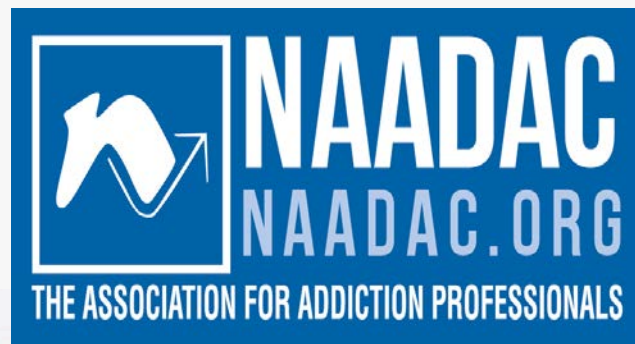


Clinical Supervision: A Relational and Individualized Approach

Thomas Durham, PhD

October 5, 2018



WELCOME

Development

Leadership

Risk Management

Safety

Effectiveness

Positive Outcomes

CLINICAL SUPERVISION

SELF-AWARENESS

Management

Inspiration

Suitability

Expertise

Success

Performance

Empowerment

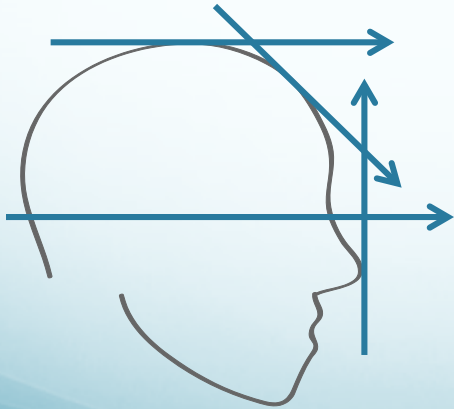
Monitoring

Research

Overview of the Training

- ☐ Morning - Introductions; The Scope of Clinical Supervision; the Supervisory Relationship; Applying Theoretical Models to Supervision; Ethical and Legal Dilemmas in Clinical Supervision
- ☐ Afternoon - Monitoring Counselor Performance; Modalities and Methods in Supervision; Observation and Live Supervision; Stages of Supervision; and Technology Based Supervision

Introductions



Module 1

Learning Objectives

- ❑ Get to know the trainer and other participants
- ❑ Identify personal expectations for the course
- ❑ Identify course assumptions and the course agenda

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

Ice Breaker



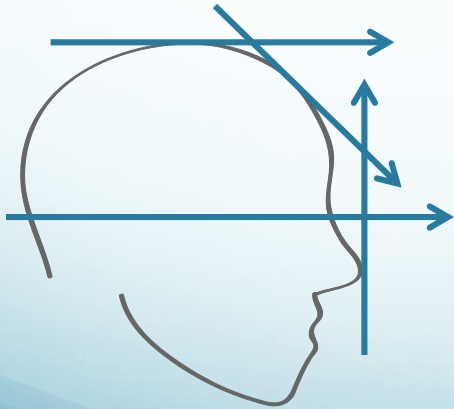
Course Expectations



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 2

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

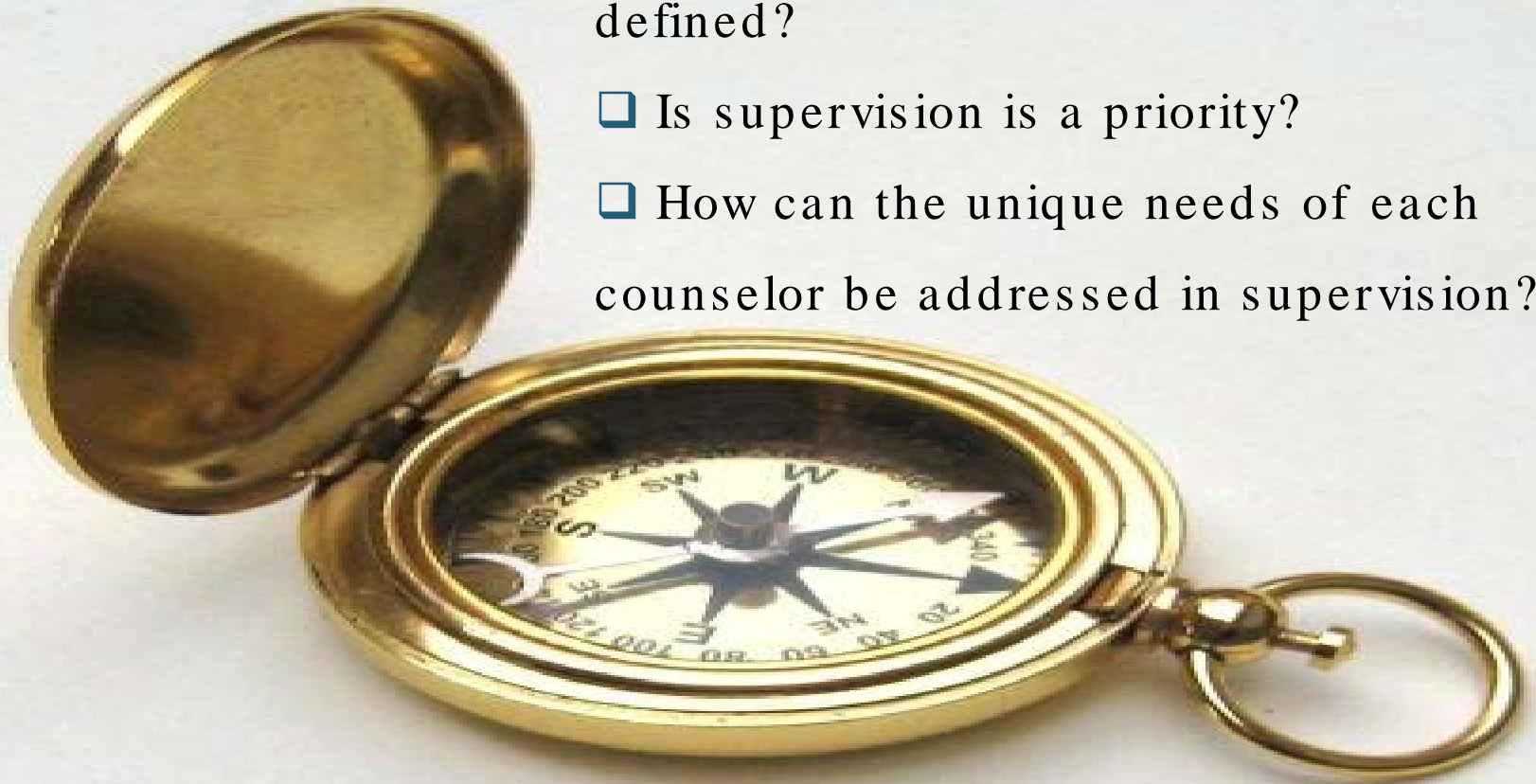
- Philosophy of treatment
- Model of supervision
- Supervision received
- Supervision Methods
- Skill Building



How would you rate supervision you have received?

What is the State of Clinical Supervision Today?

- Is clinical supervision universally defined?
- Is supervision is 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?

The Dual Roles of Clinical Supervisors

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

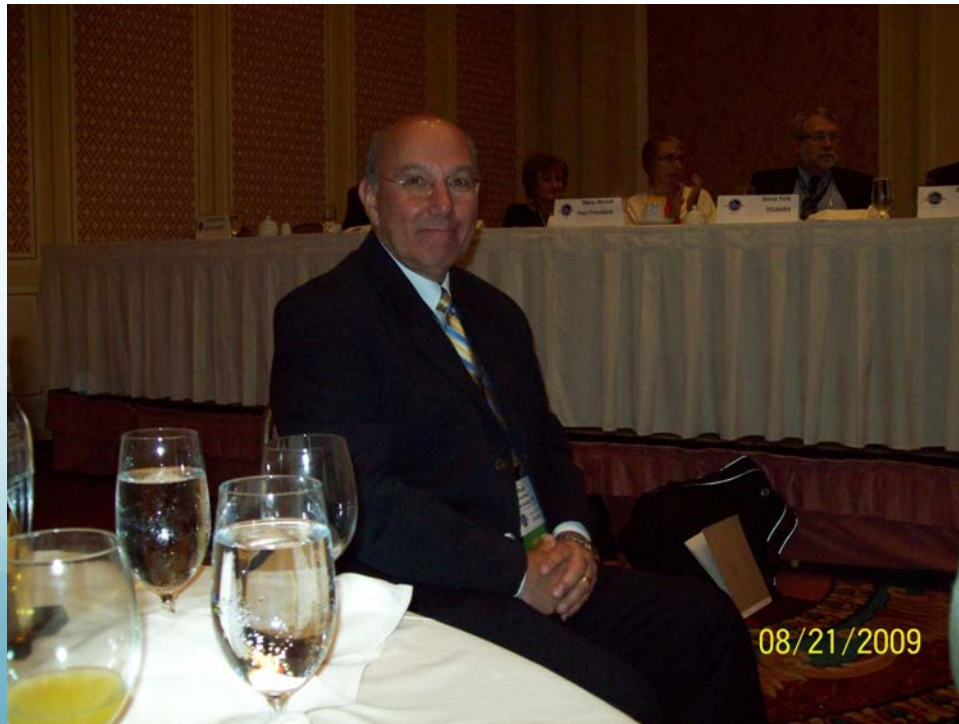
- What elements would your definition include?
- Is your definition based on your experience as a supervisee?
- What was missing in your supervision that you feel are important?

Clinical Supervision Defined

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

- ❑ Evaluative
- ❑ Supportive
- ❑ Administrative
- ❑ Clinical”

(Powell, 2004)



Clinical Supervision Defined

“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

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

Implementing Change (Continued)

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

Changing the Paradigm

“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)

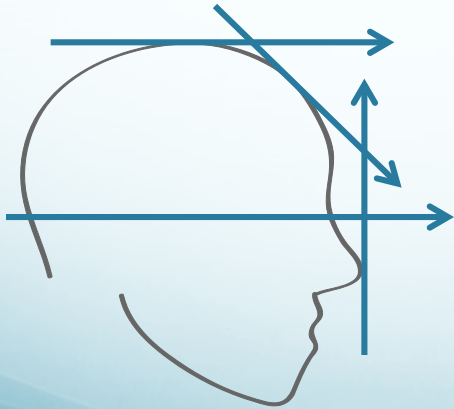
Goal: All Staff Value Supervision

- ❑ 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
(Rousmaniere et al., 2014),
inventors.”

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 Supervisory Relationship

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

A 3D graphic featuring a large blue arrow pointing upwards and to the right, set against a white background with a curved white ledge.

“I crave companions, not competitors”

(Wheatley 2006)

An Alliance That Will Provide a Means for.....

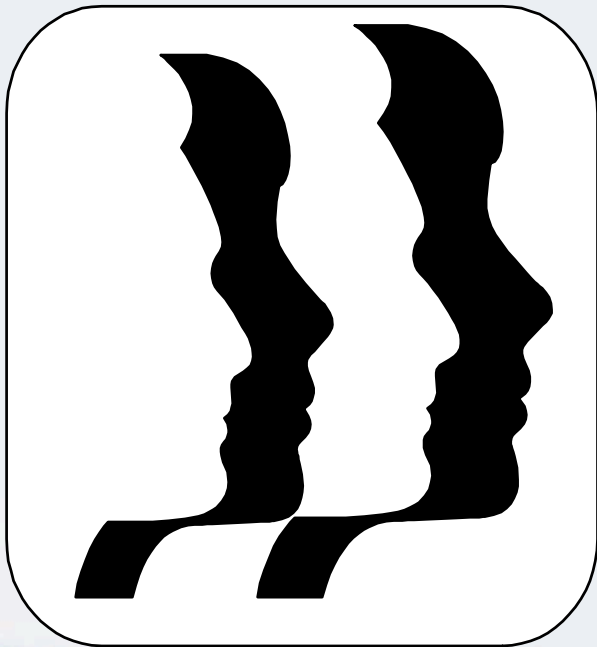
- A healthy supervisory relationship
- Professional growth
- Increased self awareness
- Improved Client Care
- Improved Therapeutic Relationships
- Positive Stress Management



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”



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)



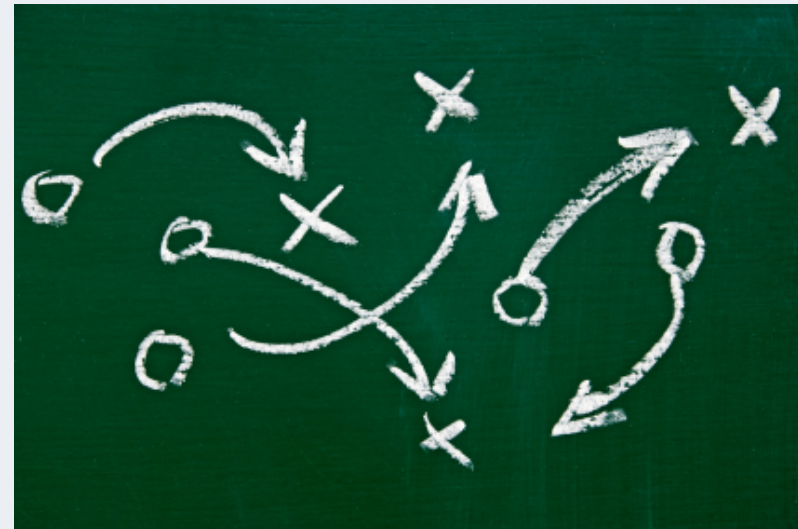
The Tutorial Role: Supervisor as a Teacher

- ❑ 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
initializing, directing, and evaluating 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



What is your Level of Cultural Sensitivity?

What aspects of your cultural background are important in your life?

What are some of similarities and differences 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 supervisory 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

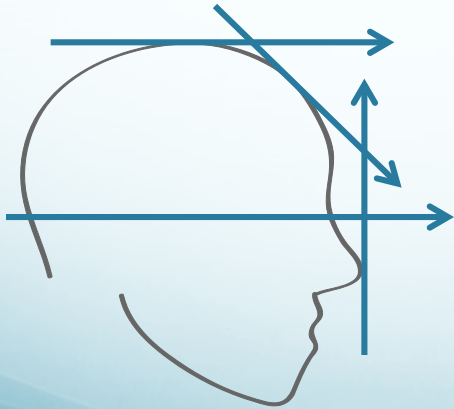
- ❑ Become self-aware – of one’s own identity as well as biases
- ❑ Engage in a supervisee-centered relationship
- ❑ Know supervisees’ individual needs
- ❑ Be culturally responsive by appropriately using cultural knowledge and learning styles
- ❑ “Teach to their Strengths”

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



Applying Theoretical Models to Supervision



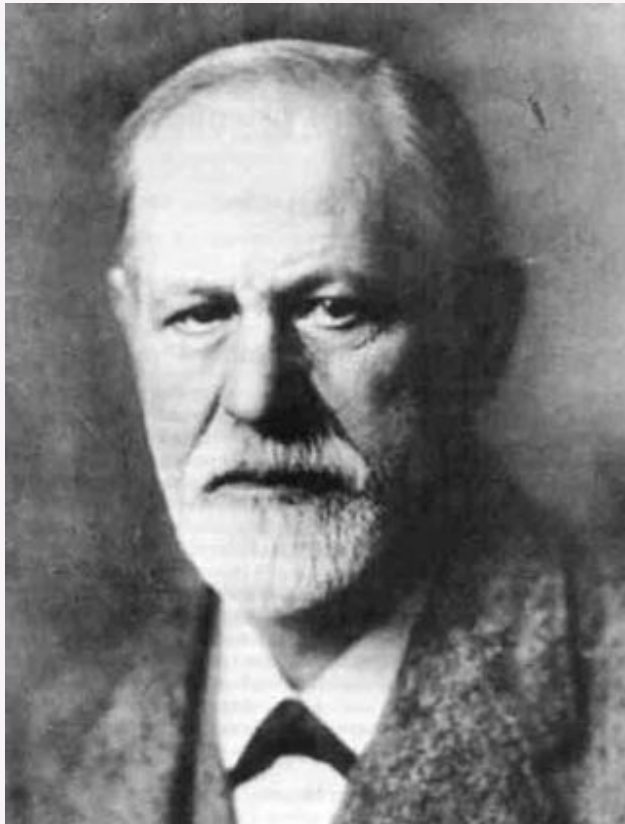
Module 4

Learning Objectives

- ❑ Articulate characteristics of several clinical models and their application to clinical supervision
- ❑ Describe the application of integrative models of supervision including Powell's Blended Model
- ❑ Describe the description dimensions as a component of the Blended Model

Models of Clinical Supervision

Psychodynamic



- ❑ Focus on supervisee dynamics
- ❑ Transference and countertransference
- ❑ Influence of client-counselor reactions
- ❑ Unresolved personal conflicts

Parallel process

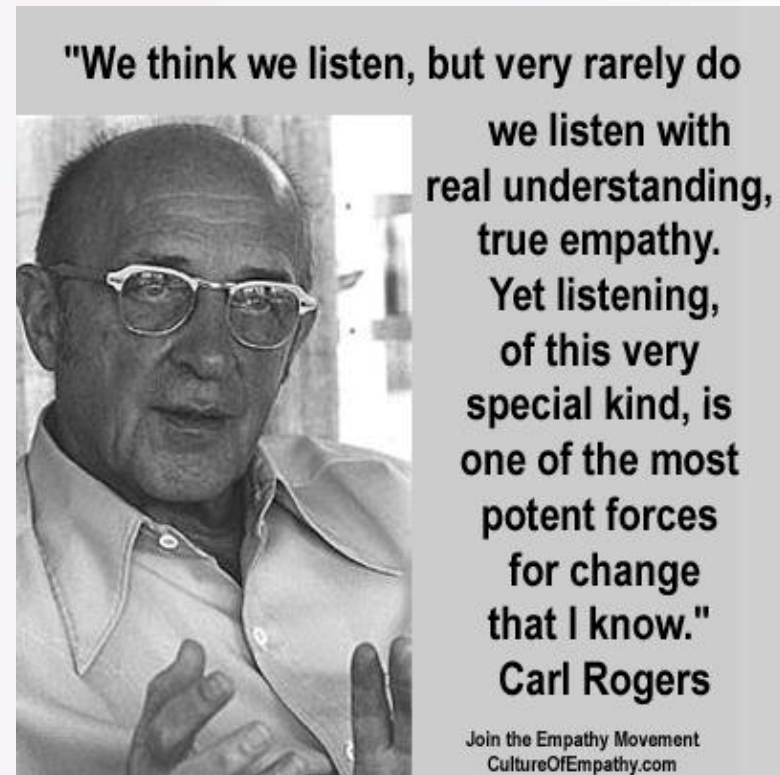
(Bernard & Goodyear, 2014)

Models of Clinical Supervision

Person-Centered

- ❑ Influence of the relationship
- ❑ Modeling
- ❑ Personal growth and exploration
- ❑ Experiential and didactic
- ❑ Personal issues/counter-transference

(Bernard & Goodyear, 2014)



Models of Clinical Supervision

Cognitive-Behavioral



- ❑ Challenge cognitions and misperceptions
- ❑ Adult learning theory
- ❑ Modeling and observation
- ❑ Assignments
- ❑ Structured, focused, and educational
- ❑ Parallel with counseling

Models of Clinical Supervision

Family Therapy Model

- ❑ Active, directive, collaborative
- ❑ Self-examination of intergenerational dynamics
- ❑ Supervisory relationship seen as a system
- ❑ Genograms, family history, and family sculpting

(Bernard & Goodyear, 2014)



Models of Clinical Supervision

Feminist Model

Hello, 1950s? You left your oppressive gender roles in our century. Can you come pick them up?



your eCards
someecards.com

- ❑ Gender-fair
- ❑ Individual and social change
- ❑ Egalitarian relationship
- ❑ Empowered relationship
- ❑ Collaborative spirit
- ❑ Minimization of hierarchy

The Developmental Model

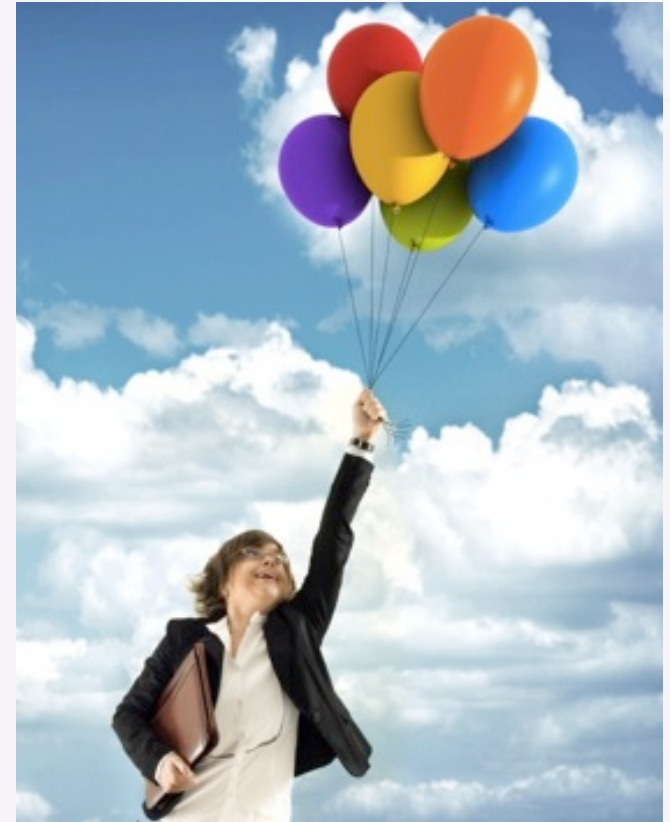
An Integrative Approaches to Supervision

Recognizes counselor growth as:

- ❑ **Multidimensional**
- ❑ **Continuous**
- ❑ **Individual focused**

And generally can be assessed within three stages of counselor growth.

(Stoltenberg & McNeil 2010)



Individuality and Development

Three overriding structures of supervisee growth:

1. Self- and other-awareness
2. Motivation
3. Autonomy



And these can be measured across the 8 domains to assess a counselor's level of development

(Stoltenberg & McNeil 2010)



Individuality and Development

Eight domains of supervisee development:

1. Intervention skills competence
2. Assessment techniques
3. Interpersonal assessment
4. Client conceptualization
5. Individual differences
6. Theoretical orientation
7. Treatment plans and goals
8. Professional ethics



(Stoltenberg & McNeil 2010)

The Developmental Model of Clinical Supervision

Level 1: Entry-level counselor

- ✓ Basic understanding of ethics
- ✓ Preoccupied with performance
- ✓ Basic skill level

Level 2: Mid-stage counselor

- ✓ Confused; frustrated
- ✓ Challenges authority (dependence/autonomy)
- ✓ Gaining skills, but lacks proficiency

Level 3: Advance counselor

- ✓ Responsible; highly ethical
- ✓ Integrative thinking and approach
- ✓ Highly skilled

(Stoltenberg & McNeil 2010)

The Developing Baseball Pitcher: A Developmental Metaphor



- ❑ **Level I:** fast ball, confident in one pitch, overuses with all batters
- ❑ **Level II:** fast ball, curve, slider, confused what to use when, not yet proficient with each pitch
- ❑ **Level III:** variety of pitches, knows what to use when, confident, proficient in all

The Mountain Climber and the Novice: A Developmental Metaphor



Level 1 Mountain Climber

- Helps novice stuck in crevice by yelling instructions
- Attempts to help with little or no experience

Level 2 Mountain Climber

- Climbs down with the novice
- Gets stuck and calls supervisor for help

Metaphor Continued

Level 3 Mountain Climber/Guide

- Lowers self into crevice
- Communicates effectively with novice
- Examines options for getting out
- Assists the novice with developing a plan



Powell's Blended Model of Clinical Supervision

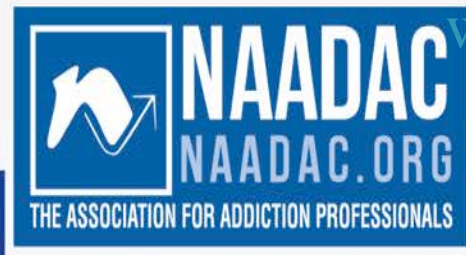
- ❑ Blend of insight and behavioral change
- ❑ Change is constant and inevitable
- ❑ Developmental needs
- ❑ Context plays a role
- ❑ Individualized approach
- ❑ Explore solutions, not causes



(Powell, 2004)

Philosophical Foundations of the Blended Model

- ❑ People have the ability to change with the help of a guide
- ❑ Guide concentrates on what's changeable
- ❑ People don't always know what's best for them
- ❑ Change is constant
- ❑ Key is to blend insight and behavioral change in right amounts and time
- ❑ Knowledge of causes is not necessary to resolve the problem
- ❑ There are many correct ways to see the world





Adapted from Powell (2004)



Descriptive Dimensions: Influential

Affective

Cognitive

- What influences clinical supervision?
- Do you influence counselors through the dynamics of the supervisory relationship?
- Do you influence them on a cognitive level?



Descriptive Dimensions: Symbolic

Latent

Manifest

- What do you talk about in clinical supervision?
- Do you deal with overt issues, such as skills and techniques?
- Do you discuss underlying issues rooted in the counselor's past?

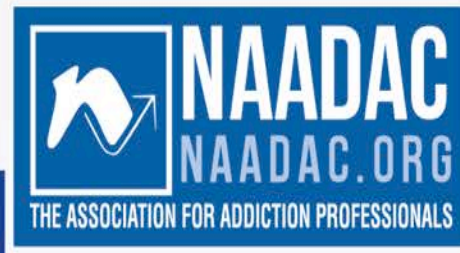


Descriptive Dimensions: Structural

Reactive

Proactive

- How do you structure supervision?
- Is supervision spontaneous with a flexible agenda?
- Is supervision well planned with a proactive agenda?

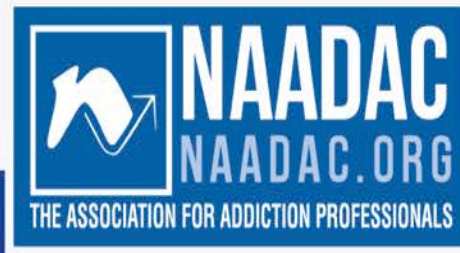


Descriptive Dimensions: Replicative

Parallel

Discrete

- Do you address a counselor's behavior that parallels that of his or her patient?
- Do you treat replicative issues as discrete entities outside of the supervisory process?



Descriptive Dimensions: Counselor in Treatment

Related

Unrelated

- Is it important to you that your counselors have experienced therapy?
- Do you see successful therapy related or unrelated to one's training as a counselor?



Descriptive Dimensions: Information Gathering

Indirect

Direct

- How do you gather information about a counselor's work?
- Do you place importance on direct observation?
- Do you rely on case notes and verbal reports?



Descriptive Dimensions: Relationship

Facilitative

Hierarchical

- How is the supervisory relationship structured?
- Is the relationship hierarchical?
- Does the relationship tend to be consultative?
- Is there a time and place for each?



Descriptive Dimensions: Strategy

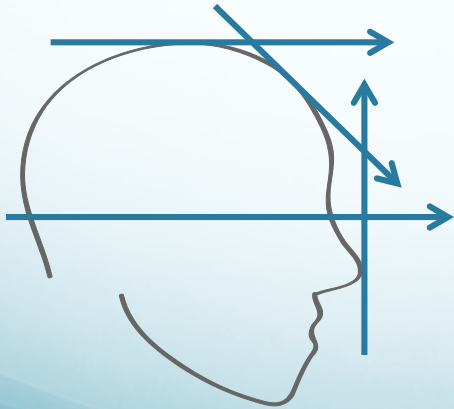
Theory

Technique

- What is your strategy for promoting professional growth?
- Do you teach technique?
- Do you teach theory?
- Do you mix theory and technique as a teaching strategy?



Ethical and Legal Dilemmas in Supervision



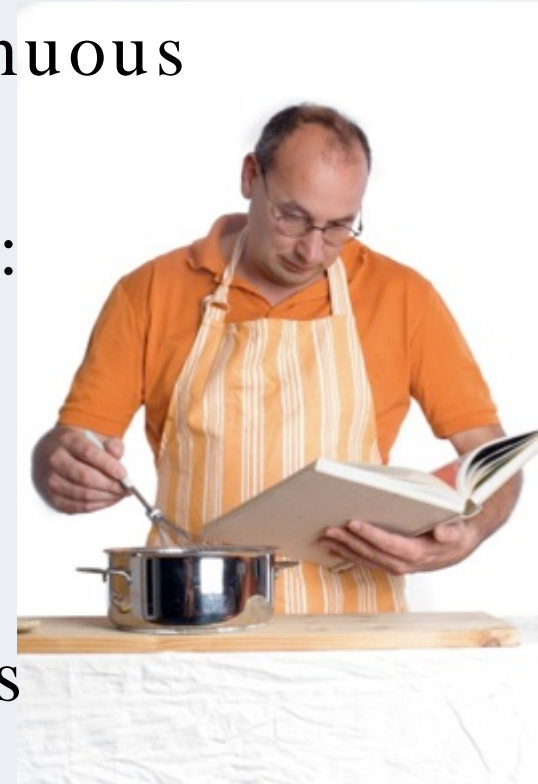
Module 5

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

Underlying Assumptions

- ❑ 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



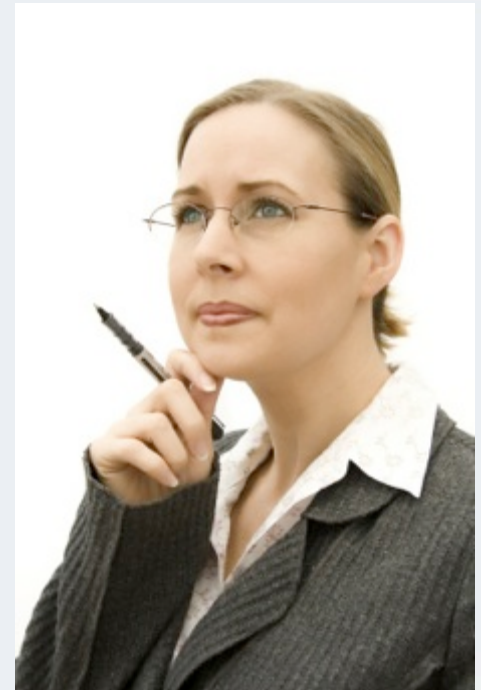
Astute Clinical Supervisors

“help integrate solutions to everyday legal and ethical issues into clinical practice”

TIP52 (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



Ethical Decision-Making

- ❑ 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?

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



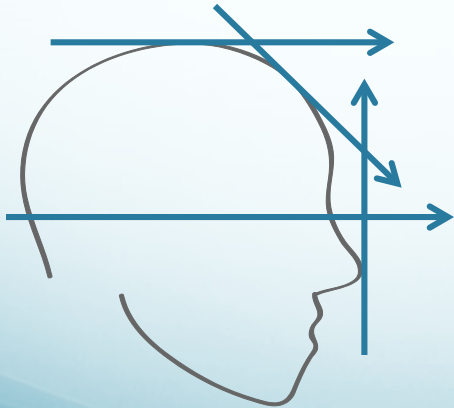
Boundary Issues: Isomorphic Influences

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

Monitoring Counselor Performance



Module 6

Learning Objectives

- ❑ 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

Evaluation of Counselors



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

Examples of “Good” Formative Evaluations

- ❑ **Supervisor demonstrates expertise**
- ❑ **Information gathered through direct observation**
- ❑ **Alternatives offered to supervisee**
- ❑ **Given in a supportive and trusting relationship**



Formative Evaluations Least Preferred by Supervisees

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



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”



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



Formative Evaluations: Feedback



The problem with feedback by itself

Formative Evaluations: Feedback



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

Formative Evaluations: Feed Up

- ❑ Establishes clear purpose and goals
- ❑ Shows why its 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

Formative Evaluations: Feed up



Feed up helps focus on the big picture

Moving Towards Alignment



Supervisory practice must form a system of assessment that allows for ongoing:

- ✓ Feeding back
- ✓ Feeding forward
- ✓ Feeding up.

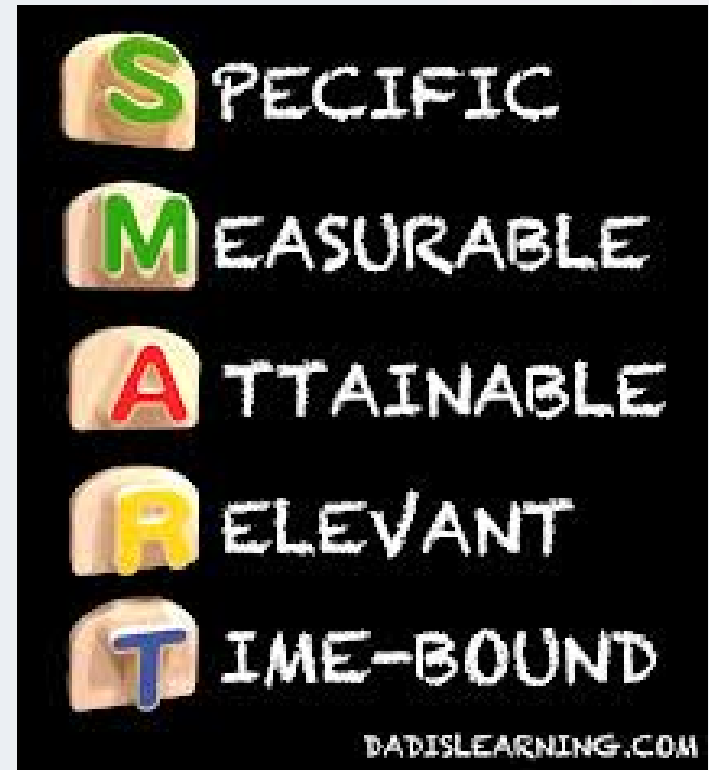
Identifying Growth Goals: The Individual Development Plan

- 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



IDP Exercise

- ❑ 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

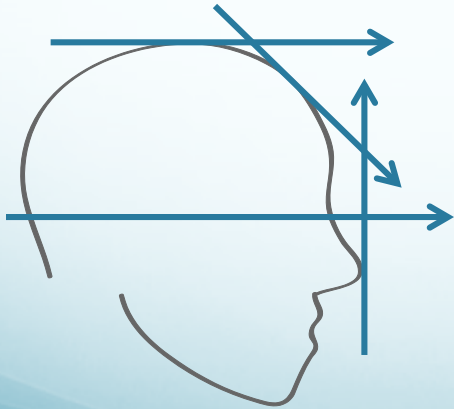
Feed Forward and Feed Up Coaching



Potential to:

- ❑ Turn everyday counselors into engaged professionals
- ❑ **become** leaders of people, not managers of tasks

Modalities and Methods of Clinical Supervision



Module 7

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

Modalities of Supervision



Individual



Group



Peer

Individual Supervision

- Mentoring
- Modeling
- Tutorial
- Collegial

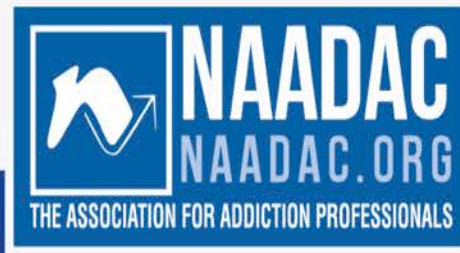


Individual Supervision

- Objective
Counselor professional development
- Frequency
Time consuming, individualized
- Structure
Mentoring based on first-hand observation
- Advantage
Tailored to individual needs
- Disadvantage
Labor intensive

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



Peer Supervision

- ❑ 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

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

A photograph of two young boys walking away from the camera on a wide, gravelly path that stretches into the distance. The path is flanked by green grass and a line of trees in the background. The boy on the left is wearing a light blue t-shirt and grey shorts, while the boy on the right is wearing a dark blue t-shirt and blue shorts. They are walking together, with the boy on the right having his arm around the boy on the left.

“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.”



慈悲

Compassion

“...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



**SEEDS OF
COMPASSION**

Evocation



“What were you hoping to get out of our conversation Today?”

Change

Talk






Changes
NEXT EXIT ↗

Change Talk and Sustain Talk

“Opposite sides of a coin”



The image features two stylized blue human figures standing side-by-side on a black background. Each figure has a circular head and a rectangular body with vertical lines for limbs. Above the left figure is a white speech bubble containing the text "My attitude toward certain clients has caused problems". Above the right figure is a white speech bubble containing the text "I tried changing, but it didn't work". The figures and their reflections are visible on a dark surface at the bottom of the frame.

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

DARN
Preparatory Change Talk

CAT
Mobilizing Change Talk

(Pre-)

Contemplation

Preparation

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)

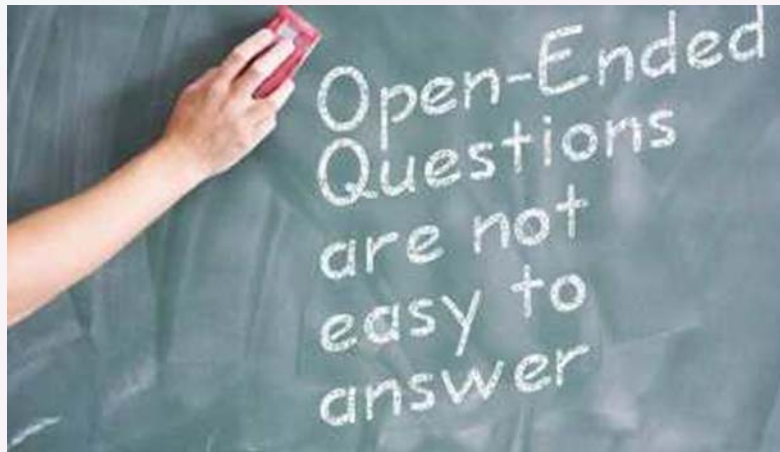
Open-Ended Questions



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



Reflections



“

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:

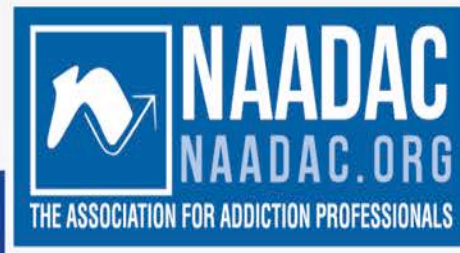
*You’re not happy about
having to share your work with
clients with someone else.*

Complex (Enhanced) Reflection:

*You feel you’re 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 giving

“Advice is what we ask for
when we already know the
answer but wish we didn’t.”

Erica Jong (in Miller & Rollnick, 2011)

“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

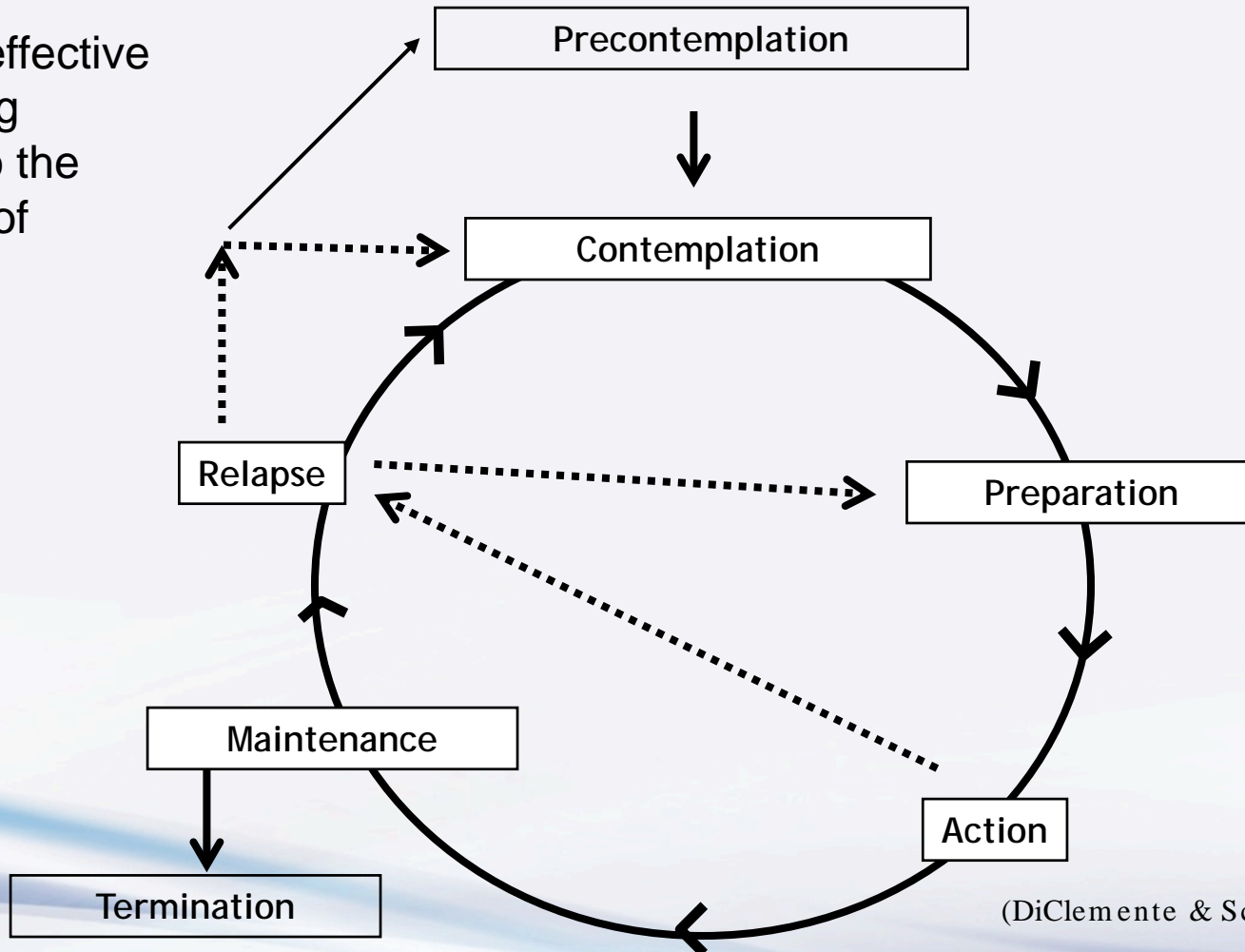
(DiClemente & Scott, 1997)



Integrative Approaches to Supervision

The Transtheoretical Model (Stages of Change)

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

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 strong alliance
- ❑ Self-identification of internal resources for change
- ❑ Self-enacted change





Bottom Line:

**Supervisee's must have their
own internal motivation
for change.**



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

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

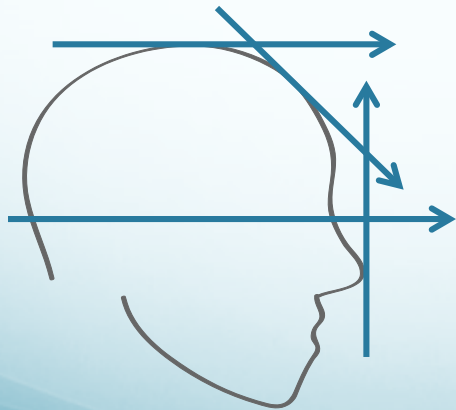
Change Talk Charlie

Sustain Talk Sam

Modeling Motivational Interviewing

- Parallel process and insight
- Modeling MI strategies
- Dual process for learning
- Practice with feedback

Observation and Live Supervision



Module 8

Learning Objectives

- ❑ 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**



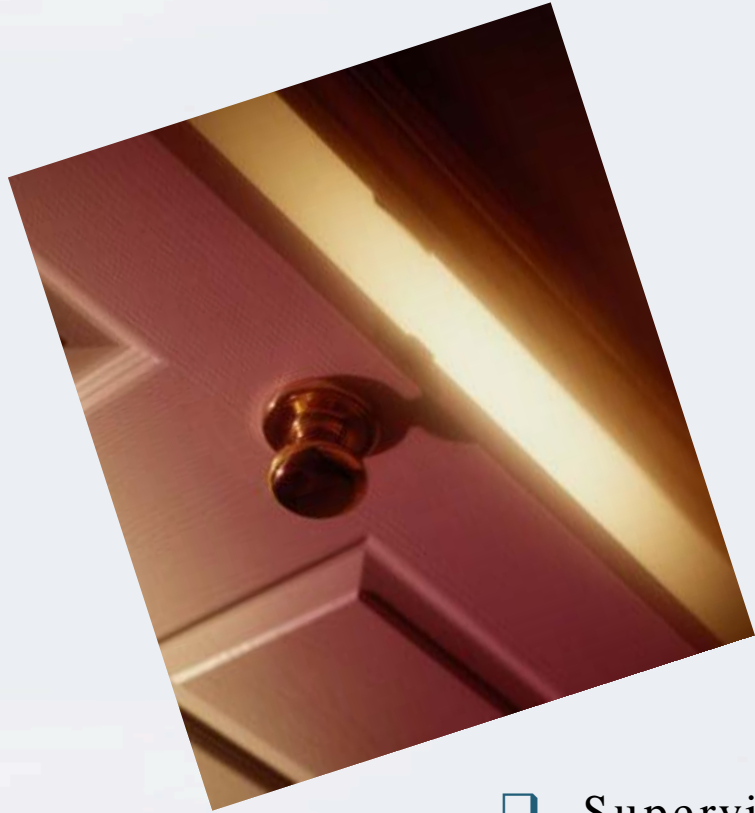
Direct observation of counselors is the
only way to see the whole picture

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



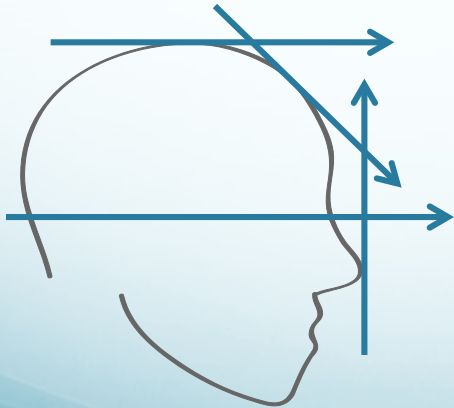
- ❑ Supervisor participates as a co-therapist
- ❑ Combines observation with modeling
- ❑ Session is guided “live” with supervisor interventions
- ❑ Instruction and feedback occurs after session
- ❑ Potentially strengthens supervisory alliance



Get into groups of three – each group will be given instructions

Stages of Supervision

Module 9



Learning Objectives

- ❑ Explore three levels of stages of supervisee development
- ❑ Identify appropriate stage-wise interventions in supervision
- ❑ Discuss typical characteristics of each stage
- ❑ Explain the significance of the evolving supervisory relationship

The Beginning Stage of Supervision

The Significance of Beginnings

- ❑ Take time to establish the context for supervision: go over goals and purpose of supervision
- ❑ The quality of the relationship is critical to the success of clinical supervision
- ❑ Emphasize relationships (rather than techniques) at beginning stage
- ❑ Spend more time on developing skills; less time on managing
- ❑ Review supervision requirements, including ethical codes, standards, credentialing requirements, use of evaluation/ observation forms

The Beginning Stage of Supervision

Working Supervisory Alliance

- Establish mutuality and collaboration to accomplish tasks
- Use self-disclosure to foster openness, honesty and willingness to admit mistakes
- Talk openly about the hierarchy of power and the means available to solve problems
- Include supervisee in setting goals planning and the evaluation process
- Create an atmosphere of trust and commonality of goals and purpose

The Beginning Stage of Supervision

Orientation to Supervision

- 3 main responsibilities of supervisee:
 1. To protect clients from harm
 2. To actively participate in supervision
 3. To be open, honest, and truthful about what they don't know and be forthcoming about mistakes
- Discuss goals, needs, evaluation methods and documentation
- Explain your role and function
- Use informed consent agreements
- Ask what they need and want from supervision

The Beginning Stage of Supervision

Creating a Safe Environment

- Build a safe place to learn
- Work actively to reduce anxiety
- Discuss openly the barriers to trust (dual relationships, multicultural differences, evaluation)
- Validate differences in perspective and approach
- Normalize mistake making and encourage risk taking (focus on success – not just failures)
- Be genuine, show respect and be tolerant
- Be available consistent and reliable
- Offer hope
- Use humor

The Beginning Stage of Supervision

Self and Other Awareness

- Promote self-exploration
- Connect supervisee self-awareness to their relationships with clients (e.g. issues of counter-transference)
- Follow up self-exploration by prompting supervisee to explore options for change as a result of self-awareness

The Beginning Stage of Supervision

Intrinsic Motivation

- Be aware of supervisee's vacillation between enthusiasm and frustration
- Use MI skills to explore and resolve ambivalence
 - Don't coerce supervisee into making improvements
- Create an atmosphere conducive to self-exploration to resolve ambivalence leading to intrinsic motivation

The Beginning Stage of Supervision

Autonomy

- High dependence on supervisor is common
- Early progress may lead to increased autonomy
- Encourage risk taking to avoid over-dependence on supervisor
- Provide structure and supportive feedback

The Intermediate Stage of Supervision

Providing Corrective Feedback

- Use empathic responses
- Appropriate use of self-disclosure
- Point out discrepancies
- Sandwiching ("praise sandwich")
- XYZ: "I see you do x with clients, but what happens is y. I suggest you try z"

The Intermediate Stage of Supervision

Coaching

- Be encouraging
- Acknowledge success
- Bottom line approach: “What do you need from me right now”
- Present challenges
- Create an action plan
- Ask for success/report accomplishments
- Ask for “mission statements”: “what do you really want to accomplish with this client?”

The Intermediate Stage of Supervision

Problem-solving Strategies

- Define the problem
- Identify contributing factors
- Reassess the problem
- Visualize the ideal outcome
- Identify obstacles
- Brainstorm ways around obstacles
- Select an idea/ answer from brainstorm
- Examine positive and negatives from that idea
- Tackle the negatives (be innovative)
- Create action plan
- Choose means of reporting progress

The Intermediate Stage of Supervision

Self and Other Awareness

- Supervisee is likely less self-focused and more client-focused
- Recognition of complexities of counseling
- May result in confusion/ frustration
- At risk for over-identification or enmeshment with clients
- At risk for inappropriately advocating for client

The Intermediate Stage of Supervision

Intrinsic Motivation

- Be aware of;
 - Vacillation between autonomy and dependence
 - Confusion self-doubt may impact motivation (either way)
- Validate any cyclical progress of frustration, anxiety and regression
- Use MI approach to demonstrate ambivalence is both normal and understood
- Use decisional balance exercise to address ambivalence
- Encourage independence is decision-making
 - Leads to supervisee being self-inspired
 - Change is self-directed – a by-product of intrinsic motivation

The Intermediate Stage of Supervision

Autonomy

- Be aware of:
 - Dependence-autonomy struggle
 - Supervisee beginning to assert independence
 - Lingering confusion
 - May see dependence on supervisor as a sign of weakness
- Promote autonomy with support, encouragement
- Use collaboration, co-therapy
- Use MI skills (roll with resistance)

The Intermediate Stage of Supervision

Relationship Challenges

- Change methods, techniques, style
- Depersonalize problems
- Try relating to supervisee differently
- Use active listening, coaching, storytelling
- Talk directly about relationship challenges
- Rethink relationship difficulties via stages of change
- Use MI approach

The Advanced Stage of Supervision

Collaboration

- Promote independence and self-supervision
- Work collaboratively
- Encourage use of consultation and peer support
- Model and teach self-care
- Encourage continuation of self-exploration
- Champion life-long learning

The Advanced Stage of Supervision

Team work (5 steps to successful team work)

- Shared vision
- Communicate expectations
- Demonstrate respect for differences
- Ask for discipline and pride
- Use teamwork to solve problems

The Advanced Stage of Supervision

Self-Care

- Acknowledge normalize and process feeling
- Avoid isolation, develop team approach
- Help supervisee find meaning in life and work
- Provide continuing supportive feedback
- Help supervisee manage stress and avoid burnout

The Advanced Stage of Supervision

Self and Other Awareness

- High self-awareness
- Self-confidence and emotional security
- Focus on more of a personalized approach to counseling
- Appropriate use of self
- Personal reactions and countertransference are understood
- Client information effectively used to inform decision making

The Advanced Stage of Supervision

Intrinsic Motivation

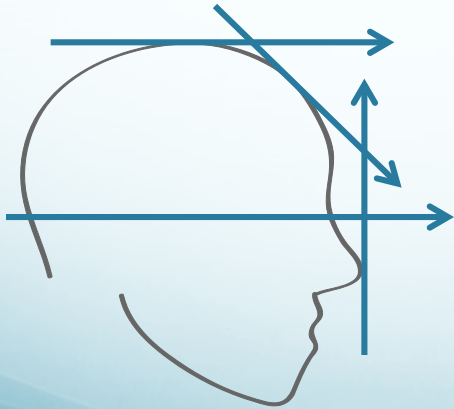
- Form and maintain a collegial relationship
- Guided by wisdom
- Motivated to pursue personal and professional integration
- Use catalytic interventions, appropriate self-disclosure, and exploratory interventions

The Advanced Stage of Supervision

Autonomy

- ❑ Goal: self-supervision
- ❑ Show support for:
 - Expanded knowledge base
 - Strong sense of responsibility
 - High self-understanding
- ❑ Be open to a more egalitarian relationship:
 - Both the supervisor and the supervisee benefit from bi-directional support and learning
 - Collegial bond created in supervision promotes further growth
- ❑ Fine-tuning current areas of strength

Technology-Based Clinical Supervision



Module 10

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

Turn Disparity Into Equity

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



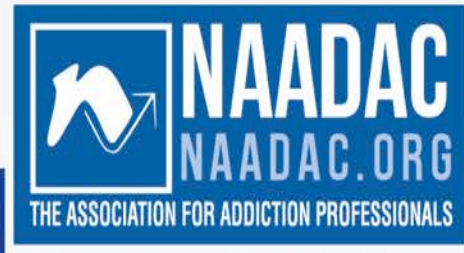
Can technology approximate the experience of in-person supervision and training?



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.”

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., 2005)



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

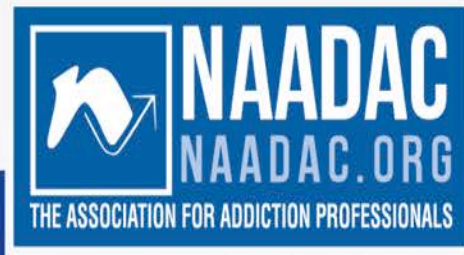


Technology greatly expands the available pool of supervisors



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

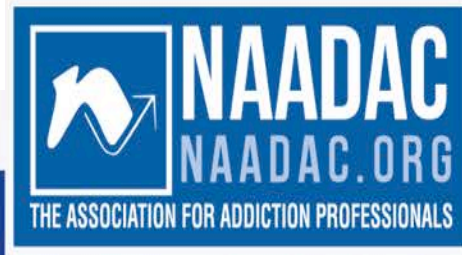
Using technology allows for direct observation of clinicians in the communities in which they work, which has positive implications for building cultural competency



(Byrne & Hartley, 2010)

Benefit #3

Strengthens Professional Identity



Professional identity comes from being witnessed in a professional role, and receiving encouragement and feedback.



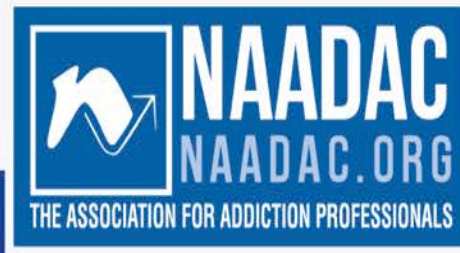
(Perry, 2012)

**DRIVING
FORCES**



Professional identity is what makes people strive to improve their work, to develop new and better skills.

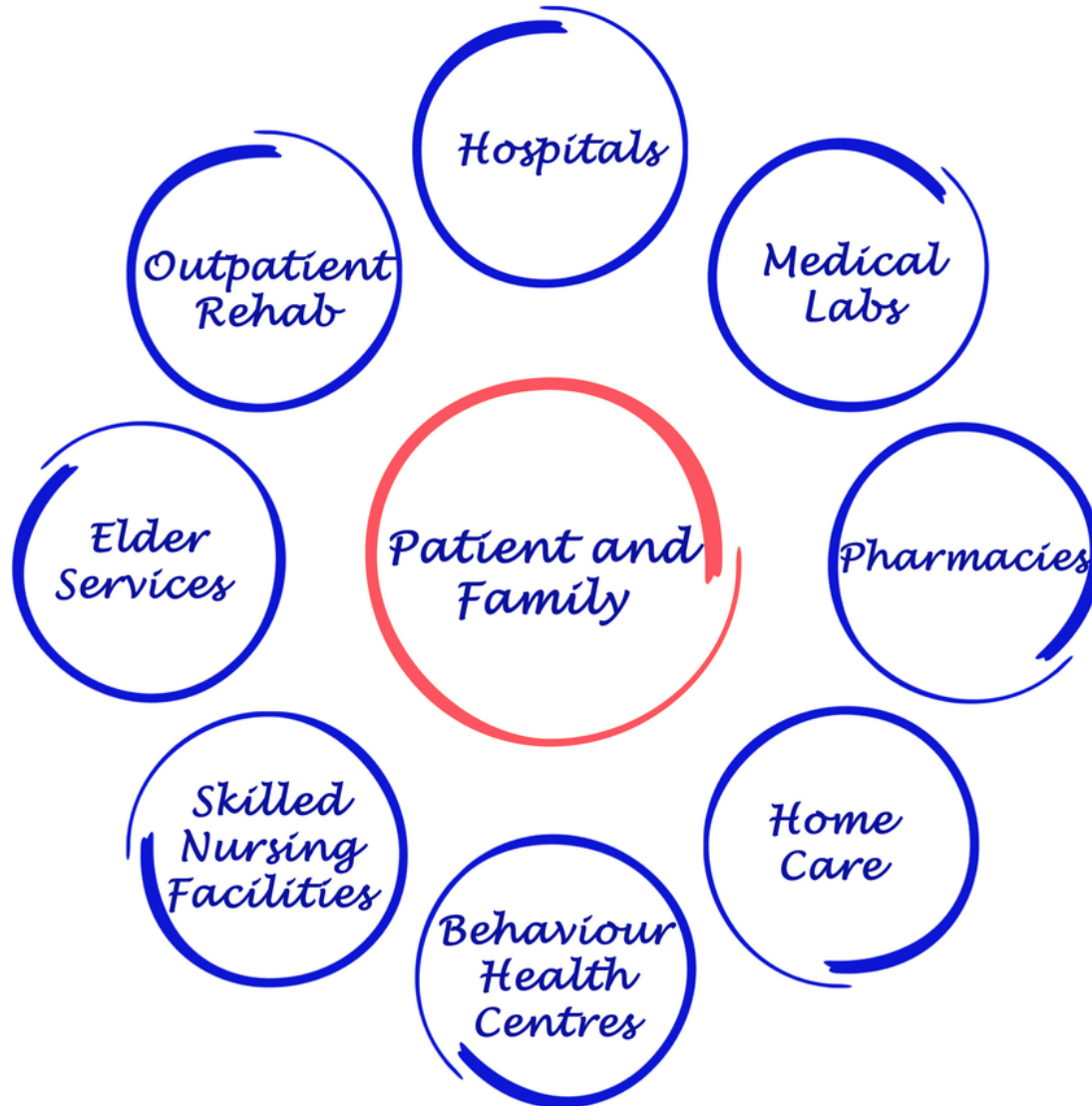
It is the driving force behind competence and mastery.



(Perry, 2012)

Benefit #4

Supports Program Integration





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)



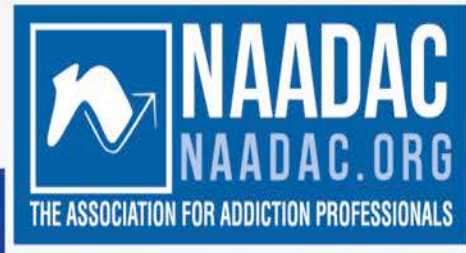
As new generations of supervisors who are comfortable with technology begin their careers, it is likely that new technologies will increasingly become integrated into supervision as routine practice



Benefit #6

Promotes Fidelity to EBPs

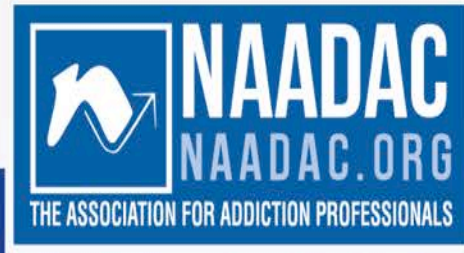
- The literature indicates that fidelity to an evidence-based practice is often directly related to the amount of supervision.
- It's not enough for counselors to go to a training on EBTs. They need ongoing, interactive support, feedback on skills, and coaching.



(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

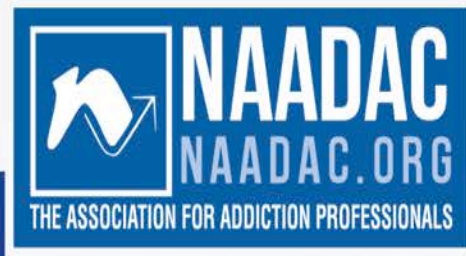


SUMMARY

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

(SAMHSA-TIP 52, pg. 5)

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



How will technology enhance the role of a supervisor?





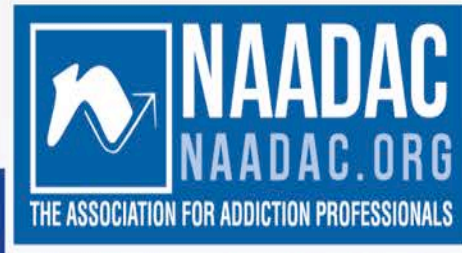
Telephone

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

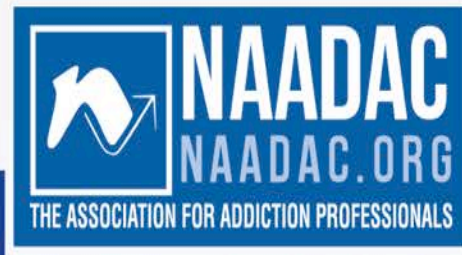
- Emails are stored at multiple locations: the sender's computer; your Internet Service Provider's (ISP) server; & the receiver's computer.
- Deleting an email from your inbox doesn't mean there aren't multiple other copies still out there.
- Emails are vastly easier for employers and law enforcement 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!



“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)



Privacy Rules Overview

- Three main federal regulations apply:
 - HIPAA
 - HITECH
 - 42 CFR part 2
- Assume these apply to you – the penalties for breach are stiff





Seek
legal advice



BEFORE delivering services
and purchasing equipment

Avoid having your digital recording of
clinical supervision session posted
on...



Conclusion

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

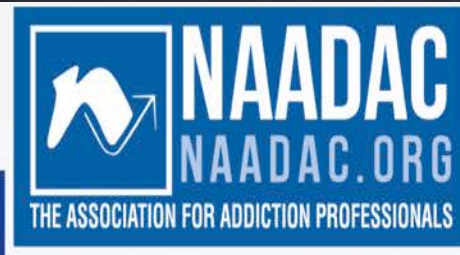
- Expanded provider base
- Improved professional identity
- Innovation and EBT
- Connectedness
- Improved work conditions
- Access to care

The future of clinical supervision?

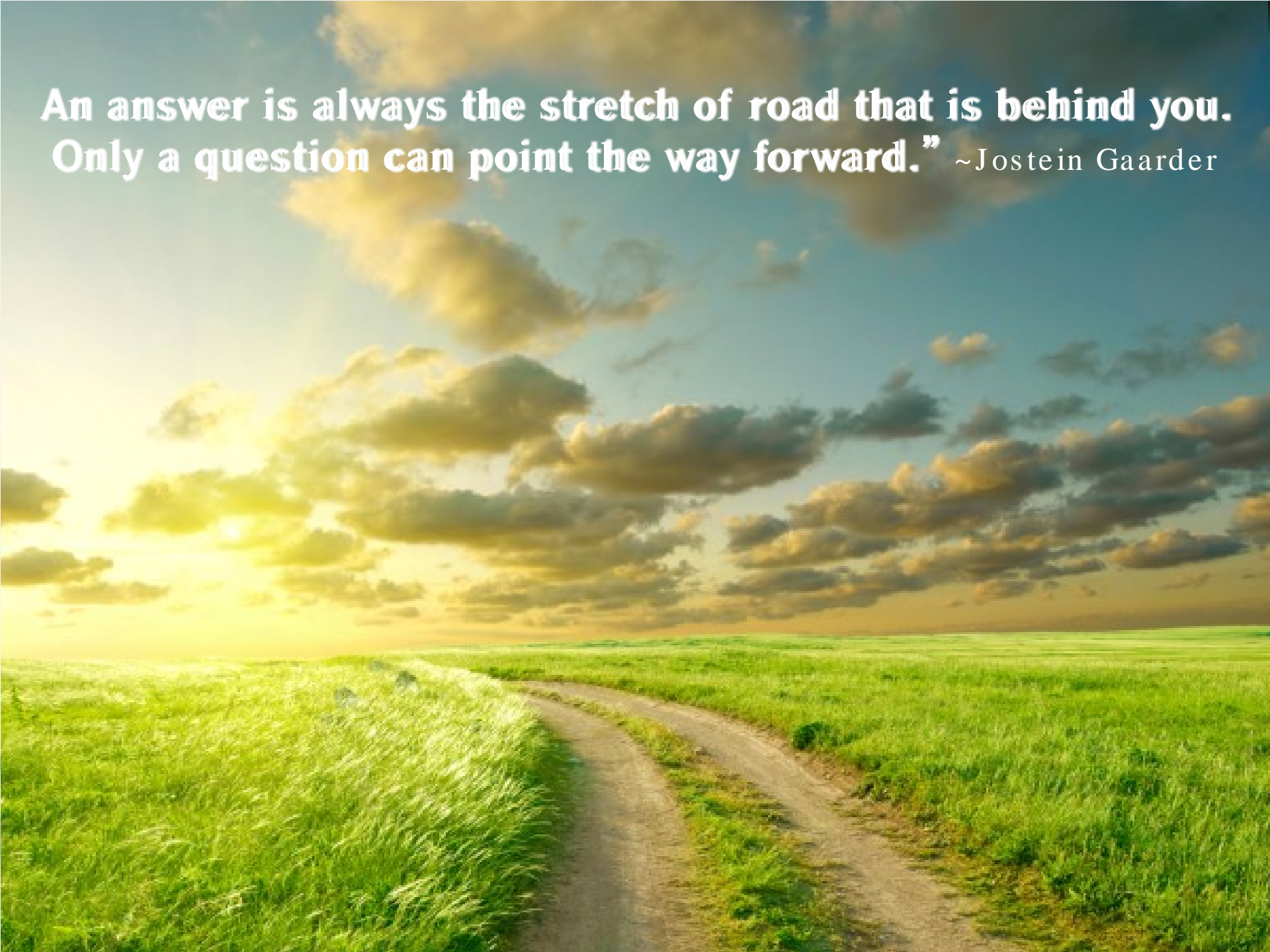


Workshop Wrap Up

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

”

**THANK
YOU**

THANK



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Thomas G. Durham, PhD, LADC
tdurham@naadac.org

