

2005 Midwest Conference on Problem Gambling and Substance Abuse

Clinical Supervision

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Candace Peters, MA, CADAC



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Supervision

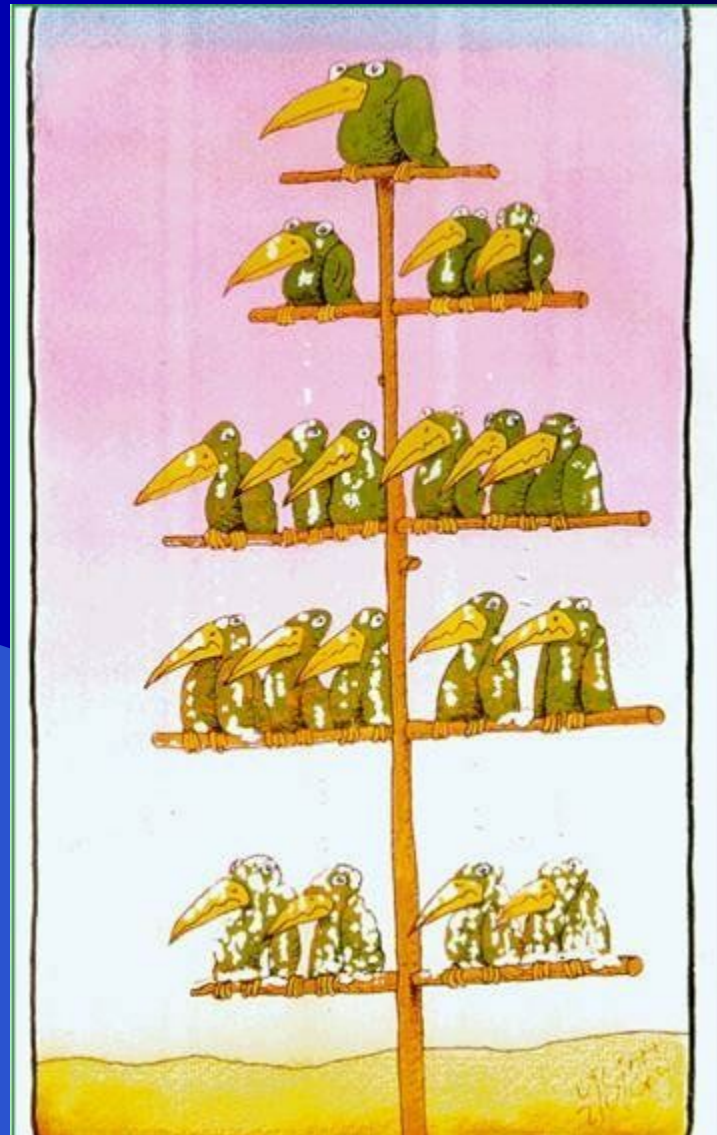
- The field of substance abuse counseling is unique as it incorporates non-degreed, educated (AA, BA, MA, PhD), recovering, and non-recovering counselors.
- We have minimal research in the area of supervision indicating a research focus for the future.

Supervision

- Supervision is a specialized area of professional practice which involves knowledge, skills, and attitudes that can be learned, practiced, and mastered .
- Includes: planning, directing, monitoring, and evaluating the clinical work of another.

Lindbloom, G., Ten Eyck, T., & Gallon, S. (2003)

Professional Hierarchy



Three Goals of An Effective Supervisor

- Assure delivery of quality treatment: training, ethical responsibility, treatment process.
- Create a positive work environment: work space, scheduling, confidentiality, wages, team/individual approaches.
- Develop staff clinical skills: current research, training appropriate to needs, on/off site training, clinical/administrative plan.

Supervisory Tasks and Functions

- Administrative
- Evaluative
- Clinical

Administrative Supervision

An emphasis on conformity with administrative and procedural aspects of the agency's work.

Examples:

- 1) using correct formats for documentation
- 2) complying with agency leave policies
- 3) scheduling and coverage
- 4) performance reviews
- 5) contractual expectations
- 6) budgets
- 7) hiring and orientation
- 8) firing

Elements of the Administrative Supervisory Relationship

- Authority: You are the designated representative of the agency.
- Expectations: You are responsible for communicating agency standards to staff.
- Intensity: You hold staff accountable for their conformance to agency expectations.
- Parallel Process: Be aware that within the organization the quality of your relationship with your workers is reflected in their relationships with clients.

Evaluative Supervision

Evaluation is a part of both clinical and administrative supervision, and is an on-going process that is central and essential to everything a supervisor does.

- counselor development: a critical component in determining supervisory approach
- counselor growth and encouragement: skill building, self-confidence, integration of theory into practice, self exploration, work satisfaction, acceptance of oneself as a counselor, future thought

Examples:

- 1) Assessing a counselor's knowledge, skills, and attitude when management considers introducing a new treatment protocol.
- 2) Periodic performance review.

Clinical Supervision

According to Loganbill, Hardy, and Delworth (1982, p.14), clinical supervision is “an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person.”

Examples:

- 1) Reviewing a counselor’s case presentation and giving guidance on working with the client.
- 2) Discussing theoretical basis for counselors decision-making.

Powell (1991) examined the dimensions involved in being a good clinical supervisor of substance abuse counselors.

- **Participants:**

- 50 clinical supervisors in civilian and military substance abuse programs
- 48% had a Master's degree, 52% had doctoral degree

- **Instrument:** Personal Profile System, a self-administered measure, for this purpose.

- **Results:**

- Persons with very high *influencing of others* profile scores, very little *dominance*, some *steadiness*, and some *compliance* appeared to make the best clinical supervisors.

Reeves, Culbreth, & Greene (1997) studied supervisory styles to determine whether supervisors have a preference for a particular supervisory style.

- **Participants:**
 - 72 certified clinical supervisors in North Carolina agencies
 - 53% male, 94 % Caucasian
 - 10 % high school diploma/community college, 21% BA, 57% MA, 11% doctoral degree
- **Instruments:** Used the Supervisory Styles Index (Long, Lawless & Dotson, 1996)
- **Results:**
 - Confirmed a relationship between orientation and approach and supervisory style.
 - Style was influenced by age and level of education.
 - Higher educated supervisors were more likely to be more respectful of differences with supervisees

Culbreth and Borders (1998) examined perceptions of supervisory relationships by substance abuse counselors and focused primarily recovery status.

- Participants: Five substance abuse counselors at varying level of education.
- Results: If the supervisor was perceived as competent, recovery status did not affect the supervisory relationship
 - A positive supervisory relationship was more likely if supervisor displayed:
 - commitment
 - trustworthiness
 - support

Culbreth and Borders (1999) then completed a study similar to their 1998 study.

- Findings:

- Results did not indicate a significant difference between recovering and non-recovering counselors in perceptions of the quality of the supervisory relationship.,
- Recovery status of supervisee and supervisor did affect ratings of the supervisors' competence.

Anderson (2000) compared the supervision needs of counselors at various developmental levels.

- **Developmental levels defined by:**

- the Integrated Developmental Model (IDM: Stoltenberg et al. 1998),
- recovery status,
- years of experience, and
- level of education.

- **Participants:**

- 422 Substance abuse counselors certified by the Iowa Board of Substance Abuse Certification
- 25.9% males, 74.1% female

- **Results:**

- A majority (54.5%) of certified substance abuse counselors were receiving clinical supervision; 45.5% were not receiving clinical supervision
- Counselors in clinical supervision were most likely to be receiving a combination of individual and group supervision.
- The findings provided partial support for the Integrated Developmental Model:
- Years of experience as a counselor and a supervisor were significant clinically.
- Recovery status was not found to be significant.

Effective Clinical Supervisors

- Are effective communicators.
- Set clear expectations that are understood.
- Follow-through via observation.
- Provide feedback with respect in a timely manner.
- Teach needed skills.
- Provide a supportive and respectful environment.
- Check assumptions about counselors.
- Check counselor assumption about supervision and you as their supervisor.
- Understand how people change.

What Practice Dimensions are Important in being a Substance Abuse Clinical Supervisor?

- Adams and Gallon (1997a):
 - surveyed 165 clinical supervisors from the same number of substance abuse treatment agencies.
 - rated the following three practice dimensions (proficiencies) in entry level counselors:
 - Skills
 - Knowledge
 - Attitudes of Professional Practice

Know the People You Supervise

- What are they good at?
- What is their background and training?
- What are their strengths?
- What jobs do they like doing? What do they not like?
- What training are they currently involved in?

Integrated Developmental Model

Stoltenberg, McNeill, and Delworth (1988)

- Counselors are seen to move through three levels of development in a relatively orderly fashion relevant to professional activities.
- The model allows for brief regressions when counselors are faced with new or ambiguous tasks.
- Counselors develop in a step-by-step approach.

Levels of Counselor Development

- Level One: beginners full of trust and hope
- Level Two: confusion stage, striving for independence, less imitative, sometimes frozen attitudes, ambivalence, instability
- Level Three: calm after the storm, able to concentrate, demonstrates development, learning is a life-long process

Three Overriding structures

- Self and Other Awareness
- Motivation
- Autonomy

Self and Other Awareness

- Counselors can be seen as accommodators in relation to their supervisors but as assimilators with their clients.
- They are characterized by their extreme self-focus and difficulties in hearing their client's view.

Self and Other Awareness: Level One

- The primary focus is on him- or herself.
 - The anxiety during this stage causes a counselor to focus on his or her own fears and uncertainties making it difficult to “be with” or understand what the client is experiencing.
 - While a necessary phase of development, this focus interferes with the trainees ability to empathize and understand the client.
- Experience and confidence move the counselor from this phase.

Self and Other Awareness: Level Two

- Begins to focus more on the emotional and cognitive experiencing of the client.
 - In extreme cases the counselor may lose him- or herself while focusing on the client and become engrossed in the pain, depression, or even elation the client is experiencing
 - Similarly the counselor may become confused, optimistic, or pessimistic
- As the counselor gains experience, he or she becomes aware of the impact the client has on them.

Self and Other Awareness: Level Three

- Counselors build upon the realization of the client's emotional impact on him-or herself and the understanding of how certain behaviors or techniques affect the client.
 - The counselor begins to move back and forth between a focus on his or her own emotional and cognitive responses to the client and an awareness of what the client is experiencing.
 - The ability to move back and forth allows the counselor to integrate information and develop a deeper and more integrated approach.

Motivation

- Counselors tend to overaccommodate clients, losing for a time their own ability to assimilate or form their own structures.
- With supervisor, counselors may exhibit overly tight assimilations, often evinced as a premature independence in which they focus almost exclusively on their own view.

Motivation: Level One

- The counselor generally exhibits a high degree of motivation.
 - Motivation is not based on an in-depth understanding of the role or process of the counselor, rather a desire to become a counselor. optimistic, or pessimistic.
 - The desire to help people is highly prevalent.
- Early success in working with predominantly adequately functioning clients results in a measure of confidence and re-enforcement.

Motivation: Level Two

- Counselors begins to sense that counseling is not as powerful as they once thought, nor is it easily learned.
 - Counselors may find a need for focused skill building in deficient areas.
 - A decrease in supervision pushes the counselor to come with their own answers resulting in motivational fluctuation.
- Success in the process accompanied with positive feedback will bring back the counselors confidence and motivation.

Motivation: Level Three

- The counselor has weathered the Level Two storm.
 - They have learned idiosyncratic strengths and weaknesses, understand limitations, and have integrated a therapeutic style with individual identity.
 - Counselors can make referrals without feeling like a failure.

Autonomy

- The two processes of accommodation and overassimilation begin to work in a more reciprocal fashion, and a new data can be accepted and utilized to develop more complex assimilations.

Autonomy: Level One

- Counselors begins the field with dependence upon authority figures.
 - They know little about the necessary skills, themselves, and have need to solicit advice from experts.
 - Important decisions are left up to the supervisors or others
 - They will seek advice on numerous issues on a regular basis.
- Time, training, and supervision will assist the counselor to the next level.

Autonomy: Level Two

- Initial success brings about a desire for autonomy which may result in a dependency-autonomy conflict
 - At certain times the counselor will want to be treated independently, and at other times will appear less confident and seek supervision.
- The counselor will reach a balance moving them to level three.

Autonomy: Level Three

- The counselor provides a service to their clients with confidence in his-or her ability.
 - When in doubt regarding a particular situation, the counselor seeks knowledgeable peers for consultation without giving up primary responsibility for the final decision.
 - This counselor does not feel he or she is losing face by seeking advise and will generally not accept such advice uncritically.

Moving Counselors Through Levels 1, 2, and 3

- Stirring things up may be the professional ticket toward growth.
- It is difficult for many supervisors to stir things up once counselors seem less anxious.
 - Level 1: counselor is too rigid and dependant
 - Level 2: unfreeze cognitions and structures in a manner that allows further development
 - Some counselors never reach this point

Prochaska & DiClemente:

Stages of Readiness to Change

Prochaska & DiClemente: Stages of Readiness to Change

What happens to people as they go through Behavioral change?

Experiential: a person experiences an event that creates a new way of thinking and feeling that, in turn, leads to change.

- Consciousness raising (awareness)
- Emotional arousal (intense event)
- Self-reevaluation (experiences causing reflection)

Behavioral: consisting of activities that reinforce the changes that people are making.

- Stimulus control (managing barriers)
- Self-liberation (creating a plan)

Prochaska & DiClemente: Stages of Readiness to Change

- Precontemplation
- Contemplation

- Determination/Preparation
- Action
- Maintenance
- Relapse and Recycle
- Termination or Graduation

Prochaska & DiClemente: Stages of Readiness to Change

Stage

Description

Objectives

Pre-contemplation

Not considering change
Do not see their behavior
as being a problem

- Identify patient's goals
- Provide information
- Bolster self-efficacy

Contemplation

Ambivalent about change
Acknowledge the possibility
that there is a problem

- Develop discrepancy
between goal & behavior
- Elicit self-motivational
statements

Prochaska & DiClemente: Stages of Readiness to Change (continued)

Stage

Description

Objectives

Determination/
Preparation

Committed to change
Have made a decision
to change

- Strengthen commitment to change
- Plan strategies for change

Action

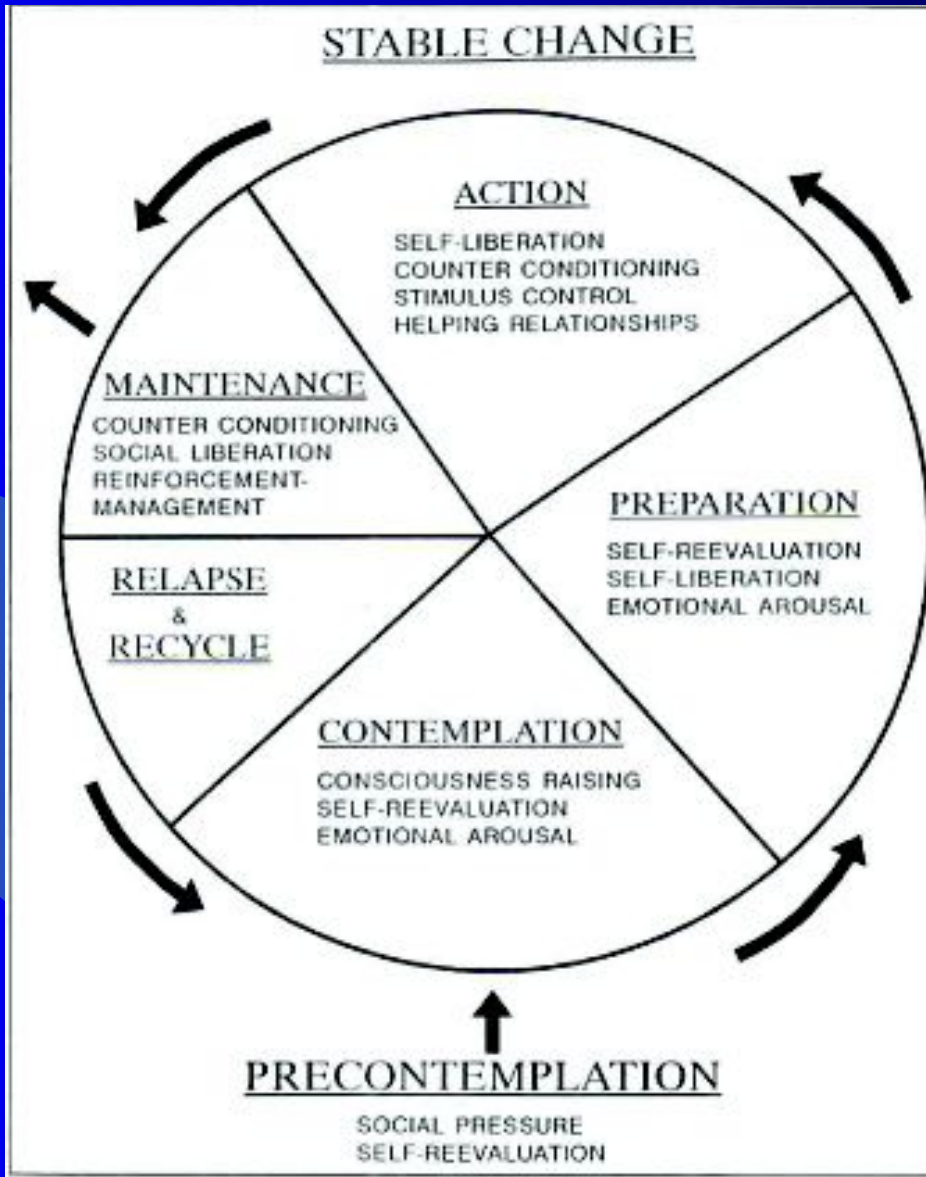
Involved in change
Actively implementing
a plan.

- Identify and manage new barriers
- Recognize relapse or impending relapse

Prochaska & DiClemente: Stages of Readiness to Change (continued)

<u>Stage</u>	<u>Description</u>	<u>Objectives</u>
Maintenance	Behavior change High confront level with new behavior	<ul style="list-style-type: none"> Assure stability of change Foster personal development
Relapse Cycle, and Recycle	Undesired behaviors	<ul style="list-style-type: none"> Identify relapse when it occurs Reestablish self-efficacy and commitment Behavioral strategies
Termination or Graduation	Change is very stable Problem behavior is resolved.	<ul style="list-style-type: none"> Assure stability of change

A Stage Model of the Process of Change



DiClemente, C.C. (1993). Changing Addictive Behaviors: A Process Perspective. *American Psychology Society*, 2(4), 101-106.

Motivational Interviewing

William R. Miller, PhD
Stephen Rollnick, PhD

“If motivational interviewing is a way of being with people, then its underlying spirit lies in understanding and experiencing the human nature that gives rise to that way of being.”

Miller and Rollnick, *Motivational Interviewing*, pg. 34

Motivational Interviewing

- client-centered approach
 - enhances motivation to change
 - explores and resolves ambivalence
- increases persons adherence
- improves outcomes

The Spirit of Motivational Interviewing: Miller and Rollnick

Fundamental Approach

Collaboration.

Counseling involves a partnership that honors the client's expertise and perspectives. The counselor provides an atmosphere that is conducive rather than coercive to change.

Evocation.

The resources and motivation for change are presumed to reside within the client. Intrinsic motivation for change is enhanced by drawing on the client's own perceptions, goals, and values.

Autonomy.

The counselor affirms the client's right and capacity for self-direction and facilitates

informed choice.

Mirror-image Opposite Approach

Confrontation.

Counseling involves overriding the client's impaired perspectives by imposing awareness and acceptance of "reality" that the client cannot see or will not admit.

Education.

The client is presumed to lack key knowledge, insight, and/or skills that are necessary for change to occur. The counselor seeks to address these deficits by providing the requisite enlightenment.

Authority.

The counselor tells the client what he or she must do.

Rationale and Four Basic Principles

- **Express Empathy**: A client-centered and empathic communication style—fundamental and defining characteristic of motivational interviewing.
 - Acceptance facilitates change
 - Skillful reflective listening is fundamental
 - Ambivalence is normal
- **Develop Discrepancy**: intentionally directive toward resolution of ambivalence.
 - The client rather than the counselor should present the arguments for change.
 - Change is motivated by a perceived discrepancy between present behavior and important personal goals or values.
- **Roll with Resistance**: Avoid argumentation as it is counterproductive
 - Resistance is not directly opposed.
 - New perspectives are invited but not imposed.
 - The person is a primary resource in finding answers and solutions.
 - Resistance is a signal to respond differently.
- **Support Self-Efficacy**: A person's belief in his or her ability to carry out and succeed with a specific task.
 - A person's belief in the possibility of change
 - The person is responsible for choosing and carrying out change.
 - The supervisor's own belief in the person's ability to change becomes a self-fulfilling prophecy.

Two Phases Assist in Change

- Building motivation for change
 - Open-ended questions
 - affirmation
 - Reflections
 - summary
- Strengthening commitment to change
 - Build on the clients' motivation
 - Resolve to change

Motivational Interviewing-- Review

- Fundamental Approach
 - Collaboration
 - Evocation/Suggestion
 - Autonomy/Self Rule
- Four Principles
 - Express Empathy (not sympathy)
 - Develop Discrepancy
 - Roll with Resistance (avoid argumentation)
 - Support Self-Efficacy

Supervisors – Bottom Line

You...

- Can't avoid “being the BOSS”.
- Are under constant pressure.
- Need to recognize that conflict will occur.

The Question...

- How do you resolve conflict, not avoid it, and perform as a synchronized clinical and administrative supervisor?

The Answer...

- Developmental growth through “life long” training and clinical supervision.

Skovholt, T., & Ronnestad, M.

Thank you for your engagement in this presentation and for giving me the benefit of learning from you.

Candace Peters, MA, CADDC

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