Advances in Technology in the Addiction Profession: Leveraging Technology to Enable and Enhance Clinical Supervision

Leveraging Technology to Enable and Enhance Clinical Supervision

Technology and Recovery Series
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Presented by Malcolm Horn, PhD, LCSW, MAC, SAP
Defining Clinical Supervision

Elements of Effective Clinical Supervision

Counselor Competencies

Relationship Issues in Supervision

All with a healthy dose of tech!

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......

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
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
**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

**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
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

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.

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.
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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.

Principles of Clinical Supervision

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.

Elements of Effective Clinical Supervision

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
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
- Motivate
- 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 ATTC – Northwest
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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

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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

Implementing These Competencies

Administrative vs. Clinical Supervision

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

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.
Three Levels of Counselor Development

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.

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.

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.
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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

**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

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

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

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
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

Supervisor Actions

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

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

### 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
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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, bi-monthly).
- 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.

Ethical and Legal Guidelines for Supervisors

Competence
- Lack of training/education
- Working beyond one’s capability
- Clinical supervision
- Professional development
- Cultural sensitivity
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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

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**

The supervisee's interaction with the supervisor that parallels a client's behavior with the supervisee.

**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

**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.
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Supervising the “Resistant” Counselor
- Avoid labeling
- Avoid “power struggles”
- Elicit self-motivating statements
- Emphasize personal choice
- Reframe information
- Recognize level of self-confidence

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

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
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What's Technology Got to Do With It?

10 YEARS AGO

NOW

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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

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)
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?

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

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; Caw et al., 2009; Budding & Justice, 2004; Messer et al., 2010; Farone, 2005; Rees et al., 2009)
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)
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Another Benefit

DIVERSITY

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

Email

- Time of responses
- Not for crisis
- Confidentiality: where are the servers that keep the email?
- Encryption
- It becomes part of the legal record
- Do you plan to bill for email?
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Video Conferencing

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

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

Do Not's

- 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
Privacy Rules – Rule!

- Three main federal regulations apply:
  - HIPAA
  - HITECH
  - 42 CFR part 2

Assume these apply to you – the penalties for breach are stiff

Supervision Must Have:

- Documentation (date, topic, time spent, assessment)
- Agreement & limitations between supervisee and supervisor
- Not a guarantee of licensure

Making It Happen!

- 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!
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Tips of the Trade

- 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

(Koocher & Keith-Speigel, 2008, p. 212)

Questions & Discussion

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Thank you! Any questions?
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https://www.naadac.org/technology-series-2021-clinical-supervision

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