

# Getting the Most Out of Supervision

Ensuring Quality Services and the Protection of Patients' Welfare



*A GPS for quality care.*

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# Good clinical supervision benefits everyone

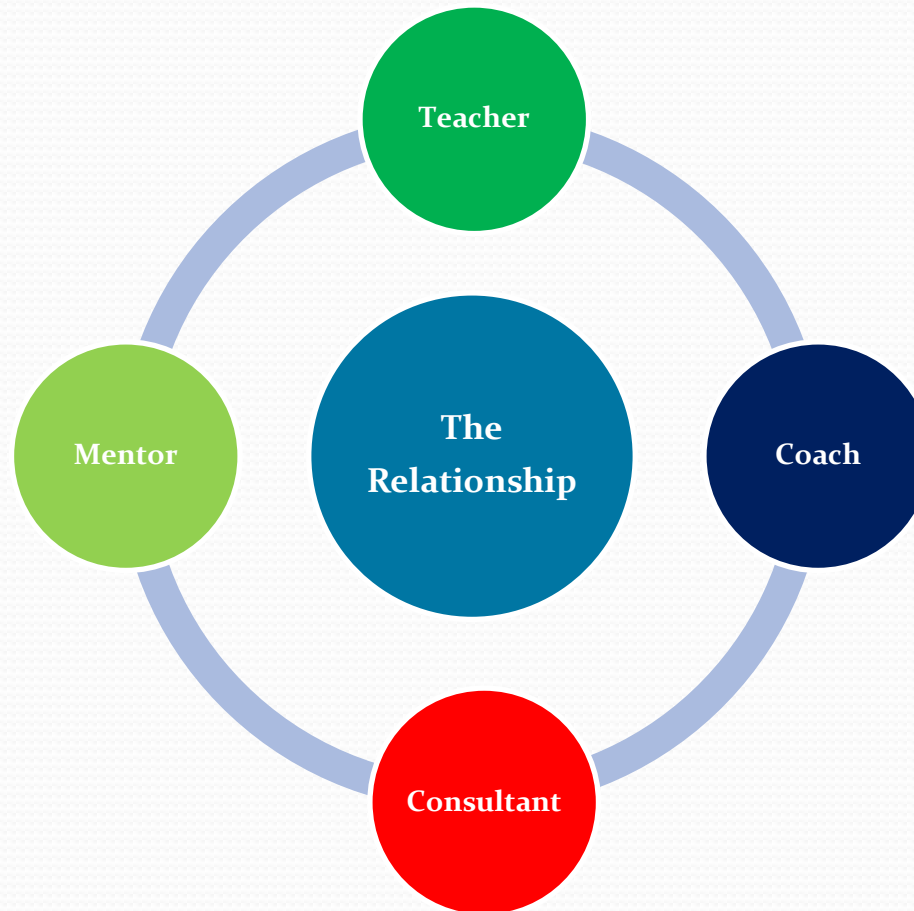
1. Enhances the quality of client care;
2. improves efficiency of counselors in direct and indirect services,
3. increases workforce satisfaction, professionalization, and retention
4. ensures that services provided to the public uphold legal mandates and standards of the profession



# Functions of a Clinical Supervisor

1. Promote development of clinical knowledge and skills.
2. Facilitate the integration of counselor self-awareness.
3. Provide theoretical grounding.
4. Improve functional skills and professional practices.

# Roles of the Clinical Supervisor



# Developmental Stages of Counselors

- Level 1: Observation, skills training, role playing, readings, group supervision, closely monitor clients
- Level 2: Observation, role playing, interpret dynamics, group supervision readings
- Level 3: Peer supervision, group supervision, readings

# An Excellent Resource

## Clinical Supervision and Professional Development of the Substance Abuse Counselor

A Treatment  
Improvement  
Protocol  
**TIP**  
**52**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)



# Differing Supervisory Orientations

- Competency-based

- Focus on skills and learning needs of supervisee
- Setting goals that are Specific, Measurable, Attainable, Realistic and Timely (SMART)
- Use of role reversal, role-playing, demonstrations
- Supervisor functions as :
  - Teacher
  - Coach
  - Consultant

- Treatment-based

- Training to a particular theoretical approach to counseling.
- Incorporating Evidence Based Practices (EBP's) into supervision
- Seeking fidelity and adaptation to the theoretical model
- Supervisor functions as:
  - Teacher
  - Coach

# Differing Supervisory Orientations

## • Developmental Approaches

- Recognizes that each counselor goes through different stages of development
- Works with the individual to help them progress from where they are
- Understands that changes in assignment, setting and population served can affect stage of development
- Supervisor functions as :
  - Coach
  - Consultant
  - Mentor

## • Integrated Models

- Blended Model begins with articulating a model of treatment
- Addresses both skill and competency development as well as affective issues
- Seeking incorporation of EBP's into counseling and supervision
- Supervisor functions as:
  - Teacher
  - Coach
  - Mentor
  - Consultant



The answers to these questions will influence how you supervise and how you work as a counselor.



What are your beliefs about how people change in both treatment and clinical supervision?

What conceptual frameworks of counseling do you use?  
(cognitive behavioral, 12-Step facilitation,  
psychodynamic, behavioral)

What are some key issues that can affect the outcome of therapy and/or supervision?

# The Ideal vs the Reality

What are some of the difficult issues to resolve

# Too little time for doing supervision

- The Ideal
  - All counselors, regardless of years of experience or academic training, will receive at least 1 hour of supervision for every 20-40 hours of clinical practice ( group, individual, peer, direct observation)
- The Reality???

# Too few supervisors

- The Ideal
  - One supervisor (also an administrator?) oversees 5 or fewer counselors
- The Reality????

# Too few resources for observing

- The Ideal
  - Direct observation is the backbone of a solid clinical supervision model.
- The Reality????

# Too little time for record-keeping

- Documentation is not optional. Supervisors have a legal and ethical requirement to evaluate and document counselor performance.
  - The Ideal
    - Records should include: supervisor-supervisee contract; brief summary of supervisee's experience, training and learning needs; a current Individual Development Plan (IDP); summary of performance evaluations; notes from supervision sessions; record of attendance at sessions; problems encountered in supervision and how they were resolved; supervisor's clinical recommendations provided to supervisee's; relevant case notes and impressions.
  - The Reality????

# What are some key issues that can affect the outcome of therapy and/or supervision?

## Diversity of supervisees

- Race, ethnicity, gender, age, sexual orientation
- Discuss in supervision the concerns of supervisees' regarding issues above when clients' attributes are different from supervisees' and/or supervisees' are different from supervisors'.
- Explicitly address supervisees' issues related to navigating services in intercultural communities and effectively networking with agencies and institutions.

# Good vs. Bad Supervisor



Good vs. Bad Supervisor.Ink