

Making a Case for Clinical Supervision

Learning Objectives

Participants will:

1. Understand scope and components of clinical supervision
2. Learn how to incorporate the Common factors Approach to clinical supervision
3. Articulate the value of clinical supervision in treatment settings

Sexual Contact

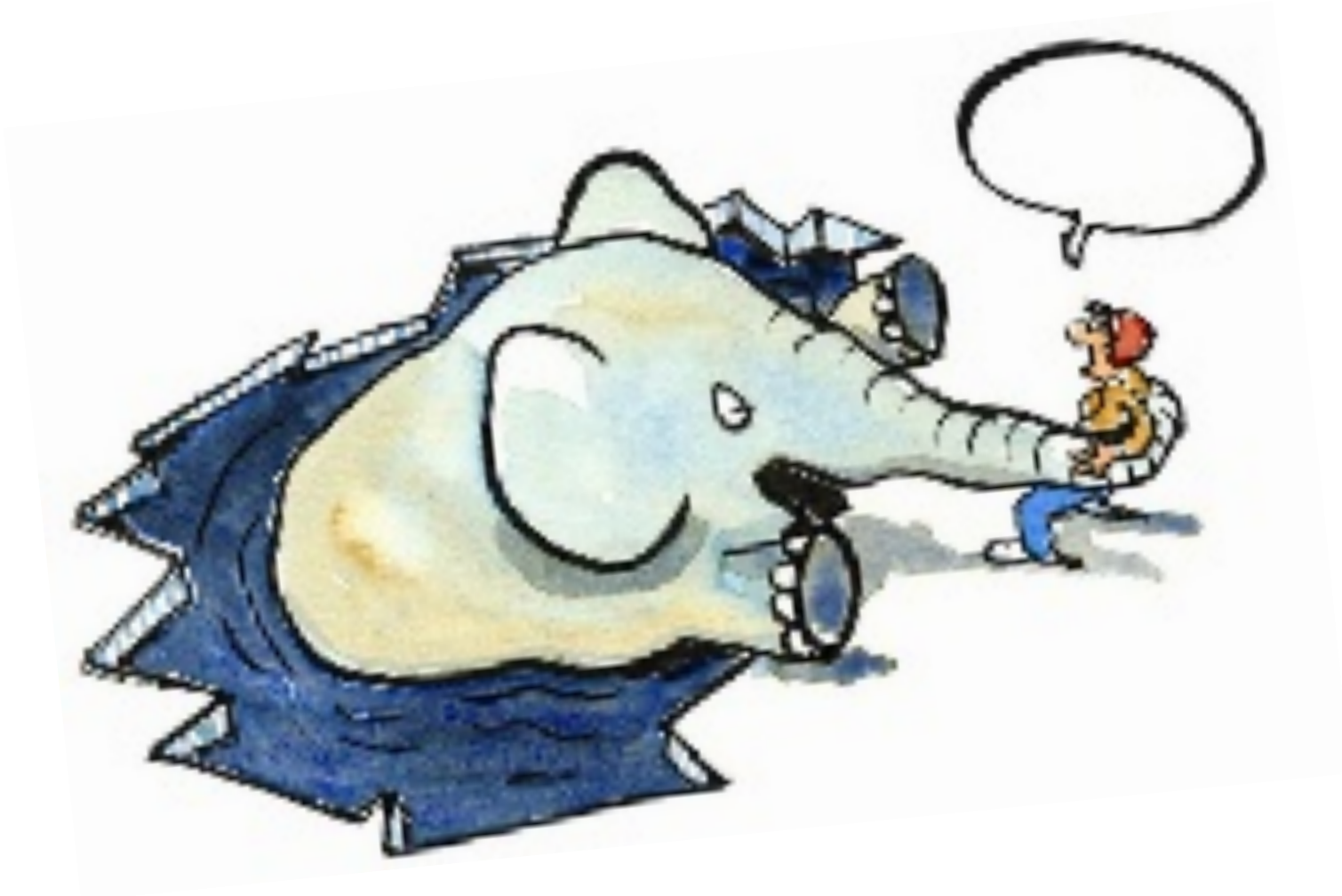
- Vulnerable Adult (VA) reported sexual relationship with a staff person (SP), an intern, after he/she left treatment
- SP reported having a crush on VA while they were in the same college classes
- SP pursued VA via email and phone messages
- VA met SP and had sex
- Senior staff had no knowledge that intern knew VA previously although SP said he/she informed supervisor of this

- SP reported VA contacted SP about difficult times and SP met VA at a café to discuss difficulties several times
- SP reported VA became aggressive when SP suggested they should not communicate further
- SP reported VA continued to be harassing and a Petition for Harassment Restraining Order was filed by SP against VA
- SP denied having a sexual relationship with VA
- VA provided description of identifying tattoo on SP's body that indicates it was likely that there was sexual contact between VA and SP
- It was not determined whether sexual abuse occurred because the VA was no longer a client of the facility and it was not determined that SP acted as a caregiver in his/her role at facility

Allegations of Neglect

- VA's illness history indicated it was likely the VA would require continued supports to develop and maintain sobriety
- SP's interactions likely hindered VA's ability to have consistent understanding of the therapeutic relationship which could impact the VA's ability to access services successfully in the future and necessary to maintain the VA's physical or mental health or safety

These guys are in big trouble!



Case Presentation-Maltreatment of a Vulnerable Adult

- “Any sexual contact or penetration between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.”
- “The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to food, clothing, shelter, health care or supervision which is reasonable and necessary to obtain or maintain the vulnerable adult’s physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult.....”

NAADAC Code of Ethics

- The Counseling Relationship: ...the addiction professional is likely to encounter individuals who are vulnerable and exploitable...the addiction professional seeks to support...rather than to take unfair advantage.
- Client self-determination: The addiction professional recognizes that there are clients with whom he/she cannot work effectively. In such cases arrangements for consultation, co-therapy or referral are made.

In relationships with clients, students, employees and supervisors he/she strives to develop full creative potential and mature, independent functioning

NAADAC Code of Ethics

- Dual Relationships: Addiction professionals will provide services only in context of a professional setting. Because a relationship begins with a power differential, the addiction professional will not exploit relationships with current or former clients, current or former supervisees or colleagues for personal gain, including social or business relationships. The addiction professional will not, under any circumstances, engage in sexual behavior with current or former clients.

Determining Responsibility

- “..the ..responsibility between the facility, other caregivers, and requirements placed upon employee, including....the adequacy of caregiver supervision....”
- “whether the facility or individual followed professional standards in exercising professional judgement.”
- The investigation determined that the SP was responsible for the maltreatment and not the agency as well because the SP had received training on Reporting of Maltreatment of Vulnerable Adults Act.

Determining Recurring and/or Serious Maltreatment

- It was determined that the substantiated maltreatment for which the SP was responsible for was not serious and was not recurring.
- The SP was not disqualified from providing direct care services but was notified that any further reports would meet the criteria of “recurring” and would result in disqualification.
- Who were the potential victims in this situation?
- What might have made a difference?
- Keep these thoughts while we forge ahead making a case for clinical supervision.
- Let’s see how we can the help SP not make this or similar mistakes in the future.

What is Clinical Supervision?

- Your definition
- Benefits
- What have your experiences been as a supervisor or supervisee
- What was helpful?
- What wasn't helpful?
- What would you change?

Some Definitions of Clinical Supervision

“...A disciplined tutorial process wherein principles are transformed into practical skills with four overlapping foci: administrative, evaluative, clinical and supportive.”

Powell& Brodsky, 2004,p.11

Clinical Supervision

...is an intervention provided by a senior member of the profession to a more junior member..This relationship is evaluative, extends over time, and has simultaneous purposes of enhancing the professional functioning offered to clients..and serves as a gatekeeper

Bernard & Goodyear, p.8 2004

Clinical Supervision

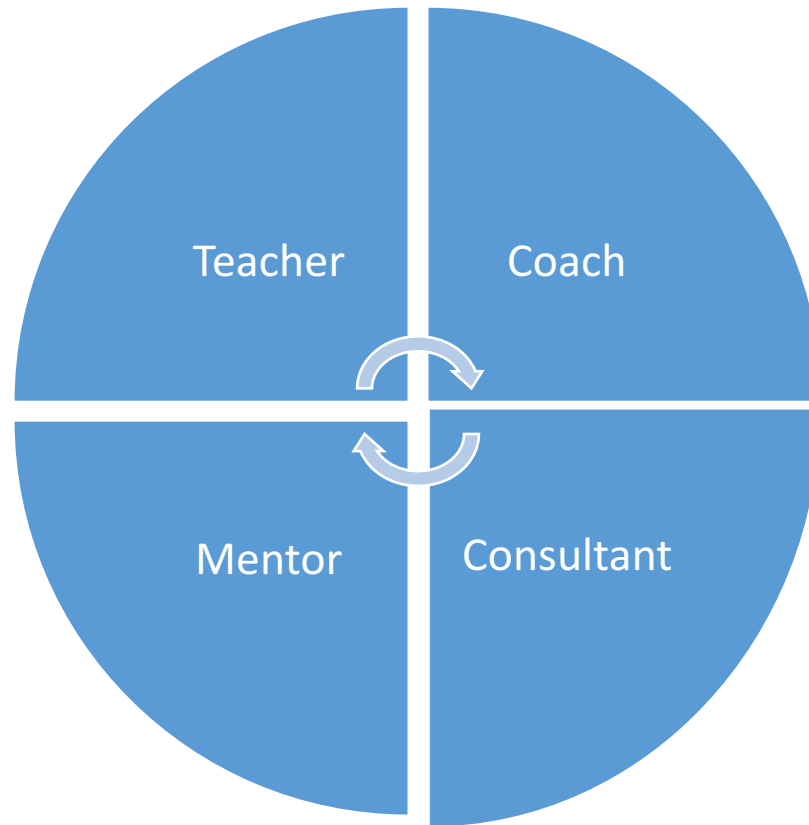
...is a social influence process that occurs over time, in which the supervisor participates with the supervisee to ensure quality care. Effective supervisors observe, mentor, coach, evaluate, inspire, and create an atmosphere that promotes self-motivation, learning and professional development. They build teams, create cohesion, resolve conflict and shape agency culture, while attending to ethical and diversity issues in all aspects of the process. Such supervision is key to both quality improvement and the successful implementation of consensus- and evidence-based practices.

Models of Supervision

- Competency-based Skills and learning needs, SMART goal setting
- Treatment-based Train to a particular theoretical approach
- Developmental approaches Understand that counselors need different interventions as they progress
- Integrated models Blend above models

Tip 52

The Relationship

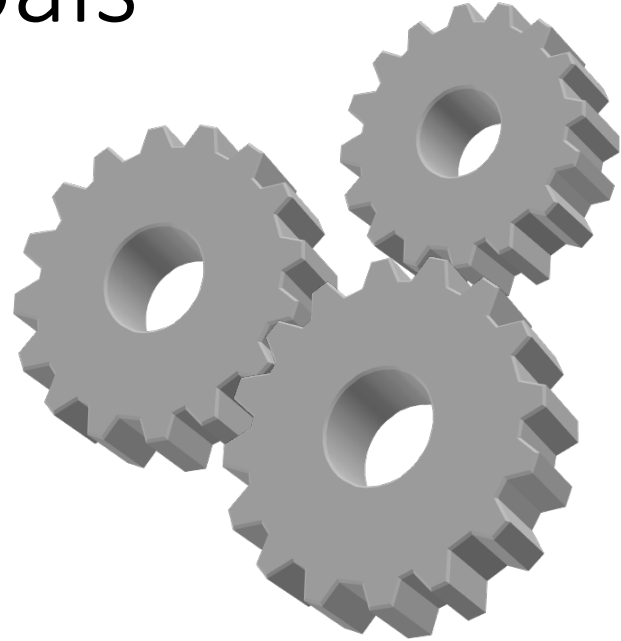


The Relationship

- Teacher-learning experiences, provide information, challenges, new or renewed methods
- Mentor-learning experiences, role model, guide, challenge -non-clinical counseling
- Consultant-ethics, problem solving, protecting clients and agency
- Coach-identify strengths and opportunities for improvement

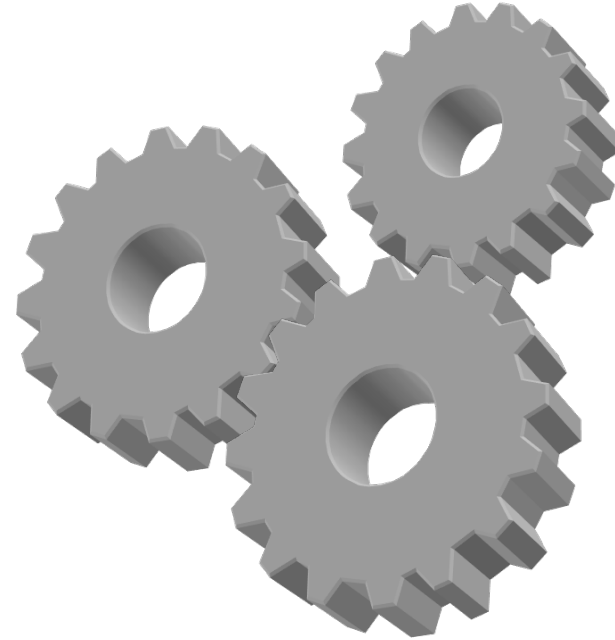
General Supervision Goals

To ensure quality
patient care,
protect the
clients, institution,
profession and
counselor



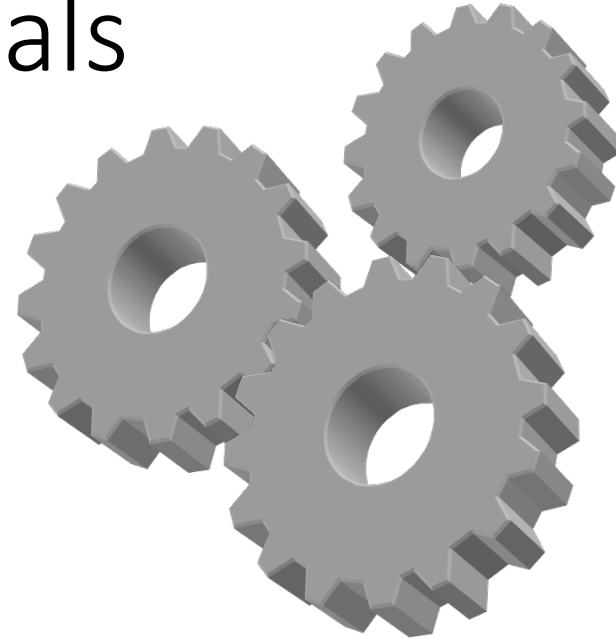
General Supervision Goals

To promote
counselor
professional
growth and
development



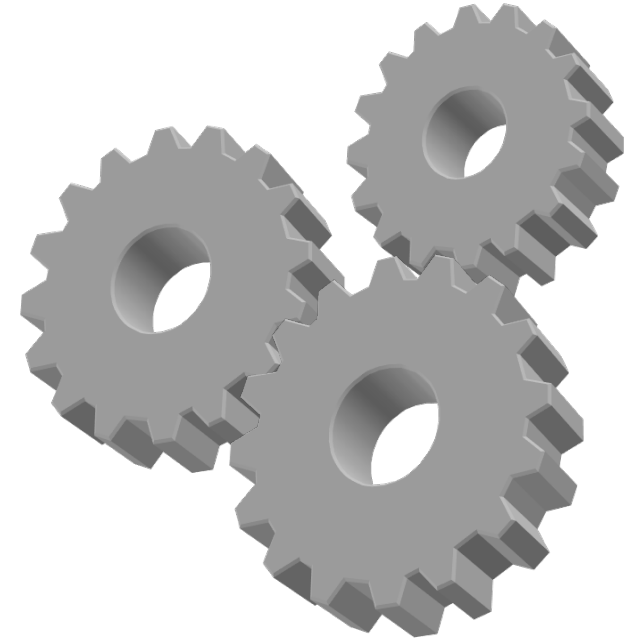
General Supervision Goals

To monitor the
counselor's
performance as a
“gatekeeper”
through
observation and
evaluation



General Supervision Goals

To empower
counselors to
engage in
continuous
professional and
ethical development



Common Factors Approach to Clinical Supervision

- Originated in clinical and counseling psychology first, by Neal E. Miller, Hans Eysenck, Jerome Frank, Carl Rogers and others
- Proposes that different evidence based practices share common factors that account for effectiveness
- Some most often stated common factors in psychotherapy are:
 - a. An expectation to be helped-hope
 - b. The therapeutic relationship
 - c. A rational or conceptual scheme that prescribes a given ritual or procedure for resolving them
 - d. The active participation of both patient and therapist in carrying out that procedure

Common Factors in Supervision

- As defined by Georgios K. Lampropoulos, MA,BA in The Clinical Supervisor Vol.21(1) 2002
- The Supervisory Relationship
 - a. The human relationship- empathy, authenticity, warmth, unconditional positive regard,
 - b. The Working Alliance-contract, goals, tasks
 - c. Transference and Countertransference and attachment styles

Common Factors in Supervision

Support and Relief from Tension and Anxiety

- a. Regarding skills, performance and evaluation
- b. Mutual understanding that supervision is a “safe place” to discuss mistakes and that supervisees are in development
- c. Important to match support to stage of development

Stages of Supervisee Development

- Dependent on Supervisor
- Dependency-autonomy conflict
- Conditional Dependency
- Master Counselor
- Encourage autonomy with normative structure-instruction, self-awareness
- Highly autonomous with low normative structure-support, clarification, less instruction
- Autonomous with structure provided by the counselor
- Can function adequately in most situations, supervision collegial

Kagan's Interpersonal Process Recall (IPR)

Counselor reviews taped interview

- Counselor and supervisor explore possible perceptions/biases that counselor might not be aware of
- Counselor practices expressing thoughts or feelings about client in a safe environment
- Counselor may discover area of needed personal development
- Counselor may change behavior and attitude toward client

Self-exploration, Awareness and Insight

- Self Monitoring
- Cognitive questioning
- Use of Kagan's Interpersonal Process Recall method

Common Factors: Instillation of Hope and Raising Expectations

How will I ever become a counselor with so much to learn?

Structure

Encourage boundary setting

Guidance

Acceptance of client's stage of change and condition

Create wonder & curiosity

Encourage creativity

Goal setting

Focus on strengths

Self disclosure of supervisor's development

Self Awareness

Challenge cognitive distortions

Encouragement

Group work

Integrate self care

Structure

Supervisee Session Plan

- Name _____ Date _____
- Goals for session
- Specific Case Conceptualization/Assessments
- Therapeutic Alliance/Skills/Interventions/Effectiveness:
- Ethical / Professional Issues
- Self-Knowledge/Awareness
- Plan for following week including self-care plan

S.M.A.R.T Goals

- Identify what I want to achieve
- Ask, what do I need to do to **Specifically** achieve what I want?
- Ask, is what I plan to do **Measurable?** How will I know if I accomplished it?
- Decide how I will be **Accountable** for my plan?
- **Relevant? Realistic?** Will this activity *really* help me achieve my goal? *Can it be done?*
- **Time specific?** When will I do this activity?

S.M.A.R.T Goals

Now write your **S.M.A.R.T.** goal

- In order to _____ I will _____ by or on _____ and be accountable to _____.

Exposure and Confrontation of Problems

- Identify problems and explore effective alternative behaviors and skills by
 - Role play
 - Instruction about theories and interventions
 - Reframing problem

Acquisition and Mastery of New Knowledge

Match Learning styles

Exposure and practice over time

Supervisees' self-attribution of professional development

Exercise Using Common Factors

- Form groups of three-one supervisor, one supervisee , one observer
- Role play a supervision session using the common factors
- What supervision models and counseling theories framework were used?
- What common factors were used?

___Therapeutic relationship ___Support, relief from tension

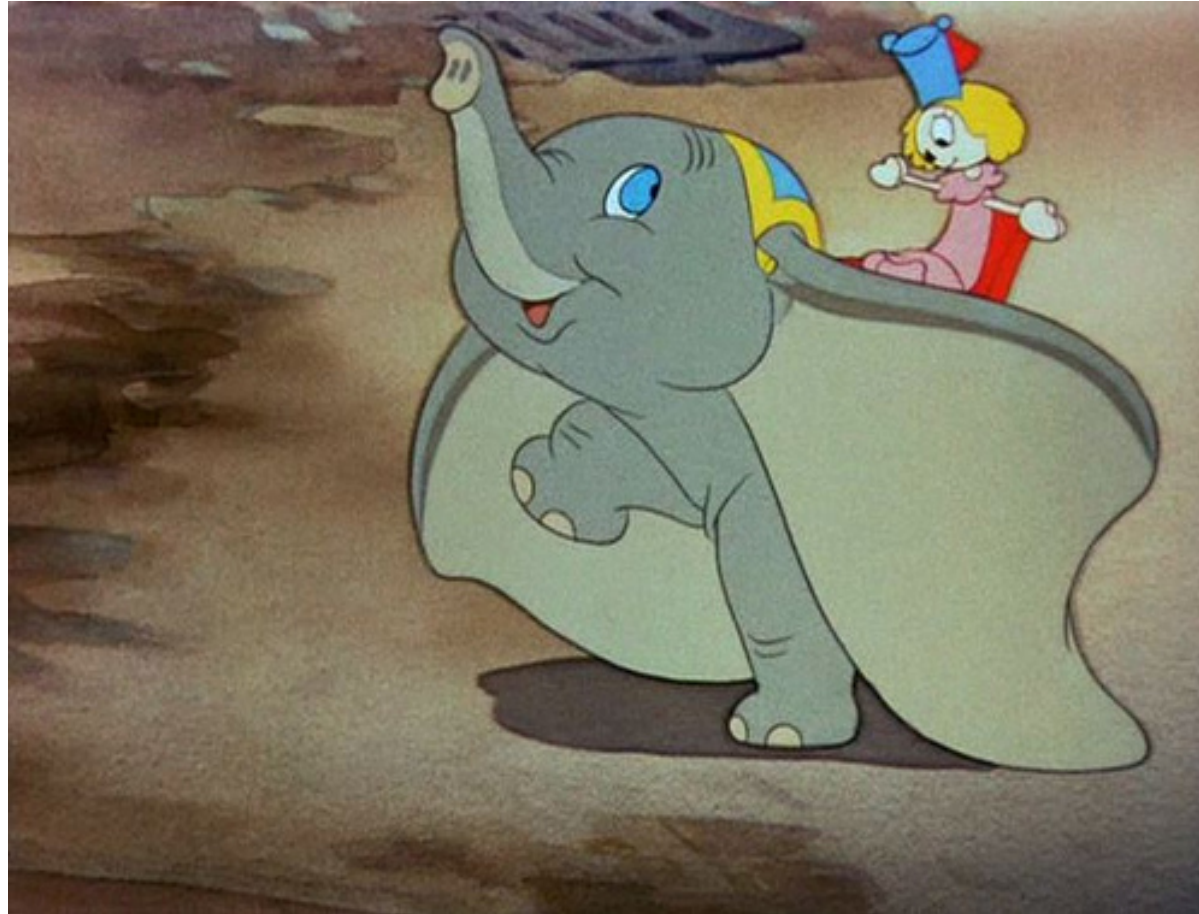
___Working alliance ___Instillation of hope ___self exploration

___Exposure of Problems and corrective action ___Acquisition/Mastery of new knowledge___Others_____

How to avoid falling into the ice in the first place or at least not twice!

What would you do as a supervisor to decrease the likelihood that the maltreatment and possible sexual abuse of a vulnerable from happening?

What are the benefits of effective clinical supervision?



References and Resources for further Learning

Addiction Technology Transfer Network (ATTC) National Office, 2022, *Clinical Supervision Foundations part One*, University of Missouri

Addiction Technology Transfer Center Network.(ATTC) National Office, 2011 *Clinical Supervision Foundations Part One, University of Missouri, Kansas City*, available on line-www.ATTC. Telephone-816-235-6888

Addiction Technology Transfer Center Network.(ATTC)National Office, 2011 *Clinical Supervision Foundations Part Two:Participant Workbook. University of Missouri, Kansas City*, available on line-www.ATTC. Telephone-816-235-6888

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- Powell, D.J.and Brodsky,A. *Clinical Supervision in Alcohol and Drug Abuse Counseling:Principles, Models, Methods*(Revised ed.)San Francisco:Jossey-Bass, 2004

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U.S. Department of Health and Human Services, (2007), *Competencies for Substance Abuse Treatment Clinical Supervisors*, (HHS Publication No. (SMA) 07-4242) Rockville, MD: Substance Abuse and Mental Health Services Administration