Supervision should not be an obligation but rather a welcome responsibility.

THE ROOTS OF SUPERVISION

LEGAL ROOTS: Taft-Hartley Act of 1947

any individual having authority, in the interest of the employer, to hire transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, if in connection with the forgoing the exercise of such authority is not merely of a routine or clerical nature, but requires the use of independent judgment.

(Biddle and Newstrom 2990)
TWO DIFFERENT DEFINITIONS OF SUPERVISION

ADMINISTRATIVE SUPERVISOR:
The Administrative supervisor's role is to assist the supervisee in learning to function more effectively within an organization. The ultimate goal of the administrative supervisor is to see that the organization is run more efficiently and smoothly.

CLINICAL SUPERVISOR:
The Clinical supervisor is primarily concerned with the supervisee's performance in the areas of the counseling relationship, client welfare, clinical assessment, intervention approaches, clinical skills etc.

With your partner write a job description, using the definitions above, for both an:

1. Administrative Supervisor
2. Clinical Supervisor

Discuss how the job descriptions you created compare to your personal job description?
A COMPOSITE DEFINITION OF THE SUPERVISORY ROLE

The consensus of supervision is to bring about change in the knowledge, skills, and behavior of another individual, typically one with less training and experience than the supervisor.

THE PURPOSE OF CLINICAL SUPERVISION

- To nurture the counselor's professional (and, as appropriate, personal) development.
- To promote the development of specified skills and competencies, so as to bring about measurable outcomes.
- To raise the level of accountability in counseling services and programs.

THE PURPOSE OF CLINICAL SUPERVISION, CONT.

The focus of the clinical supervision relationship:

- Administrative
- Evaluative
- Clinical
- Supportive
With your partner give examples and discuss how you provide the following to the people you supervise:

- Administrative
- Evaluative
- Clinical
- Supportive

Communicate expectations clearly to avoid misunderstandings.
Provides feedback respectfully and in a timely manner.
Provide education.
Establish an environment that is supportive and respectful.
Understand how people change and learn.

**EFFECTIVE CLINICAL SUPERVISORS**

- Knows the assets and liabilities of the people they supervise
  **Skills, Abilities, Training, Knowledge**
- Knows how the supervisee's feel about supervision
  **Positive and/or Negative**
- Knows if you share a common language with your supervisee
**EFFECTIVE SUPERVISORS, CONT.**

REMEMBER YOU:

- “Can’t avoid ‘being the boss’
- “Are under constant pressure
- “Need to recognize conflict will occur

**SUPERVISION IS NOT JUST ABOUT RESOLVING CONFLICT, BUT FINDING WAYS TO DIVERT IT**

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**SUPERVISORY CHALLENGES**

- **TIME:** Too much to do – not enough time
- **REWARDS:** What part of your job do you like to do best/least
- **PEERS:** Becoming a supervisor to former peers
- **FOCUS:** Are your responsibilities to carry a case load as well as be a supervisor
- **AGENCY:** Do you and your agency have the same expectations in relationship to your supervisory responsibilities

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DISCUSS IF YOU EXPERIENCE ANY OF THE CHALLENGES INDICATED IN THE PREVIOUS SLIDE AND YOU RESOLVE THEM
Agree to work together
Define and agree on a learning goal
Understand the value of the goal
Break the goal into manageable parts
Pick styles and methods of learning
Observe and evaluate
Provide feedback
Demonstrate competency & celebrate achievements

EIGHT STEPS OF MENTORING AND CLINICAL SUPERVISION *

Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes Of Professional Practice TAP 21*

*A Competency is comprised of:
- KNOWLEDGE – What we need to know in order to develop proficiency
- SKILLS – The behaviors needed for effective performance
- ATTITUDES - The state of mind consistent with professional practice
THE EIGHT PRACTICE DIMENSIONS OF ADDICTION COUNSELING (from the TAP 21 pg 35/37)

I. Clinical Evaluation
II. Treatment Planning
III. Referral
IV. Service Coordination
V. Counseling
VI. Client, Family And Community Education
VII. Documentation
VIII. Professional And Ethical Responsibilities

PRACTICE DIMENSION I

CLINICAL EVALUATION

A. SCREENING (pg 39/39)
   Establish rapport, including management of a crisis situation and determination of need for additional professional assistance

B. ASSESSMENT (pg 46/35)
   An ongoing process through which the counselor collaborates with the client and others to gather and interpret information necessary for planning treatment and evaluation client progress

PRACTICE DIMENSION II

TREATMENT PLANNING (pg 55/34)

A collaborative process through which the counselor and client develop desired treatment outcomes and identify the strategies for achieving them. A treatment plan should include family relationships and significant others, employment, education, spirituality, medical issues, and legal issues, etc.
The process of facilitating the client’s utilization of available support systems and community resources to meet the needs identified in the evaluation and/or treatment planning process.

A. IMPLEMENTING THE TREATMENT PLAN
B. CONSULTING
C. CONTINUING ASSESSMENT AND TREATMENT PLANNING

A collaborative process that facilitates the client’s progress toward mutually determined treatment goals and objectives. Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client’s cultural and social context.
PRACTICE DIMENSION VI

CLIENT, FAMILY, AND COMMUNITY EDUCATION

The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment and recovery resources.

PRACTICE DIMENSION VII

DOCUMENTATION

The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.

Demonstrate knowledge of accepted principles of client record management.

PRACTICE DIMENSION VIII

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

Adhere to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client.
DEVELOPING A PROFESSIONAL DEVELOPMENT PLAN
USING THE TAP 21 DIMENSIONS

1. CHOOSE A PRACTICE DIMENSION I-VIII
2. CHOOSE A COMPETENCY FROM DIMENSION I-VIII
3. IDENTIFY THE PRESENT LEVEL OF COMPETENCE (1-5)
   - 1: UNDERSTANDS – Comprehends the tasks and functions of counseling
   - 2: DEVELOPING – Applies knowledge and skills inconsistently
   - 3: COMPETENT – Consistent performance in routine situations
   - 4: SKILLED – Effective counselor in most situations
   - 5: MASTER – Skillful in complex counseling situations
4. Identify the counselor's strengths and deficiencies

5. IDENTIFY LEVEL OF PROFICIENCY TO ATTAIN (1-5)

6. LIST THE:
   - KNOWLEDGE: What we need to know in order to develop proficiency
   - SKILLS: The behaviors essential to effective performance
   - ATTITUDES: The state of mind consistent with professional practice
   - RELEVANT TO ACHIEVING THE TARGET COMPETENCY

7. Identify the activities, methods or tasks that will assist in achieving the goal
8. Identify how progress will be evaluated and the method the counselor needs to demonstrate new learning objectives
9. Review level of proficiency actually attained during next Professional Development Supervision session or a date agreed upon
THE SUPERVISORY SESSION AND/OR INTERVIEW

- STEP ONE -- Set The Agenda
- STEP TWO -- Give Feedback
- STEP THREE -- Teach And Negotiate
- STEP FOUR -- Secure Commitment

THE ORAL PROCESS

- Ask Permission
- Report Behavior Observed
- Relate Assumptions
- Share Your Feelings And Concerns
- Report Impact On Clients, Colleagues, Agency
- Request Playback Of Message Sent
- Clarify Misunderstanding And Omissions
- Confirm Mutual Understanding

THE ORAL MODEL

AN EXAMPLE OF HOW THE MODEL SOUNDS:

“When I saw (heard) you ....
I assumed (thought) ....
and my reaction was ....”
Feedback is an overt response, verbal or nonverbal, that gives specific and subjective information to a person about how their behavior in a particular situation affects someone or something.

The objective of feedback is to transmit reliable information so that a person receiving it can establish a “data bank” from which to change their behavior – if they choose to do so.

- OBSERVE
  - Observe and record behavioral information.
- REPORT
  - Repeat in specific, objective, behavioral terms as factually as possible what was seen and/or heard.
ASSUME  
Share your assumption or belief about the behavior you just observed. What did you think the person was thinking or trying to accomplish? What assumption were you making about the person's motivation.

LEVEL  
Describe your feelings and how the other person's behavior affected you and others, including the "bottom line" expectations and long term consequences, if needed.

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A-B-C MODEL

<table>
<thead>
<tr>
<th>SUPERVISOR</th>
<th>BEHAVIORS</th>
<th>SUPERVISION NEEDS</th>
</tr>
</thead>
</table>
| C “CHALLENGERS” | Not Responsible  
Consistently Inconsistent  
Rarely Meets Deadlines  
Below Minimum Standards | Constant Attention  
Give Minimum Room To Fail |
| B “BETTER BE THERE” | Semi-responsible  
Semi-consistent  
Sometimes Meets Deadlines  
Sometimes Meets Standards | Clear Expectations  
Teaching/Reinforcement  
Consistency, Support  
“A Presence” |
| A “ALWAYS” | Responsible, Reliable  
Timely, Meets Deadlines  
Consistent  
Exceeds Standards  
Comes Early, Stays Late  
Works To Much (Obsessive) | Minimal Oversight  
To Set Personal Limits  
To Challenge  
To Boundary Setting  
Small Supervision ‘Check Ins’ |

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‘A real leader has no need to lead-  
He is content to point the way’

*Henry Miller*
CLOSING THOUGHTS

REFERENCES

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NORTHWEST FRONTIER ATTC
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*THE GREEN THUMB MYTH: MANAGING LEARNING IN HIGH PERFORMANCE ORGANIZATIONS – A SUCCESS STRATEGY FOR TRAINERS AND MANAGERS, SECOND EDITION, CORVALLIS, OREGON: THE LEARNING ORGANIZATION.