Clinical Technical Assistance: Improving Clinical Supervision

"Clinical supervision is a mutual endeavor by a trusting bi-directional relationship that leads to professional development and enhanced client care through mentoring, guidance and clinical oversight." (Durham, 2019)

Keys to Successful Clinical Supervision

"Clinical supervision is a disciplined, tutorial process wherein principles are transformed into practical skills, with four over-lapping foci: administrative, evaluative, clinical, and supportive."

1. **Working Alliance:** The supervisor-supervisee relationship should be built on trust and the ability for the supervisee to speak openly about their experiences, countertransference, challenges, and successes. It's important for mutually agreed upon goals and expectations to be identified and clarified through the use of an individualized development plan (IDP). As part of the IDP, supervisors should explain how the supervisee will be evaluated/assessed.
2. **Organizational Support**: Leadership (at all levels) should support the role of clinical supervision for improved quality of care and staff well-being.
3. **Supervisee-to-Supervisor Ratio**: Too many supervisees for one supervisor can compromise the quality of supervision. Remember, DDAP (28 Pa. Code § 704.6) staffing requirements dictate no more than a combined 8 counselors or counselor assistants per supervisor in a substance use treatment facility.
4. **Observation/Evaluation**: Clinical supervision is a key factor in the professional growth of the clinician; avoid only providing feedback during administrative personnel evaluations. Supervisee anxiety has been found to be significantly reduced when regular discussion of the mutually identified goals occurs naturally during supervision.
5. **Supervisory Triad**: Recognition of the "presence" of the client in the supervisory relationship and the natural occurrence of parallel processing and countertransference in the supervisory relationship.

Traits of an Effective Supervisor

"The mediocre supervisor tells people what to do, the superior supervisor demonstrates what to do, and the great supervisor inspires people to do what they know should be done." (Powell, 2004)

- **Training and Education**: Pursue training specifically for clinical supervisors. Often, the "best clinician" is promoted to the role of clinical supervisor. This may seem logical but can be detrimental to the supervisor and supervisees if the proper training has not been completed. (See page 4)
- **Time:** Dedicate your time and attention to your supervisee when conducting supervision. Be consistent with your supervision schedule and avoid interrupting the scheduled time. This will demonstrate respect for your supervisee and your commitment to the importance of supervision.
- **Effective Communication:** Be clear in expectations, goals, strategies to achieve those goals, and feedback on performance.
- **Direct Observation**: Although sometimes uncomfortable (especially at first), direct/live observation has been described as the "backbone of a solid clinical supervision model." (Bernard & Goodyear, 2019). Sitting in on group or individual sessions, co-facilitating a service, or observing through a one-way mirror provides the supervisor with specifics to process and discuss with the supervisee.
- **Supervision Stages:** Be aware of which stage of supervision the supervisee is in (Entry-level, Mid-Stage, Advanced) and adjust your approach to their supervision stage/need. (See page 3)

- **Motivational Interviewing**: As with clients, MI is effective in clinical supervision to elicit internal motivation and growth.
- **Dual Relationships**: When possible, avoid dual relationships with supervisees (friendships, romantic relationships, etc.). The presence of a dual relationship will not only impact your working alliance with that supervisee, but also your working alliances with other supervisees.
- **Cultural Competence**: Gain cultural humility by acknowledging your own cultural identity and biases while also being open to learning about supervisees cultural identity. Integrate cultural knowledge into supervision as appropriate based on supervisee's cultural identity and preference.

"Four A's of supervision" (Powell, 2004)

- Available: open, receptive, trusting, nonthreatening
- Accessible: easy to approach and speak freely with
- Able: having real knowledge and skills to transmit (qualified)
- Affable: pleasant, friendly, reassuring

Frequently Asked Questions

"I'm a clinical and administrative supervisor – how do I balance these roles?"

Rarely are supervisors solely a clinical supervisor without administrative responsibilities. One common challenge is being present in the clinical supervision session when administrative tasks are piling up. Try practicing mindfulness to focus on being present in the moment with your supervisee. Depending on your schedule, you may want to try separating clinical and administrative tasks to separate days or times of day to have a mental separation. Be sure to communicate with your supervisee if you are speaking as their clinical or administrative supervisor.

"It's important to me that I have an 'open door' policy with my supervisees, but it seems like that approach means I don't get any of my work done and they come to me when they really don't need to. How can I be open AND have my supervisees respect my time?

As with clients, it's important that boundaries be established with supervisees to facilitate their autonomy. Saying "now isn't a good time" doesn't make you a bad supervisor, just be sure to be present for your supervisees when it's their identified time. Provide a list of questions for a supervisee to process before reaching out to you for guidance – Is this an emergency? Can this wait until my next scheduled supervision? Remember, healthy boundaries are beneficial for both the supervisor and supervisee.

"I'm a new clinical supervisor. I was a counselor here for five years and now I'm supervising the people who were my peers. Some I'd even say are my friends. How do I handle this change?"

If you haven't already, have an open discussion with your supervisees about the change in the nature of your relationship. You can address what will be different (if anything) and what they can expect from you as their new supervisor. If it seems to continue to effect a supervisee, bring it into the supervision session just like you would with a client: "I get the sense that you are still adjusting to me as your new supervisor and maybe are having some difficulties with the transition?"

"I like the idea of live observation, but I don't want to cause my supervisees too much anxiety that they mess up because I'm in the room."

Research has found that live observation, such as direct observation and co-facilitation, has actually improved the supervisory alliance and reduced the anxiety of the supervisee. To help them feel comfortable with live observation, particularly if it's the first time they'll have a supervisor sit in on a group or individual session, you can consider the following: give them advance notice of when you will be observing, emphasize that you are observing as a tool for professional growth and not an personnel evaluation, observe them doing something they've done before, explain what they can expect from you in the session and what notes, if any, you will be taking.

"It feels like I've tried everything, but I have one supervisee who's extremely resistant to supervision. How do I engage them?"

Supervisee resistance can stem from a variety of factors such as age (compared to the supervisor), education level, number of years in the field, personality differences, etc. Utilizing a motivational interviewing approach can be effective in connecting with a resistant supervisee: "You don't seem to be finding our supervision sessions beneficial. What do you think could make these sessions more helpful for you?" With resistant supervisees, be sure to take their supervision stage into consideration. For example, a supervisee in the entry-level stage may be resistant because the reason they pursued their career isn't lining up with what's in the best interest of the client, such as supporting a client's preference for MAT over supervisee preference for 12-step/ abstinence.

STAGES OF CLINICAL SUPERVISION

As explained in "Clinical Supervision: An Overview of Functions, Processes, and Methodology" (Durham, 2019)

	Beginning	Intermediate	Advanced
Goal	Increased autonomy	Less dependence on supervisor and start of personal counseling style	Advanced level of autonomy and independence; Mastery of skills and knowledge
Common Characteristics	Anxiety; Self-focused; Concern with "doing it right"; Fear of negative supervisory evaluation; Strong motivation; Eager to learn; Dependent on supervisor; Compliant	Desire for independent clinical decision-making; Less self-focused, more client-focused; Begin to challenge supervisor recommendations;	Clear, grounded understanding of self; Personalized counseling style; High self-awareness; Mastered empathizing with the client/ understanding client's perspective; Stable motivation
Potential Challenges	Self-focus leads to increased potential for transference/countertransference; Motivation may be thwarted by challenging cases; Requires significant time of supervisor	Frustration with complexities of counseling process; risk for over-identification and enmeshment with clients; Motivation impacted by desire for autonomy but still some reliance on supervisor	Resistance to supervision that is too directive and less collaborative;
Supervisor's Role	Model a willingness to be open; Guide supervisee in identifying and resolving potential problems; Provide safe place to discuss challenges	Challenge supervisee to enable development of self-efficacy; Provide corrective feedback to support professional growth; Coach approach – collaborative focus on supervisee self-direction and autonomy; Model problem-solving skills	Collegial, peer-like; Sharing of ideas for mutual growth
Suggested Approaches	Discussion of goals of supervision; Identification of evaluation methods; Establishment of supervisory alliance; Facilitative interventions; Provide structure; Didactic skills training; Observe and suggest approaches	Brainstorming solutions; MI to address ambivalence	Brainstorming; Process comments; Catalytic questions (open-ended questions that provoke thought, self-exploration and problem-solving); Self-disclosure

Durham, T. G. (2019). Clinical Supervision: An Overview of Functions, Processes, and Methodology. NAADAC, the Association for Addiction Professionals

For more information on Clinical Supervision in substance use disorder treatment:

Bernard, J. M. & Goodyear, R. K. (2019). Fundamentals of Clinical Supervision, Sixth Edition. Pearson.

Durham, T. G. (2019). Clinical Supervision: An Overview of Functions, Processes, and Methodology. NAADAC, the Association for Addiction Professionals

Powell, D. J. (2004). Clinical Supervision in Alcohol and Drug Abuse Counseling: Principles, Models, Methods. Jossey-Bass

Center for Substance Abuse Treatment. Clinical Supervision and Professional Development of the Substance Abuse Counselor. Treatment Improvement Protocol (TIP) Series 52. HHS Publication No. (SMA) 144435.

For online clinical supervision training (additional trainings are available through other organizations):

NAADAC, The Association for Addiction Professionals-

- https://www.naadac.org/webinars
- https://www.naadac.org/supervision-peer-recovery-webinar
- https://www.naadac.org/clinical-supervision-online-training-series
- https://www.naadac.org/increasing-effective-clinical-supervision-webinar

Pennsylvania Department of Drug and Alcohol Programs (DDAP) Supervisor Training- https://apps.ddap.pa.gov/tms/

Serve, Inc.- https://www.serveincstore.org/products/approved-clinical-supervisor-online-training-45-hour-program

Zur Institute- https://www.zurinstitute.com/course/clinical-supervision/

Laken Ethun
Program Manager, CHI
lce8@pitt.edu

Whitney I. Menarcheck, LPC, NCC
Quality Improvement Specialist
412-383-3977
wmenarcheck@pitt.edu