

SERIES 20

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Clinical Supervision - Part 1

Models of Clinical Supervision

"A leader takes people where they want to go. A great leader takes people where they don't necessarily want to go but ought to be."

~ Rosalynn Carter (1927-) ~

Substance abuse treatment agencies are increasingly feeling the pressure to demonstrate positive outcomes with their clients. Appropriately trained clinical supervisors, who can support the ongoing education and development of staff counselors, are a key part of this process. The next three issues of the Addiction Messenger will explore various models of supervision, discuss the importance of ongoing supervision and describe the roles of both the supervisor and supervisee in the process.

When you, as a counselor, hear the word "supervision" you may feel uncomfortable or even threatened. Clinical supervisors may also feel the same way, and may approach supervision as "something that has to be done". Clinical supervision can be a beneficial experience that can enhance the professional growth and confidence of both the supervisor and the supervisee. Keep in mind that the goal of the clinical supervision process, ultimately, is to enhance and support the best clinical

skills and lead to improved outcomes for clients.

What Is Clinical Supervision?

There are several definitions of clinical supervision. Bernard and Goodyear (1998) offer this definition that has come to be accepted within the counseling profession:

"Supervision is an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession."

Another definition by Powell, D. & Brodsky A. (2004) states that:

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

There are important differences between clinical supervision, administrative supervision and counseling:

- Clinical supervision emphasizes improving the counseling skills and effectiveness

of the supervisee.

- Administrative supervision emphasizes conformity with administrative and procedural aspects of the agency's work (eg. using correct formats for documentation, and complying with agency leave policies).
- Clinical supervision emphasizes developing counselor effectiveness through positive changes in knowledge, attitudes and skills. It is not a counseling or treatment relationship.
- Both supervisor and supervisee should know that the supervisor will only intervene to improve performance, not to be unnecessarily critical or arbitrary.
- A clinical supervisor has a role as expert, authority, mentor and representative of the treatment agency in relationship to the counselor.
- Quality supervision is based on a relationship that is respectful, is clear regarding authority and accountability, and involves clear expectations for each person.

Developmental Models

Developmental models of clinical supervision propose that supervisees pass through several developmental stages that supervisors need to take into account, for example, Stoltenberg, McNeil, and Delworth's **Integrated Developmental Model (IDM)** of clinical supervision, proposes 3 distinct levels of counselor development:

Level 1

Level 1 counselors who are just entering the field, take in theories about therapy and assimilate them according to their own personal experiences. They may be anxious about being a counselor, their lack of seasoned skills and knowledge, and the fact that they are being regularly evaluated, but their motivation level is high.

Supervisory Interventions

- Observation is crucial for Level I counselors. Relying on self-reports isn't sufficient because, at this level, counselors may not always perceive accurately what they are doing in a session with a client. Observation should be direct, i.e., in person, by videotape, or at least by audio tape. In the next issue we will describe a feedback technique, based on this observational approach, that clinical supervisors can use to clearly and effectively coach staff counselors.
- While skills training can help entry level counselors gain confidence, additional interpretation and support from supervisors will be necessary for skills to really take hold.
- Group supervision can provide a good training ground

in which the Level 1 counselor can learn from their peers.

Level 2

The Level 2 counselor generally emerges a year or two after graduation, with consistent supervision during this time. Level 2 counselors become increasingly comfortable with a range of skills, and may begin to explore various approaches and current trends.

Supervisory Interventions

Level 1 interventions can be used, but less frequently for Level 2 counselors. Counselors should be challenged to provide reasons for using certain interventions with clients. Supervisors should provide strong support and empathy for the Level 2 counselor, and constructive feedback should be "sandwiched" between positive statements regarding their growth and support.

Counselors at this level start to develop a readiness and openness that allows for discussion and processing their personal issues related to self-awareness, defensiveness, transference and countertransference, and the supervisory relationship. The supervisor should provide a balance between supporting and mentoring the supervisee, and fostering their independence and self-assurance.

Level 3

Counselors at this level empathize with and understand their client's view of the world which allows them to explore important information while discarding the irrelevant. Autonomy increases at this level and the supervisory relationship becomes more collegial.

Supervisory Interventions

This level of counselor will benefit from more facilitative actions such as support, caring, and even confrontation, when needed.

Another developmental model of supervision, the **Skovholt and Ronnestad Model**, looks at a supervisee's growth throughout the lifespan. The eight stages they suggest are briefly described below. If you are a supervisor, you may want to reflect on these and think about which stage of growth your supervisees may be in. Would this information affect your supervision style? If you are a supervisee reading about these stages, do you see yourself? How might this information help you and your supervisor make your supervision more effective?

Stage 1: Competence

Counselors at this stage, having some experience with clients, use what they already know - a conceptual model based on "common sense".

Stage 2: Transition to Professional Training

(First year of graduate school)

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The task of counselors at this stage is to assimilate valuable information from a number of sources and apply this to their practice. They are learning additional exciting ideas and techniques.

Stage 3: Imitation of Experts

(Middle years of graduate school)

Counselors imitate experts at a practical level while still having an openness to ideas. They are developing a conceptual map - although it is not complex.

Stage 4: Conditional Autonomy

(Internship)

Counselors function as professionals at this stage. They are refining their skills, conceptual ideas, and techniques.

Stage 5: Exploration

(Graduation - lasts 2-5 years)

Counselors explore beyond what they have been taught. They may reject previously accepted ideas and models.

Stage 6: Integration

(lasts 2-5 years)

As professionals, counselors work towards developing authenticity. Their conceptual system is individualized so it "fits" them and their approach to working with clients may be eclectic or integrated.

Stage 7: Individuation

(lasts 10-30 yrs)

The main task of this stage is for the counselor to further individualize and personalize their conceptual system,

which in turn deepens their authenticity.

Stage 8: Integrity

(lasts 1-10 years)

Counselors at this stage of their working life have a conceptual system that is highly individualized and integrated. Stages of change and development are an important underpinning of many interventions, including addiction treatment itself. Applying some of the same principles of recognizing and working from where someone is developmentally can also help the clinical supervision process. The take home message here is simple: As a supervisor you can become more sensitive to your supervisees' current level of readiness to move to another level or stage of professionalism and gear your interventions accordingly. As a supervisee, you can request the kind and amount of supervision you need, and then be receptive to it.

The next issue of the Addiction Messenger will continue to explore supervision models, supervision techniques, and the importance of on-going supervision.

Next Issue:

"Models of Supervision" (cont.)

Sources:

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ADDICTION
Messenger



*ADVANCING THE CURRENT STATE
OF ADDICTION TREATMENT:*

Coming Soon: NFATTC Workforce Survey 2005

In 2002 NFATTC and RMC Research conducted a survey of the addiction treatment workforce in our 5-state region (AK, HI, OR, WA, ID). The data were released in state-specific reports, as well as a regional summary. It is time to update those data, so treatment directors and a sampling of counselors will receive a survey in the mail in **mid-October**. All 5 State Substance Abuse Authorities are co-sponsoring this effort because they too need data to support systems improvement. If you receive a survey, please take the time to fill it out and help us paint an accurate picture of our workforce issues, concerns, strengths and needs.

Here are just a few of the findings from the last survey:

- Agencies across the region experienced an average turnover rate of 23%
- Treatment staff report spending the equivalent of one day/week on paperwork
- Degree status is the strongest predictor of salary for both directors and counselors

To see the full reports go to www.nfattc.org and click on the icon for your state. The results from the 2005 survey will be posted on our website in early 2006.

**The Registration Form and Pre-Test for Series 20 will appear in the
November issue of the Addiction Messenger**

Thank You.

