuosity, but you haven’t found yourself yet.’

I finally saw that musicianship is not about technique but love, giving, generosity.”
So, are you willing to share your compassion, caring, generosity, and yes, your love, with your supervisees and patients?
"You mean I do the Hokie Pokie and I turn myself around, and that's what it's all about?"
Ethical Will to your Staff & Clients

What Lessons & Principles would you want to leave behind?