Clinical Supervision: New Technologies; Proven Approaches
Annual Conference – NAADAC 2017
Post Conference Session

Thomas Durham, PhD
September 22, 2016
Morning - Introductions; The Scope of Clinical Supervision; Ethical and Legal Dilemmas in Clinical Supervision; the Supervisory Relationship; and Observation and Live Supervision

Afternoon - Monitoring Counselor Performance; Modalities and Methods in Supervision; and Technology Based Supervision
A scientist went to visit a famous Zen master. While the master quietly served tea, the scientist talked about Zen. The master poured the visitor's cup to the brim, and then kept pouring. The scientist watched the overflowing cup until he could no longer restrain himself. "It's overfull! No more will go in!" the scientist blurted. "You are like this cup," the master replied, "How can I show you Zen unless you first empty your cup?"

http://users.rider.edu/~suler/zenstory/emptycup.html
First, Empty your Cup!

Adapted from presentation by Dr. Marilyn Herie, University of Toronto
Course Assumptions

- Relational issues
- Direct observation
- Counselor self-efficacy
- Solution-based and strength-based supervision
- Needs-based approach
- Outcome-oriented supervision
- Evidence-based practices
- Individualized supervisory model
The Scope of Clinical Supervision

Module 1
Learning Objectives

- Explore personal experience with clinical supervision
- Analyze definitions of clinical supervision
- Define significant roles of clinical supervisors
- Explain the significance of a mentoring relationship in supervision
Assessing Your Experience with Clinical Supervision

- Philosophy of treatment
- Model of supervision
- Supervision received
- Supervision Methods
- Skill Building

How would you rate supervision you have received?
What is the State of Clinical Supervision Today?

- Is clinical supervision universally defined?
- Is supervision a priority?
- How can the unique needs of each counselor be addressed in supervision?

Are we all heading in the same direction?
Lack of Consistency in the Field
Lack of Time

Do the priorities of supervisors serve the staff well?
"I was gonna attend the time-management seminar, but I couldn’t fit it in."
Difficulty Managing Stress

This can also lead to ......
**Burnout and Compassion Fatigue**

Burnout can be defined as a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress.

Marked by:

- Loss of motivation
- Reduced productivity
- Lack of energy
- Feeling hopeless, cynical, and resentful
- Nothing left to give
- Bored, overloaded, or unappreciated

*Burnout can become a “workplace enjoyment robber”*
How do you balance your clinical and administrative duties to remain motivated as a clinical supervisor?
Finding Time to Do Clinical Supervision

- Add new components of a supervision model one at a time
- Have regularly scheduled times with supervisees
- Keep sessions as priorities on your calendar
- When conducting observations, make them brief
Impossible?
NO – It can be done!

- Be creative:
  - Peer supervision
  - Triadic supervision
  - Group supervision

- Individualize according to need
- Goal: 1 hour per counselor per week
Hey, I need to talk to you about a case.

Talk with me while I walk back to my office.
What is Your Definition of Clinical Supervision?

Write down your own definition of 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 Defined

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

- Evaluative
- Supportive
- Administrative
- Clinical”

(Powell, 2004)
“Supervision is an intervention provided by a senior member of a profession to a junior member of the same profession. This relationship:

- Is evaluative
- Extends over time
- Has the simultaneous purposes of:
  - Enhancing professional functioning
  - Monitoring quality of service offered to clients
  - Serving as a gatekeeper of those entering the profession”

(Bernard & Goodyear, 2014)
Four Primary Goals of Clinical Supervision

- Promoting Professional growth and development
- Protecting the welfare of clients
- Monitoring counselor performance
- Empowering the counselor to “self-supervise”

(Corey, Haynes, Moulton, & Muratori 2010)
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

[Logo: NAADAC.org]
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 clinical supervision
Implementing Change in Clinical Supervision

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
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
“Successful agencies purposefully changed their language from ‘we have to do this’ to ‘the client is the most important reason we are here’ ”

Pamela Mattel, ACSW (on clinical supervision)
The challenges of introducing a new brand of clinical supervision to all staff

- Overcoming fears and anxieties
- Acceptance of supervision for staff of all levels

Training in leadership, organizational skills

Development of team-building skills and healthy communications

Training in direct observation and “live” supervision
“Supervisors serve multifaceted roles. In addition to their gatekeeper role, supervisors, by necessity, must also be clinical explorers and inventors.”

(Rousmaniere et al., 2014)
Ethical and Legal Dilemmas in Supervision

Module 2
Learning Objectives

- Define ethical issues in clinical supervision including dual relationships and confidentiality
- Define legal considerations in clinical supervision including vicarious liability and duty to warn
- Explore the supervisor’s role in modeling ethical behavior
- Analyze ethical obligations and ethical decision-making of the supervisor
Ethical decision-making is a continuous and active process.

There are no “cook book” answers:

- Answers to ethical dilemmas are elusive
- Ethical standards are not easy to follow
- Each situation is unique

Simple fact: people make mistakes
Clinical Supervisors Are:

- Gatekeepers for ethical and legal issues
- Responsible for upholding the highest standards
- Role models for staff
- Responsible for maintaining awareness of and responding to ethical concerns
"help integrate solutions to everyday legal and ethical issues into clinical practice"

(CSAT, 2009)
Ethical Obligations

- Give counselors a framework for decision making
- Promote ethical thinking for counselors
- Monitor the ethical conduct of counselors
- Ensure clarity of expectations
- Set boundaries
- Promote diversity
- Ensure autonomy
Whose interests are involved and who can be harmed?

- Who are the potential winners and losers?
- Whose interests, if any, are in conflict?

How are primary stakeholders involved, affected or harmed?

- Whose interests, if any, are in conflict?
- What universal values can be applied?
- Are any values in conflict?

What laws, standards, policies, historical practices, or cultural teachings should guide the decision?

(White & Popovits (2001))
Ethical Issues That May Arise in Supervision

- Client vs. Supervisee Welfare
- Autonomy of Supervisee vs. Expectations of Supervisor
- Double Standard of Self-Care
- Competency
  - Ongoing Education
  - Awareness of limitations
  - Monitoring/observing supervisees
Exploring Ethical Issues in Supervision

- Since our last meeting has anything happened that might put you in a different light with a client?
- Do you have any concerns about any clients?
- Are any clients dangerous of suicidal?
- Have you failed in any way to maintain client confidentiality?
- Is there anything a client shared with you that gives you duty to warn?
Five Primary Ethical Issues Critical to Clinical Supervision

1. Vicarious liability
2. Dual relationships and boundary control
3. Informed consent
4. Confidentiality
5. Duty to Warn
Dual Relationships and Boundary Control

- Only game in town
- Promotion from the ranks
- “Two hatter” issues for supervisors in recovery
- Developing a business relationship with a supervisee
- Supervising a family member (or intimate partner)
- Allowing supervision to slip into psychotherapy
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” (a near-replication) of therapy
A good clinical supervisor is a therapist doing supervision not a supervisor doing therapy.
Ethical Dilemmas for Counselors and Supervisors

- Work in small groups
- Instructor will hand out a scenarios and assign one to each group
- Discuss the scenario and answer the questions posed
The Supervisory Relationship

Module 3
Learning Objectives

- Discuss the importance of collaboration in the development of an effective supervisory relationship
- Explore the factors of a supervisory alliance that promote change
- Discuss the tutorial role of supervision
- Analyze effective approaches to conflict and resistance in the supervisory relationship
- Explain the importance of gaining sensitivity to the diverse experience of supervision
A Parallel Model of Teaching: Modeling Relationships

The Clinical Relationship

- The primary factor in client outcome
- The strength of the clinical relationship is the single most important factor in creating change
- Strong supervisory relationships lead to strong clinical relationships
Strong Supervisory Relationships Lead to Collaboration

 Thoughts about Collaboration:

- Collaboration is about connecting
- Change happens from compassion
- Supervision is about quality of attention
The supervisor can be a role model for collaboration:

- Connecting with supervisees
- Primary factor in outcome
  - Teaching
  - Supervising
  - Counseling
- Self disclosure/sharing
- Dissonance and conflict
- Bi-directional

Strong supervisory relationships lead to strong clinical relationships
Supervisory Alliance

“I crave companions, not competitors”  
(Wheatley 2006)
An Alliance That Will Provide a Means for.....

- A healthy supervisory relationship
- Professional growth
- Increased self awareness
- Improved Client Care
- Improved Therapeutic Relationships
- Positive Stress Management
The Supervisory Relationship as a Multi-Person System

- Transference
- Counter-transference
- Supervisory triads
- Parallel process
Parallel Process

The supervisee’s interaction with the supervisor that parallels a client’s behavior with the supervisee
Motivational Interviewing: The Key to Develop a Strong Supervisory Alliance

- A high level of trust
- Increased comfort
- Increased self-efficacy
- Greater self-knowledge
- Self-identification of internal resources for change...

...and self motivation which leads to empowerment and growth
Empowerment and Growth are the Antithesis to “Resistance” in Supervision

- Avoid labeling
- Avoid “power struggles”
- Elicit self-motivating statements
- Emphasize personal choice
- Reframe information
- Recognize level of self-confidence
Conflicts in the Supervisory Relationship

- A natural part of all relationships
- Working through conflicts strengthens relationships
- Resolution: listening, understanding, and clarifying the relationship
- Stalemate: “I’m right; you’re wrong; you must change”
The Tutorial Role: Supervisor as a Teacher

- Responsible for facilitating:
  - Developing counselor knowledge
  - Promoting self-awareness
  - Professional growth

- Transmits knowledge for practical use:
  - Assessment and diagnosis
  - Counseling approaches and skills
  - Ethics and legal issues

- Maximizes supervision
  - Individualizes the tutorial process
The Tutorial Role: Supervisor as a Coach

- Demonstrating and modeling
- Guidance
- Input (feed up back and forward)
- Suggest strategies for individualizing work with clients
The Tutorial Role: Supervisor as a Consultant

- Sounding Board
- Advisor
- Case consultation and review
- Advocate
- Case conceptualization
- Work to achieve mutual goals
Understand Unique Learning Needs of Each Supervisee

- Identifying learning needs
- Determining strengths and priorities for improvement
- Promoting self-awareness
- Ensure clarity of expectations
- Consider uniqueness of each supervisee
- Career ladder and career path for workforce development
Creating an Effective Learning Environment

- Use MI approach
- Support counselors at all levels
- Needs assessment and mutual planning
- Training opportunities for counselors
- Promote autonomy
Dimensions of Multicultural Supervision

- **Intrapersonal**
  - Self-Identity

- **Interpersonal**
  - Expectations, Biases and Prejudice
  - Interpersonal Cultural Identity and Behavior

- **Social/Political**
  - Privilege, Oppression and Institutionalism
Supervision Multicultural Competence

- Racial Identity
- Gender
- Sexual Orientation
- Religion or Spirituality
- Nation of Origin/Culture
Relationship Issues and Context

- Age
- Ethnicity
- Disability
- Race
- Recovery Status
- Religion
- Gender
- Sexual Orientation
- Education
What aspects of your cultural background are important in your life?
What are some of similarities and differences do you have with the counselors you supervise?
To what degree do you address cultural issues in supervision?
How can cultural differences either complicate or augment the counseling process?
How do your supervisees take into account their own cultural background in the counseling process?
Guidelines for Gaining Sensitivity to the Diverse Experiences of Supervisees

- Become self-aware – of one’s own identity as well as biases
- Engage in a supervisee-centered relationship
- Know supervisees’ individual needs
- Be culturally responsive by appropriately using cultural knowledge and learning styles
- “Teach to their Strengths”
Supervision and Diversity: Obligations of Supervisors

- Examine your own biases and assumptions
- Explore and discuss differences openly
- Increase personal sensitivity
- Value differences
- Create collaboration
- Provide proactive staff training
Observation and Live Supervision

Module 4
Demonstrate and understanding of the appropriate use of live supervision techniques and their relation to effective counselor training

Describe the various formats of live supervision

Explain the rationale for using live supervision
High-quality supervision is important for counselors to develop into competent professionals.
How do we gather information about what supervisee's are doing?
Written Case Notes/File Review

- Writing skills
- Clues to cognitive skills
- Client conceptualization
- Counselor decisions
- Counselor perspectives of client progress
But...how do you really know where a counselor is in the developmental process?

- Years of Experience?
- Formal Education?
- Credentials?

The Answer:

None of the above – to accurately assess counselors, you have to observe their work
....How do I really know what goes on behind those closed doors?
Without observing their work how do I Really Know what counselors are doing?

- **Issue:** What is happening behind the closed door?
- **Assumption:** Practice conforms to policy, procedure, and clinical protocol
- **Verification:** Rarely happens
- **Reality:** Many clinicians lack performance feedback and mentoring
Advantages of Live Observation

- Modeling of interventions
- **Active coaching:** Guides the counselor “live”
- Immediate feedback
  - Reduces gap between self-report and what actually happened
- Effective tool in promoting counselor growth
- Optimal learning experience
- Effective in raising counselor self-efficacy
- Increased collaboration in supervisory relationship
- Observing leads to change: The Heisenberg effect
Direct observation of counselors is the only way to see the whole picture.
One-Way Mirror

- Supervisor observes session
- Intervention only made if necessary
- Session processed immediately after
- Training tool for interns
  - Demonstration/Modeling
  - Team/Peer supervision
  - Feedback from other students
Means of Intervening when Using a Mirror

- Supervisor joins session
- Phone-in
  - Therapy is interrupted
  - Can be disruptive
  - Input is a mystery to clients
- Bug-in-the-ear
  - Clients are unaware what is communicated
  - Can produce awkward moment

- Supervisor actively guides session
- Used to redirect therapy
- Reinforces skills
Use of Video, Audio Tape

- Counselor can see self work
- Tape can be stopped for discussion
- Use of Interpersonal Recall (IPR)
  - Investigation of process through “recall”
  - Live material as textbook
  - Directive questioning, probing, facilitating:
    “What are your thoughts and feelings?”
- Use as a presentation to staff
Co-Therapy

- Supervisor participates as a co-therapist
- Combines observation with modeling
- Session is guided “live” with supervisor interventions
- Instruction and feedback occurs after session
- Potentially strengthens supervisory alliance
Get into groups of three – each group will be given instructions
Monitoring Counselor Performance

Module 5

NAADAC
NAADAC.ORG
THE ASSOCIATION FOR ADDICTION PROFESSIONALS
Differentiate between summative and formative evaluations

Integrate 3 primary means of utilizing formative evaluations

Integrate the process of eliciting career development plans for supervisees

Explain the efficacy of feed forward and feed up coaching
Two types:

- Summative – formal rating of job performance
- Formative – ongoing status of skill development
Summative Evaluations

Expectations for performance
Evaluate actual performance
Set new goals and objectives
Formative Evaluations

- Facilitate skill acquisition
- Target professional growth
- Create less discomfort
- Focus on process and progress
- Ongoing and frequent

Forming a quality supervisor relationship is a key factor in providing effective formative evaluations
The Three Primary Ways of Providing Formative Evaluations

1. Feedback – traditional: “how am I doing?”
2. Feed forward – focus on the future: “how can I do this?”
3. Feed up – establishing purpose: “why are we doing this?”
Experiential Exercise

1. Form pairs
2. Pick one behavior that you would like to change
3. Share this behavior and ask for “feed forward” suggestions for the future that might help
4. Reverse roles
Formative Evaluations: Feedback

Strengths + Areas for improvement

Mixed appropriately = “praise sandwich”
Formative Evaluations: Feedback

The problem with feedback by itself
Feedback should be encouraging
Formative Evaluations: Feed Forward

Setting direction and guidance

What to focus on next and how to do it
Formative Evaluations: Feed Forward

**Communicating feed forward:**

- Aim supervisees to become better counselors
- Suggest goals to focus on in the future
- Offer specific strategies to use with clients
- Can include demonstrations by the supervisor
Formative Evaluations: Feed Forward

Feed Forward points to the path leading to success
Establishes clear purpose and goals
Shows why it's important
Clarifies ultimate goal
Demonstrates expectations for success
Helps define targets and a vision for success
Helps in understanding the rationale behind feedback and feed forward
Feed up helps focus on the big picture
Supervisory practice must form a system of assessment that allows for ongoing:

- Feeding back
- Feeding forward
- Feeding up.
Identifying Growth Goals: The Individual Development Plan

- Mutual assessment
- Shared expectations
- Shared vision
- Focus on what is possible
- Vision to goal reality
Objectives for Goal Attainment

- Specific action steps
- Direction for skill development
- Expectations for the supervisory relationship
- Benchmarks for evaluation
- SMART objectives
- A “living document”
  - Updated as needed
  - New goals added
  - Modified to fit progress
Work in small groups to create an Individual Development Plan (IDP)
The instructor will hand out a form to use
Either:
- Have a specific client in mind (while staying within the bounds of confidentiality); or
- Create a case as a group
Come up with at least two general goals each with specific actions steps (objectives) and time lines
Potential to:

- Turn everyday counselors into engaged professionals
- become leaders of people, not managers of tasks
Modalities and Methods of Clinical Supervision

Module 6
Learning Objectives

- Define when to use each of several modalities to establish an effective learning environment
- List several methods of individual and group supervision
- Describe the trans-theoretical change theory and its application in clinical supervision
- Describe the basic tenets of motivational interviewing and demonstrate their utilization in clinical supervision
Needs-Based and Outcome-Oriented Supervision

- Support for counselors at all levels
- Analyze the unique needs of each supervisee
- Prioritize needs
- Develop an outcome-oriented plan
- Strive for measurable outcomes
- Conduct ongoing assessments
Group or Peer Supervision
Group Supervision

- **Objective** – Team building, staff development, skill practice
- **Frequency** – Cost-effective, regular
- **Structure** – 4-6 Supervisees, case review, in-service training, skill practice, recording feedback and analysis
- **Advantage** – Multiple perspectives, time
- **Disadvantage** – May not meet all needs
Objective
Accountability to peers, personal development

Frequency
Determined through collaboration with peers, management

Structure
One-to-one or group, review of cases, recorded sessions, and literature

Advantage
Small groups, limited time

Disadvantage
“History” or conflicts
Individual Supervision

- Mentoring
- Modeling
- Tutorial
- Collegial
Individual Supervision

- **Objective**
  Counselor professional development

- **Frequency**
  Time consuming, individualized

- **Structure**
  Mentoring based on first-hand observation

- **Advantage**
  Tailored to individual needs

- **Disadvantage**
  Labor intensive
The process by which a wise, knowledgeable, and supportive individual helps others establish goals and develop the skills for reaching them.
Mentoring

A relational experience where one person empowers the other by sharing:

✓ Wisdom
✓ Resources
✓ Experiences
✓ Perspective…

and does so with encouragement
Mentoring May be Informal

- Face to face or at a distance
- Initiated by either party
- Known or unknown
- A spiritual relationship
- May include:
  - Coach
  - Guide
  - Role model
  - Teacher
  - Counselor

Empowerment is at the heart of mentoring

Mentoring brings “possibility to others … from any chair, in any role.”

(Zander & Zander, 2002)
Leading and Mentoring through Connections and Emotions

The reality of great leadership is more basic than leading through strategy, vision, or powerful ideas:

“Great leadership works through the emotions.”

(Goleman, 2013)
Power and Authority

**Power:** the *ability* to influence or control others

**Authority:** the *right* to control others

**Leadership:** the ability to use authority to make others powerful

(Zander & Zander, 2002)
Taking a Solution-Oriented Approach to Supervision

- Creating narratives and visions
- Constructing solutions
- Emphasizing success
- Cheerleading
- Focusing on salient issues
- Identifying exceptions
- Future orientation
- Externalizing the issue
- Goal setting
- Boundary profiling
- The “miracle question”
Taking a MI approach to Clinical Supervision: Setting the Stage for Enhancing Motivation

- Person-centered approach
- Establish partnerships for change
- Use empathy, not power
- Focus on competencies
- The spirit of MI
  - Partnership
  - Acceptance
  - Compassion
  - Evocation

(Miller & Rollnick, 2013)
Partnership

“You are the best judge of what is going to work for you.”
Acceptance

“I accept you for who you are and am here to help whatever you decide to do.”
“…is loving, selfless concern for the person’s welfare” (Miller & Rollnick, 2013)
“Love and compassion are necessities, not luxuries. Without them humanity cannot survive.”

– His Holiness the Dalai Lama
“What were you hoping to get out of our conversation Today?”
Changes
NEXT EXIT
Change Talk and Sustain Talk

“Opposite sides of a coin”
My attitude toward certain clients has caused problems.

I tried changing, but it didn’t work.
But sometimes Sustain Talk is disguised as Change Talk
Change Talk - DARN CAT

- Desire statements
- Ability statements
- Reasons statements
- Need statements
- Commitment
- Activation
- Taking Steps

(Miller & Rollnick, 2013)
The MI Hill Metaphor

D A R N
Preparatory Change Talk
(Pre-) Contemplation

Mobilizing Change Talk
Preparation

C A T
Action

Slide from Bill Miller, 2010
OARS: Micro Skills for Enhancing Motivation

- Ask Open-Ended Questions
- Affirm the Client
- Listen Reflectively
- Provide Summaries

(Miller & Rollnick, 2013)
Open-Ended Questions
Closed Question Answers
Open vs. Closed Questions

• CLOSED questions invite a “yes/no,” one-word or very limited answer.

• OPEN questions encourage elaboration – they evoke the client’s ideas, opinions, hopes, concerns, etc.
Affirmations
Affirmations

- Go beyond “giving a good grade”
- Are not about the practitioner’s approval of the client
- Acknowledge the client’s experience, struggle, expertise, efforts, etc.
Praise
Example of Praising:

You are such a wonderful group - I have really enjoyed our session.

Adapted from presentation by Dr. Marilyn Herie, University of Toronto
Example of Affirming

The group has worked hard today in exploring some tough issues, and we have come closer as a result of that.

Adapted from presentation by Dr. Marilyn Herie, University of Toronto
Choose one of your most challenging supervisees – and come up with an affirmation that you could offer.
What [practitioners] reflect, they will hear more of

Theresa Moyers
Simple Reflection

Complex Reflection
“I am really struggling with this client; he continues to resist any of my attempts to help”

Simple Reflection:

Complex (Enhanced) Reflection:
I am really struggling with this client; he continues to resist any of my attempts to help

Simple Reflection:

You are frustrated in your work with your client.

Complex (Enhanced) Reflection:

You’re not accustomed to be having so much difficulty with a client. It seems to be having an impact on your confidence as a counselor.
“I’m not sure if clinical supervision is helping; I’m more accustomed to working with clients independently”

Simple Reflection:

________________________

________________________

Complex (Enhanced) Reflection:

________________________

________________________
“I’m not sure if clinical supervision is helping; I’m more accustomed to working with clients independently”

Simple Reflection:

You’re not happy about having to share your work with clients with someone else.

Complex (Enhanced) Reflection:

Your feel your not able to make your own decisions and resent having your work monitored
Why Use Summary Statements?
Summary Statements:

• **Check** your understanding of the person’s situation as a whole

• **Reflect** back key components of what the person has discussed

• **Signal** a transition to another topic or the end of the session/consultation

• **Highlight** change talk
“Advice is what we ask for when we already know the answer but wish we didn’t.”

Erica Jong (in Miller & Rollnick, 2013)
“Unsolicited advice is the junk mail of life.”
(Bern Williams, in Miller & Rollnick 2013)
Communication Principles of Motivational Interviewing

- **EE** Express Empathy (early and often)
- **DD** Develop Discrepancy
- **RR** Roll with Resistance (avoid arguments)
- **SS** Support Self-Efficacy

(Miller & Rollnick, 2013)
Transtheoretical Model of Behavior Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

(DiClemente & Scott, 1997)
MI can be effective in promoting transition to the next stage of change:

(DiClemente & Scott, 1997)
Building Motivation to Change

- Eliciting change talk
- Tipping the decisional balance (conflict and ambivalence)
  - Open-ended questioning (not telling)
  - Affirming, complimenting, reinforcing
  - Reflective listening
  - Summarizing/Reframing

NAADAC
NAADAC.ORG
THE ASSOCIATION FOR ADDICTION PROFESSIONALS
Bridge to Change: Strengthening Commitment to Change

- Recognizing change readiness
- Negotiating a change plan
  - Set goals/agenda
  - Consider change options
  - Arrive at a plan
  - Eliciting commitment
- Transition to action – the completion of the formal cycle of MI
Implementing the Plan

- Commit to action
- Increase self-efficacy
- Reaffirm decision; monitor and update goals
- Transitioning to “action focused” change
- Resume use of MI when ambivalence reappears
- Redo commitment
Critical Conditions for Change

- Relationship and Rogers' three crucial conditions
- Self-motivation emerges with a strong alliance
- Self-identification of internal resources for change
- Self-enacted change
Supervisee’s must have their own internal motivation for change.

Bottom Line:
I'm heading toward change,  
Want to come along?

I don't know – I think  
I'll continue going this way

Change Talk Charlie  
Sustain Talk Sam
Modeling Motivational Interviewing

- Parallel process and insight
- Modeling MI strategies
- Dual process for learning
- Practice with feedback
Technology-Based Clinical Supervision

Module 7
Learning Objectives

- Explain barriers to accessing traditional quality supervision for those in remote areas
- Discuss key benefits of using technology to extend the reach of clinical supervision
- Identify key ingredients needed to do effective technology-based supervision
- Develop strategies to overcome barriers to technology-based supervision
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)
Ensure equitable, quality, accessible substance use disorder treatment services to everyone who needs them.

... but how do you do this without well-trained and supported clinicians?
Obstacles to effective clinical supervision

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

Supervision delivered via media, such as:

- telephone
- email
- video-conferencing
- web chats
- apps
- combination of the above
- technology + face-to-face supervision
Can technology approximate the experience of in-person supervision and training?
Rather than questioning whether TBCS is “as good” as traditional supervision …

ASK

What is now possible and how can it serve my supervisees and their clients?

(Rousmaniere et al., 2014)
Technology Fear Factor
“Good supervision is dependent on the quality of the skills of the supervisor and should not be dependent upon simple proximity to the supervisee.”

(Orr, 2010)
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., 200
6 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
Benefit #1
Increases Access to Quality Supervision
Provides better use of resources, is cost-effective, and reduces travel time.
Technology greatly expands the available pool of supervisors.
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
Benefit #2
Enhances Cultural Competency

DIVERSITY
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)
Benefit #3
Strengthens Professional Identity
Professional identity comes from being *witnessed* in a professional role, and receiving encouragement and feedback.

(Perry, 2012)
Professional identity is what makes people strive to improve their work, to develop new and better skills. It is the driving force behind competence and mastery.

(Perry, 2012)
Benefit #4
Supports Program Integration

Diagram:
- Hospitals
- Medical Labs
- Pharmacies
- Home Care
- Behaviour Health Centres
- Skilled Nursing Facilities
- Elder Services
- Outpatient Rehab
- Patient and Family
Program integration is coming and technology-based supervision will serve clinicians working in integrated settings.
Models of Integration

- Technology-based clinical supervision in urban settings to expand supervisory access
- Oversight of transfer of care from one provider to another
- Workforce training

(Rousmaniere et al., 2014a; Carey et al., 2013)
Benefit #5
Shepherds in a New Era of Technology
TBCS increases comfort with technology, which is important as service delivery becomes more and more infused with technology.

(Wood et al., 2005, p. 176)
As new generations of supervisors who are comfortable with technology begin their careers, it is likely that new technologies will increasingly become integrated into supervision as routine practice.
Benefit #6
Promotes Fidelity to EBPs

• The literature indicates that fidelity to an evidence-based practice is often directly related to the amount of supervision.

• It’s not enough for counselors to go to a training on EBTs. They need ongoing, interactive support, feedback on skills, and coaching.

(Dorsey et al., 2013; Smith et al., 2012; Anderson et al., 2012)
Technology-based supervision is an effective way to build EBP skills

- Extends training into broad range of community-based programs
- One study using telephone-based direct observation and feedback following MI training demonstrated improved therapist MI skills proficiency

(Smith et al., 2007)
Overall: Better Client Outcomes

Improved infusion of evidence-based practices leads to better client outcomes

Best Research Evidence

Professional Expertise

EBP

Client Values
“In substance abuse treatment, clinical supervision is the primary means of determining the quality of care provided.”

Therefore, TBCS will extend the reach of Clinical Supervisors and help promote the quality of SUD treatment services.

(SAMHSA-TIP 52, pg. 5)
How will technology enhance the role of a supervisor?
Telephone

Use for direct observation, individual or group supervisory sessions, crisis intervention, time-sensitive and/or confidential matters

Benefits:
- Easy to maintain confidentiality
- User-friendly
- Inexpensive
- Versatile
- Private and secure
Videoconferencing
Use for direct observation, individual and group supervision, screen sharing video, and didactic teaching

Benefits:

- Audio and visual cues
- Free and low-cost options available
- Promotes alliance
Email

Use for providing feedback or answering non-urgent questions that do not include confidential information.

Benefits:

• Easy to use
• Allows for thoughtful exchange without time constraints; prompts reflection
• Lowers inhibitions
• Allows for record-keeping
Security of Email

- Emails are stored at multiple locations: the sender's computer; your Internet Service Provider's (ISP) server; & the receiver's computer.

- Deleting an email from your inbox doesn't mean there aren't multiple other copies still out there.

- Emails are vastly easier for employers and law enforcement to access than phone records.

- Finally, due to their digital nature they can be stored for very long periods of time.
Text/Chat/Instant Messaging (IM)

Use for quick, non-confidential conversations and for providing prompts during live direct observation.

Benefits:

- Synchronous and immediate
- Secure applications are available
- Easy to use
- Allows for discreet feedback in direct observation
Apps for Smartphones and Tablets

Use for chat and video-conferencing to provide rapid feedback during live supervision

Benefits:

• Accessible on many devices
• Portable
• Cutting edge technology
Do Not Use …

Facebook or other social networking sites
Public WIFI to access confidential files or websites
Email, Chat, or Text Message to exchange protected health information unless its through a secure, password-protected program
Advice from others about using a program without consulting your own HIPAA compliance resource expert
Any technology without client consent
How to Overcome Technology Barriers

Learn how to use the technology and have a back-up plan in case it fails

Create written policies that on the use of technology, including storage and disposal of records

Access ongoing training

Be aware of new dilemmas

Prepare and Practice!

(Nagel et al., 2009; Vaccaro & Lambie, 2007; Lannin & Scott, 2013; Kanz, 2001)
ETHICS
“Technology will continue to evolve, but the ethical principles remain constant”

(Koocher & Keith-Speigel, 2008, p 212)
Privacy, Security, and Confidentiality
• Do not use names or identifying information
• Periodically delete electronic messages (e.g., Internet chat postings)
• Develop security protocols and passwords for access to group supervision information
• Use encryption whenever information is sent from one computer to another
• Discuss sensitive information off-line

(Olson et al., 2010, p.211)
Three main federal regulations apply:
HIPAA
HITECH
42 CFR part 2

Assume these apply to you – the penalties for breach are stiff
BEFORE delivering services and purchasing equipment
Avoid having your digital recording of clinical supervision session posted on...
Technology-based clinical supervision can open the door for expanded and improved services by clinicians who have had limited access to supervision.
Imagine the Future of Rural Practice

**Without Supervision**
- Few clinicians
- High burn-out
- Limited use of EBTs
- Isolation
- Stress
- Clients who can’t get care

**With Supervision**
- Expanded provider base
- Improved professional identity
- Innovation and EBT
- Connectedness
- Improved work conditions
- Access to care

[NAADAC Logo]
The future of clinical supervision?
ANY QUESTIONS?
An answer is always the stretch of road that is behind you. Only a question can point the way forward.” ~Jostein Gaarder
“Live as if you were to die tomorrow. Learn as if you were to live forever”

Gandhi
References


References


Thomas G. Durham, PhD, LADC

tdurham@naadac.org