Clinical Supervision: What you need to know to grow counselors
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Training Overview & Agenda
- Defining Clinical Supervision
- Elements & Components of Effective Clinical Supervision
- Counselor Competencies
- Relationship Issues in Supervision
What is Your Definition of Clinical Supervision?

Think about your own definition of clinical supervision

- What elements would your definition include?
- Is your definition based on your experience as a supervisee?
- What was missing in your supervision that you feel are important?

Clinical Supervision: A Definition

“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)
Clinical Supervision Defined

“A disciplined tutorial process wherein principles are transformed into practical skills with four overlapping foci:

- Evaluative
- Supportive
- Administrative
- Clinical"

Powell, 2004

First things first.....

- Make sure you meet the requirements in your state to provide CS
  - Each state may have different requirements of what licensure can provide supervision of a licensee
  - 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?
Current Workforce Challenges

- Not enough SUD counselors
  - High turnover
  - Aging
  - Difficulty recruiting new counselors
- Lack of professional support & collaboration
- Limited CE training opportunities
- Lack of access to a quality clinical supervisor, which leads to
  - Low job satisfaction
  - Burnout and turnover

(Kanz, 2001; Reese et al., 2009)

The State of Clinical Supervision Today

Inconsistencies in substance use disorder treatment:
- How clinical supervision is defined
- Whether or not supervision is a priority
- Available resources for self-care of treatment staff
- The proper diagnosis and treatment of patients
- The training needs of staff
- Tele can help make all of this better…but it’s not perfect....
Issues Effecting Clinical Supervision

- Lack of time
- Lack of trained clinical supervisors
- Lack of funds – block grant, insurance
- Lack of support – is it a priority
- Lack of consistency
- Lack of state regulations nationally

Parallel Roles in Development:
The client’s, the counselor’s and the supervisor’s

As “Champions” of workforce development, Clinical Supervision:

- Provides support for growth opportunities
- Fosters self-motivation and a desire to learn
- Can be promoted as a benefit (for skill improvement)

Creating the best client care possible is the most important reason for supervision
Elements & Components of CS

“Supervision is an opportunity to bring someone back to their own mind, to show them how good they can be.” ~ Nancy Kline.

Components of Clinical Supervision

- Interpersonal
- Tutorial relationship
- Skill development
- Professional growth
- Learning and practicing
- Observation
- Evaluation and feedback
- Acquisition of competence
- Effective patient care
- Professional responsibilities
The relationship in supervision is as important as the relationship with the patient in the counseling relationship. Gallon, Hausotter, and Bryan (2005) propose a list of important characteristics of a healthy supervisory relationship including:

- Bi-directional trust, respect and facilitation
- Commitment to enthusiasm and energy for the relationship
- An adequate amount of time committed to supervision
- Sensitivity to supervisee’s developmental needs
- Clarity of expectations and regular feedback
- A non-defensive supervisory style
- Clear understanding of the rights and responsibilities of both supervisor and supervisee

Four Primary Goals of Clinical Supervision

- Promoting Professional growth and development
  - This may also include “gatekeeping”
- Protecting the welfare of clients
  - Teaching ethical decision-making
  - Teaching “scope of practice”
- Monitoring counselors’ performance
- Empowering the counselor to “self-supervise”
Roles of the Clinical Supervisor

- **Teacher**
  - An intensive learning experience
  - Professional development
- **Sounding Board**
  - Non-clinical counseling
  - Support and encouragement
- **Mentor**
  - Role model
  - Coach
  - Direction and guidance
- **Evaluator**
  - Goal setting
  - Performance review
  - Observe
- **Consultant**
  - Problem solver
  - Ethical and legal monitoring
- **“Empowerer”**
  - Instilling self-efficacy/motivation
  - Encouraging independence

Principles of Clinical Supervision

1. **Clinical supervision is an essential part of all clinical programs.** Clinical supervision is a central organizing activity that integrates the program mission, goals, and treatment philosophy with clinical theory and evidence-based practices (EBPs). The primary reasons for clinical supervision are to ensure:
   1. quality client care
   2. clinical staff continue professional development

2. **Clinical supervision enhances staff retention and morale.**
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3. Every clinician, regardless of level of skill and experience, needs and has a right to clinical supervision. In addition, supervisors need and have a right to supervision of their supervision.

4. Clinical supervision needs the full support of agency administrators.

5. The supervisory relationship is the crucible in which ethical practice is developed and reinforced.

Principles of Clinical Supervision

6. Clinical supervision is a skill in and of itself that has to be developed.

7. Clinical supervision in substance use disorder treatment most often requires balancing administrative and clinical supervision tasks.

8. Culture and other contextual variables influence the supervision process; supervisors need to continually strive for cultural competence.
9. Successful implementation of EBPs requires ongoing supervision.

10. Supervisors have the responsibility to be gatekeepers for the profession. More than anyone else in an agency, supervisors can observe counselor behavior and respond promptly to potential problems, including counseling some individuals out of the field because they are ill-suited to the profession.

11. Clinical supervision should involve direct observation methods.

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**Principles of Clinical Supervision**

**Supervisory Responsibilities**

- Establish goals for learning/professional growth
- Be prepared
- Educate self
- Adopt a learning style
- Orient to various techniques
- Observe the work
- Conduct needs assessment
- Give accurate feedback
- Encourage
- Motivate
- Model
- Expect much
- Care
Supervisory Tasks that Support the Adoption of Evidence-based Practices

- Be an effective change agent within the organization including advocating for administrative and clinical changes necessary to sustain implementation of EBPs
- Develop and maintain a working knowledge of current research in order to assist in selecting appropriate EBPs and to be able to maintain fidelity in the use of the intervention
- Seek training in effective treatment strategies and EBPs
- Support/provide training to clinical staff on EBPs
- Provide appropriate supervision to sustain the use and fidelity of EBP

Adapted from Supporting the Faithful Use of Evidence-Based Practice’ ATTC – New England

Eight Steps of Mentoring and Clinical Supervision

- Agree to work together
- Define and agree on a learning goal
- Understand the value of the goal
- Break goal into manageable parts
- Pick styles and methods of learning
- Observe and evaluate
- Provide feedback
- Demonstrate competency and celebrate

Adapted from Clinical Supervision I – Building Clinical Supervision skills, Northwest Frontier ATTC
TAP 21A Foundation Areas of Clinical Supervision

The broad knowledge and concepts essential to supervisory proficiency

1. Theories, Roles and Modalities of Clinical Supervision
2. Leadership
3. Supervisory Alliance
4. Critical Thinking
5. Organizational Management and Administration


TAP 21A Performance Domains of Clinical Supervision

Specific responsibilities and abilities essential to protecting client welfare, achieving agency goals and improving clinical services

1. Counselor Development
2. Professional and Ethical Standards
3. Program Development and Quality Assurance
4. Performance Evaluation
5. Administration

Implementing These Competencies

Research indicates that successful change requires:

- A comprehensive plan
- Management support
- Effective leadership
- A period of effort sufficient for the change to become a normative practice


Implementing These Competencies

If your agency is promoting change in the provision of clinical supervision, counselors need to be introduced to the new supervisory paradigm:

- Being observed
- Receiving feedback
- Negotiating individual development plans
Content, Goals and Learning Plan

- 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
  - Counselor assessment of skills, application of theory base
    - “XXX is a 39 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...
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LEARNING AGREEMENT

- 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

Developing an Individual Development Plan

Goals should have:
- A clearly stated, attainable, specific, measurable and observable outcome.
- Specific action steps to bring about the outcome.
- Specific procedures to evaluate the outcome.
- Expectations for clinical supervision
- Counselor’s experience and readiness for the position
- Procedures used to:
  - observe the counselor in practice
  - determine the counselor’s reasoning, conceptualization and decision-making skills
  - evaluate the counselor to determine progress
  - intervene to help the counselor achieve supervision goals
- Recommended assignments and tasks
Three Levels of Counselor Development

Level 1
- Just entering the field, trying to integrate theoretical models into their new experiences with patients.
- Can be very enthusiastic and idealistic.
- May be nervous about their lack of experience and the evaluation of their supervisor of their developing skill.
- Supervisory interventions recommended are forms of observation of actual practice.
- Need feedback from seasoned supervisors on specific interventions as well as “use of self” to develop an awareness in the moment of what skills are being used and why.

Level 2
- 1-2 years of closely supervised experience, increasing confidence and comfort with a wide range of skills.
- May begin to look for additional experiences with new or more challenging models of treatment.
- Supervisor may use direct observation techniques and the counselor at this level can be increasingly challenged to provide a rationale for intervention choices.
- Constructive criticism and feedback used in conjunction with exploring and eliciting an evaluation from the counselor.
- More ready to identify personal feelings, transference and counter-transference in the context of an empathic and supportive supervisory relationship.
Three Levels of Counselor Development

Level 3

- More autonomous.

- Supervisory relationship more egalitarian with both partners exploring interventions, models of treatment, use of self, emotional responses, transference and counter-transference reactions.

- Supervisor takes an empathic stance as a partner in the counselor’s continuing development of skill.

- Supervisor can help to identify signs of “burn-out” or compassion fatigue and work with the counselor to prevent it from progressing.

How to Present a Case

- Client progress
- Intervention used
- Relationship with client
- Prognosis
- Treatment plan review
- Counselor’s concept of case
- Inter-Disciplinary
- Statement of client progress in the ASAM Dimensions
- Comments or recommendations for continued care
- Documents next steps with authority from the team
Content of Supervisory Sessions

- How experienced is the supervisee?
- What are strengths and weaknesses?
- What training as an alcohol and drug counselor does he or she have?
- What type of clients are served?
- Is the counselor certified?
- Is there any previous supervisory relationship?
- Affective qualities
- Helping skills
- Transference and counter-transference
- Ethical issues

Content Areas Commonly Addressed in Supervision

- Group facilitation skills
- Intervention skills
- Cultural diversity issues
- Gender issues
- Treatment planning
- Relapse prevention strategies
- Counseling resistant patients
- Relationship issues in supervision
- Preparation regarding information gathering, intervention techniques, content, and methods of learning
Get Information

- By watching him/her work

- Case presentations
  - Client progress
  - Interventions
  - Dynamics of the client-counselor relationship
  - Counselor’s prognosis
  - Treatment plan goals
  - Counselor’s perception

Modalities of Supervision

**Individual Supervision:**
- Time consuming
- May increase miscommunication among staff
- Does not provide counselors with opportunities to learn from each other
- Distance supervision (individual and group), by telephone or email has also been used
- Post-session debriefing
- Confidentiality can be better preserved
- Counselors may feel safer and more comfortable
- Individual needs can be better addressed
- Greater depth and honesty may be established
Modalities of Supervision

Group, dyadic and triadic supervision:
- two or more supervisees meet with a supervisor
- saves time and money
- encourages team approach/peer feedback
- promotes staff interaction
- supports fairness
- there is less dependence on the supervisor
- reduces fear and anxiety
- more opportunities for team-building, role-playing and simulations
- individual supervisees may not get what they need in a group
- shame and embarrassment can result from self-disclosure to peers
- supervisors have to be attuned to group process
- research has generally supported the effectiveness of group supervision

Supervisor Actions

- Demonstrations
- Role Play
- Role Modeling
- Video Tape/Recorder
- One Way Mirror
- Bug in Ear
- In-person Observation
Evaluation of Counselors

- First step: Building a collaborative relationship
- Two types of evaluations:
  - Formative – ongoing status of skill development
  - Summative – formal rating of job performance
- Goal of CS: To ensure quality
- Two important tasks of CS:
  - To educate counselor on what to expect in supervision
  - To evaluate counselor progress on a regular basis

What can Enhance “Good” Feedback?

- Supervisor demonstrates expertise
- Information gathered through direct observation
- Alternatives offered to supervisee
- Given in a supportive and trusting relationship
Feedback Least Preferred by Supervisees

- Unannounced observations
- No feedback
- Vague
- No suggestions or specifications for improvement
- Perfunctory or indirect delivery
- Information withheld
- Hurtful delivery

Reasons for Difficulty Giving Feedback

- Misperception that feedback disturbs relationship
- Seen as potentially punitive
- Unidirectional process
- Lack of clear definition of competency
- Lack of time, experience
- Fear of liability, damaging a person’s career, reputation
- Interpersonal issues
"I believe that a different therapy must be constructed for each patient because each has a unique story." - Irvin D. Yalom

The purpose of administrative supervision is to assure compliance with agency policies and procedures, productivity expectations, formats and models. Many clinical supervisors have both administrative and clinical supervisory responsibilities and it can be difficult to juggle both roles.

Differences in Purpose; Outcomes; Timeframes; Agenda; Basic Process
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...

Developing a Relationship With Supervisee

Discover how s/he is motivated.

Immediate task: conduct a thorough needs assessment

- Knowledge and skills
- Learning style
- Perceptual skills
- Suitability for work setting
- Motivation
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....

Parallel Process in Supervision

What is happening in the supervisor-counselor interaction may mirror what is happening in the counselor-patient relationship.

- Parallel process can inform the supervisor and supervisee of conflicts or problems in the counselor-patient relationship; awareness can provide a means for resolution.
- The work done to resolve the conflict in the supervisory relationship can serve as a model for the counselor to bring back to the relationship with the client; it can build empathy for the patient.
Boundary Issues: Isomorphic Influences

- Similarities between therapy and supervision
- Supervisors use “what they know” in their supervisory role
- Supervisors model therapeutic behavior in supervision
- Supervision is the “isomorph” of therapy (a near-replication)
- **A good clinical supervisor is a therapist doing supervision, not a supervisor doing therapy**

“BEING A THERAPIST IS EASY. ALL YOU DO IS JUST LISTEN TO PEOPLE.”
ME:

Parallel Process

**me:** I'm fine

**my therapist:**

The supervisee’s interaction with the supervisor that parallels a client’s behavior with the supervisee
Parallels to Counseling: Critical Conditions for Change

Relationship and three crucial conditions

1. Self-motivation emerges with a strong alliance
2. Self-identification of internal resources for change
3. Self-enacted change

Supervisory Styles and Contributing Factors

Level 1 counselors may need more practical information and work on clinical skills (task-oriented style).

Level 2 and 3 counselors, who may be dealing with complex countertransference issues, for example, might benefit from an interpersonally sensitive style (Powell & Brodsky, 2004).
Cross-Cultural Supervision

Clinical supervision must address gender, racial, ethnic and cultural concerns.

- awareness, openness
- sincere attention to cultural and ethnic factors
- discussion of culture-specific issues
- being vulnerable, sharing, and providing opportunities for multicultural activities
- ethnic, racial and cultural issues will arise when supervisor and supervisee are of different cultures

Ethical and Legal Guidelines for Supervisors

Competence

- Lack of training/education
- Working beyond one’s capability
- Clinical supervision
- Professional development
- Cultural sensitivity
Ethical and Legal Guidelines for Supervisors

- Avoid a counseling relationship.
- Due process.
- Contract to clarify roles and goals.

Dual Relationships and Boundary Issues

- Sexual contact
- Personal counseling by the supervisor
- Social relationships

Boundary Issues: Dual Relationships

- Supervising a former peer
- Supervising a friend
- Sponsoring a supervisee in AA
- Developing a business relationship with a supervisee
- Supervising a family member
- Supervising an intimate partner
- Allowing supervision to slip into psychotherapy
Legal and Ethical Issues

- Your obligation
- Think about consequences
- Ethical decision-making
- Ethical dilemmas
- Duty to warn
- Dual relationships
- Informed consent
- Impaired counselor
- Confidentiality
- Peer support group attendance
- Public meetings

Legal and Ethical Issues

- Documentation—supervision
- Avoid relationship
- Due process
- Contract for clarity
- Examine competence
- Encourage continuing education/training
- Dual relationship/boundary issues
Promoting Ethical Thinking

- You have an ethical responsibility to ensure the counselors you supervise adhere to ethical practice.
- Group supervision is an excellent forum in which ethical dilemmas can be explored.
- In individual supervision, the supervisor should always explore ethical issues when reviewing a session with a counselor.
- Counselors face ethical decisions every day. Unfortunately, counselors have been known to choose the wrong answers without even thinking.

Ethical and Legal Guidelines for Supervisors

Documentation

- A clearly defined outline of the frequency of supervision (e.g., weekly, bimonthly)
- A method of identifying client problems
- Careful delineation of the treatment plan
- Description of how to implement the treatment plan
- Discussion of desired and expected outcomes, as well as probable pitfalls in accomplishing the treatment plan
Resolution of Conflicts in Supervision

- Open and frank discussions
- Describe a satisfactory relationship
- Identify steps to reach a satisfactory relationship
- Share goals to gauge similarities and differences
- Acknowledge counselor’s challenges
- Recognize, appreciate, and understand counselor
- Working through conflicts strengthens relationships
- Resolution: listening, understanding, and clarifying the relationship

Supervising the “Resistant” Counselor

- Avoid labeling
- Avoid “power struggles”
- Elicit self-motivating statements
- Emphasize personal choice
- Reframe information
- Recognize level of self-confidence
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What’s Technology Got to Do With It?

Today’s Challenges

- High cost of travel
- Amount of travel time
- Time away from providing services
- Lack of access to a qualified clinical supervisor
E-Supervision

- Cannot entirely replace face-to-face
- May appeal to the (ahem) younger generation
- Skype, Go-To, email, text, telehealth units
- Does the supervisees culture hinder using tech?

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

Literature Supports TBCS

- Effective for individual supervision, group supervision, and didactic teaching
- Ability to provide feedback in a timely manner improves counselor development
- Hybrid model is positively related to attitudes toward technology in counselor education, future professional practice, and the overall supervisory experience
- Quality of e-supervision is equal to or better than traditional supervision

(Byrne & Hartley, 2010; Conn et al., 2009; Dudding & Justice, 2004; Rousmaniere et al., 2014; Panos, 2005; Reese et al., 2009)
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Key Benefits to Technology-Based Clinical Supervision

1. Increases access to quality supervision
2. Enhances cultural competency
3. Strengthens professional identity
4. Supports program integration
5. Shepherds in a new era of technology
6. Promotes fidelity to evidence-based practices

E-Supervision

Benefits
- Diversity—enhances access to other populations far away
- May decrease inhibitions
- Expands field of accessible supervisors
  - Particularly helpful in rural areas
- Sets foundation for new era of technology
- Safety (transportation vs. not)
- Reduce isolation in rural areas
Benefits:
- Easy to use
- Allows for thoughtful exchange without time constraints; prompts reflection
- Lowers inhibitions
- Allows for record-keeping
- Use for providing feedback or answering non-urgent questions that do not include confidential information.

Provides better use of resources, is cost-effective, reduces travel time
Technology allows greater access to supervisors

- Increases supervision in areas where qualified supervisors may not be available
- Allows access to supervisors with a specific population expertise
- Allows access to supervisors with specific therapeutic technique expertise

And More.....

- Using technology allows for direct observation of clinicians in the communities in which they work, which has positive implications for building cultural competency

(Byrne & Hartley, 2010)
E-Supervision

- Drawbacks
  - Confidentiality of pt information (use initials or numbers)
  - Constantly changes
  - Email etc is easily misinterpreted
  - May not get email/text in a timely matter

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
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?
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
QUESTIONS AND ANSWERS WITH YOUR PRESENTER

REFERENCES

- Clinical Supervision I – Building Clinical Supervision skills, Northwest Frontier ATTC
- Personal experience and trial and error!