Successful Clinical Supervision with Therapists in Personal Recovery

Presented by John Paulson, ACSW, LCSW, MAC, LCAC and Veronica Huggins, PhD
Thank You

- Thank you for participating in the webinar today and your interest in the topic
- Thank you for supporting the webinar series and NAADAC
- Thanks for being a helping professional
- We value sharing this practice and this profession with you
- Our hope today is that the information we share will be of some service or benefit to you and your work as supervisors, supervisees, clinicians, educators, or students

Background: Our Interest in the Topic

- Not in personal long-term recovery, so why us today?
  - We should increasingly involve and include the voices, perspectives, and experiences of professionals in recovery
  - In addition to better serving students and colleagues in recovery, our focus is especially directed towards supervisors, especially ones like us, who are not in recovery, to be aware of issues and dynamics that supervisees in recovery encounter and to better support and help them
  - Our interest in and experience with this topic comes from working with undergraduate and graduate students in recovery entering their professional education, completing field placements, and early career supervisees pursuing clinical licenses and credentials
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Background: Our Interest in the Topic

- Briefly discuss preliminary findings of a project we completed
- Hope that the information will benefit supervisors, supervisees, educators, students
- "I already know this; I already do this"
- Great! Hopefully, this information will allow you to reflect on what you already do that works and that what we share will reinforce and strengthen that
- If you have other ideas, let us or our professional NAADAC community know

Evolving Trends in the Profession & Professionals

- Individuals in their own personal recovery have always been an important part of the addiction profession
- Historically most, including those who worked in positions as counselors, were not required to have completed an undergraduate or graduate degree in one of the helping professions
- Some obtained certifications, credentials from states or professional organizations
- More emphasis now on degrees, credentials, and state licensure

- The field has shifted towards expecting that addiction professionals complete an undergraduate or graduate degree and obtain licenses (Ex. Indiana LAC & LCAC)
- While individuals in personal recovery will continue to work in important paraprofessional positions (ex. Technicians in residential treatment centers, peer recovery specialists, etc.), increasingly more individuals in their own recovery are pursuing advanced degrees to become case managers and therapists
- Issue for educators and clinical supervisors-how do we best meet their needs and promote their successful development?
Evolving Trends in the Profession & Professionals

• Issue for educators and clinical supervisors-how do we best meet their needs and promote their successful development?
• Especially true for individuals with a history of legal offenses incurred during active addiction, especially felony(ies)
• Wonderfully improving, still
  ✓ May encounter difficulties being admitted to limited-enrollment colleges, universities, or professional programs
  ✓ Securing field placements
  ✓ Obtaining employment and licensure, credentials

Common Challenges

• Two of the most common challenges for addiction professionals in recovery to navigate are:
  • Relapse
  • Professional boundary challenges
    ✓ Dual relationships
    ✓ Self-disclosure
    ✓ Encountering current or former clients at community recovery meetings

Our Project

• Qualitative interviews with 14 therapists (6 females, 8 males) from 5 different states representing the West, Midwest, and Southeast regions of the US
• All participants had at least one masters degree and held at least one state license or national credential
• Each participant in personal long-term recovery (7-37 years)
• 11 had a history of past misdemeanor, felony, or both
Our Project

• Interviews explored participants’ experiences
  ✓ Managing boundary issues (attending meeting where clients also attend, whether to disclose their recovery status, whether to continue sponsoring people once becoming a therapist)
  ✓ How their personal histories and their academic education affected their development as a counselor
  ✓ Their experiences receiving clinical supervision from supervisors both in recovery and not, and their views and preferences on whether they would want their supervisor to know about their history
  ✓ Their recommendation to others wanting to become professional counselors with such histories

Themes and Suggestions Emerging from Interviews

• Participants saw great benefit from combining their personal histories, which they felt provided them with perspective and empathy, with their professional education and training, which complimented and expanded upon their personal experiences and provided clinical knowledge and skills
• Each participant endorsed the benefit and necessity of maintaining ongoing personal recovery work, whether that was staying active in twelve-step or religious/spiritual fellowships, and that doing so is essential for successful practice as a counselor. They also saw extended periods of sobriety and involvement in recovery, often 4-6 years, as important to them becoming counselors. They saw this period as important for not only stability with abstinence, but for personal development
• Each participant stated that they would want their clinical supervisor to know about their history and saw that as necessary to promote transparency and effective communication. Most all the participants had received supervision from clinical supervisors who were in recovery and from others who were not and did not express any preference for supervisor recovery status
• Most felt comfortable successfully navigating boundary issues due to the quality and quantity of ethics training they received in school and beyond, as well as utilizing supervision to address these issues
• Most had on their own as early-career clinicians established, benefited from, forming informal mentor/supervisor relationships with experienced clinicians also in recovery to discuss how to be a professional while maintaining their own recovery and working in the helping professions
• Good for educators and supervisors to encourage and facilitate these
Considerations for deciding whether to attend recovery meetings where current or former clients could attend, or are attending

- Utilize clinical supervision to develop strategies for responding to this dynamic
- 6.) Consider possible benefits of attending meetings with clients, including encouragement, hope, modeling
- 5.) If likely to encounter clients at meetings, professional needs to consider to what degree they participate and disclose
- 4.) If likely to encounter clients, might discuss before it occurs and assess client’s comfort with or feelings about it, or do so following
- 3.) Some addiction professionals in recovery might choose to not attend meetings that clients, current or past, are more likely to attend. Might choose to attend meetings in other communities
- 2.) Responsibility is always on the professional to maintain boundaries
- 1.) Necessity and importance of addiction professional maintaining their own recovery

Considerations for deciding whether to disclose one’s recovery status to clients

- Utilize clinical supervision to develop strategies for responding to this dynamic
- Addiction professionals in personal recovery need to consider whether to disclose their recovery status or not-if, when, how, why, and with whom, sensitive to timing, the nature of the relationship, the clinician’s motivation and what they hope to accomplish
- Addiction professionals in recovery should be empowered to decide whether they choose to disclose their personal recovery status or not and not expected or coerced to do so
- All helping professionals need to consider predicted benefits versus potential negative consequences of self-disclosing: how that can impact the client, the therapeutic relationship, or treatment services

Recommendations: Education & Training

1.) Help encourage individuals in personal recovery to pursue advanced education and employment in the field, helping them to successfully navigate challenges they might encounter and linking them to resources
2.) To the degree that they are comfortable and willing to share their personal recovery status, begin having honest yet affirming conversations about dynamics they will need to consider to successfully complete their education and enter the profession
3.) Emphasize the role and importance of time spent in professional education and training as additional opportunity to strengthen and deepen their own healing and personal recovery before they undertake professional practice
4.) Make sure to emphasize education on ethics & boundaries and broad base of skills and interventions
Recommendations: Supervision

5.) It is important for supervisors (whether the supervisor is in their own personal recovery or not) to create a trusting, caring, and engaging relationship where supervisees in recovery can, if they choose (because most all will), share their recovery status and discuss its possible impact on the services they provide.

6.) Best for clinical supervisors to foster a permissive and inviting stance towards supervisees discussing their recovery dynamics (when applicable), as opposed to a probing, overly concerned, accusatory, or invalidating one.

7.) Important for supervisor and supervisee to be aware of the separate roles of clinical supervisor, personal therapist, and personal sponsor.

Recommendations: Supervision

8.) Create a space that allows supervisees in recovery to be able to explore and process any issues or dilemmas they are encountering concerning recovery dynamics, such as whether to disclose their recovery status to clients or not and how to navigate recovery meetings.

9.) In addition to the formal clinical supervisory relationship, when possible, encourage mentoring connections between new supervisees in recovery and more experienced providers in the field who are also in recovery (educators and supervisees can help locate and advocate)

10.) If not in personal recovery, important for clinical supervisors to address any personal biases they might hold, be familiar with the culture of recovery processes and principles generally, and be aware of specific challenges professionals in personal recovery might experience that clinical supervision can help address.

If we can be of service or resource:

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