Clinical Supervision Foundations
Supervisory Modalities and Methods

Introductions

HELLO
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Learning Objectives

1. Define when to use selected modalities
2. Describe three different methods of gathering job performance information
3. List methods for individual and group CS
4. Build enthusiasm for direct observation
Clinical Supervision Models

- Competency based
- Treatment based
- Developmental
- Integrated

Modalities

- Individual
- Group
- Peer

Supervision Modality Decision Questionnaire
Factors to Consider...

- Which modality will best serve the counselor
- What are the counselor’s needs
- What is the counselor’s experience
- What is the nature of the client caseload
- What are the needs of the other supervisee
- What are the barriers you may face
- What is most appropriate to the needs of the counselor, the clients, and the agency.

Individual Supervision

- **Objective**
  Counselor professional development
- **Frequency**
  Time consuming, individualized
- **Structure**
  Mentoring based on first-hand observation
- **Advantage**
  Tailored to individual needs
- **Disadvantage**
  Labor intensive

Group Supervision

- **Objective** – Team building, staff development, skill practice
- **Frequency** – Cost-effective, regular
- **Structure** – 4-6 Supervisees, case review, in-service training, skill practice, recording feedback and analysis
- **Advantage** – Multiple perspectives, time
- **Disadvantage** – May not meet all needs
Peer Supervision

- **Objective**: Accountability to peers, personal development
- **Frequency**: Determined through collaboration with peers, management
- **Structure**: One-to-one or group, review of cases, recorded sessions, and literature
- **Advantage**: Small groups, limited time
- **Disadvantage**: “History” or conflicts

Supervisory Methods

**Choices depend on:**
- Personal preference
- Supervisee needs
- Agency policy

Direct Observation

- Live
- One-way mirror
- Audio or video recording
Group Discussion

• Which indirect and direct method(s) do you prefer?
• What are the drawbacks to the use of any of those methods?
• What hesitancies do you have about direct observation?

**KEEP IN MIND THAT**

**“DIRECT OBSERVATION”**

**IS THE ONLY OBJECTIVE MEANS OF ASSESSING A COUNSELOR’S JOB PERFORMANCE!**

**Individual Methods**

• *Role play*
• *Interpersonal process recall*
• *Motivational interviewing*
Group Methods

- Case consultation
- Team or peer feedback
- Skill practice

Discussion

- What is your experience with individual supervision?
- Group supervision?
- How do you decide which to use?

Ways to Build Support

1. Present the rationale
2. Help counselor get comfortable with observation
3. Clarify how observations will be dealt with in supervisory sessions
4. Volunteer to be recorded or observed first
5. Acknowledge that supervision is a required condition of employment
Discussion

1. What might concern supervisees most about being observed and receiving feedback?

1. What assurance or clarification would be most effective in relieving supervisee anxiety?

Practice Securing Support

1. Observe a demonstration and discuss
2. Practice in groups of 3
   - Supervisor
   - Supervisor
   - Observer
3. Roles rotate as you engage in three 5-7 minute interviews
4. Observer gives feedback on methods used
5. Supervisee shares impact of the interview on enthusiasm for clinical supervision

Clinical Supervision Foundations
Assessment Resources
1. Understand the value of a developmental perspective
2. Link TAP 21: Addiction Counseling Competencies to the companion Performance Assessment Rubrics
3. Assess counselor performance and develop learning goals using TAP 21 and the Rubrics

Purpose

• Examine the tools supervisors can use to help trainees improve performance as they develop professionally.
• Increase familiarity with the Individual Developmental Model
• Help the Supervisor develop Objective measurements and reduce Subjective measurements

IDM Individual Development Model

• 8 Domains
• 3 Overriding structures
Levels

- Level 1 - Beginning
- Level 2 - Intermediate
- Level 3 - Advanced
  - What does a beginning counselor look like?
  - What does an intermediate counselor look like?
  - What does an advanced counselor look like?

*Counselors develop at different paces in each of these professional areas*

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Growth

- Growth is a continuous and sporadic process
  - Affected by changes such as: caseload, treatment setting, supervisory relationship, population served
  - Based on experiences people develop strengths
  - As the supervisee gains experiences the supervisory relationship changes.

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Developmental trends/patterns

- Acknowledgment of development level: 3 levels of growth
- Multidimensional
- Continuous growth
- Focused individual
Why an Individual/Integrated Developmental Model?

• Makes it easier to conceptualize how the supervisee changes over time.
• Assists in realizing how supervision will need to change over time.

IDP Model

• Conceptualizes 3 levels of Development and is assessed across 8 performance domains.
• Assessed across 3 over-riding structures for personal growth.
  • Self and other awareness
  • Motivation
  • Autonomy

Strengths and Growth areas

• Supervisors help supervisees identify strengths and growth areas.
• Helps supervisees assume an active role in their own long term professional growth and development.
• Supervisees experiences may create some resistance and that also helps them grow and develop.
Challenges with the IDP

- Each counselor will develop at a different pace in each of the multiple professional areas.
- Two counselors may be considered level 1 but one will be more competent in certain areas while the others will be ahead in other areas.
- Performance issues for each will also differ.
- Supervision, therefore, cannot be the same for both. It must be individualized and focus on the needs of each counselor.

Eight Growth Areas (performance domains)

1. Intervention skills competence
2. Assessment techniques
3. Interpersonal assessment
4. Client conceptualization
5. Individual differences
6. Theoretical orientation
7. Treatment plans and goals
8. Professional ethics

Questions to ask???

• But how can the developmental concepts illustrated in the IDM be applied in the area of substance abuse?
• How do you know what your supervisee needs?
• How do you present your observations?
Questions to ask???
Cont...

• How do you translate them into learning strategies?

• Is there a template of counselor competencies recognized and endorsed by professionals and scholars in the “Behavioral Healthcare field?”

TAP 21: Foundations & Practice Dimensions

Trans-disciplinary Foundation:
Page 5 TAP 21

Four sets of competencies that underlie the work of all health and social service professionals who care for or work with people who have substance use disorders. Because they are thought to be prerequisite to the development of discipline specific skills the focus in the Foundations is on the knowledge and attitudes that form the basis of understanding on which discipline-specific proficiencies are build.
**Practice Dimensions:**
*Page 35 TAP 21*

The Practice Dimensions are comprised of eight different areas of responsibility that constitute the essential work of an addictions counseling professional. Note the Practice Dimensions are comprised of SKILLS in addition to KNOWLEDGE and ATTITUDES essential to developing proficiency in each of the competencies.

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**TAP 21: Competencies and KSAs**

**COMPETENCY 24:**
Establish support, including management of a crisis situation and determination of need for additional professional assistance.

**KNOWLEDGE**
- Importance and purpose of support building.
- Support- building methods and issues.
- The range of human emotions and feelings.
- Value of emotional support.
- Steps to crisis prevention and management.
- Situations and conditions for which additional professional assistance may be necessary.
- Available sources of assistance.

**SKILLS**
- Demonstrating effectiveness and unannounced communication in establishing and maintaining rapport.
- Accessing identifying the client's needs and form of treatment.
- Reflecting the client's feelings and encouraging.
- Recognizing and distinguishing salient or dangerous situations.
- Demonstrating empathy, respect, and genuineness.

**ATTITUDES**
- Recognition of personal biases, values, and beliefs, and their effect on communication, trust, and the treatment process.
- Willingness to establish rapport.

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**Competency Ingredients**

- The knowledge, skills, and attitudes in the TAP 21 are useful in breaking down a competency into its components so that manageable units of learning can be defined.
  - **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
Addiction Counseling Competencies

- The TAP 21 provides definitions of expected counselor performance that can be helpful in establishing goals with supervisees.

- In TAP 21 a competency is a description of the job performance expected of a fully proficient/master Addictions Counselor.

- A competency is a behavior comprised of requisite knowledge, skills, and attitudes, that plays an essential role in the practice of addiction counseling.

TAP 21 and the Rubrics

- The Rubrics provide a description of how counselors develop over time.

- The Competencies organize the work of the counselor in 4 Foundations and 8 Practice Dimensions.

- The competencies are descriptions of what fully proficient/master clinicians know, believe, and are able to do.

Rubrics

- The Rubrics provide supervisors and counselors with descriptions of successive levels of proficiency in moving toward full mastery of the Addiction Counseling Competencies. (TAP 21)

- The Rubrics can help a supervisor and counselor visualize or imagine how a fully developed skill or competency appears in practice.

- With an agreed vision of the final goal, supervisors and counselors can work together more successfully in identifying steps of learning and how progress can be measured.
Rubric

• A rubric is a heading or classification within a larger system.

• Rubrics are a description of expected behaviors at distinct stages in a counselor’s development.

• Those stages are benchmarks on a continuum that ranges from no knowledge or skill on one end to expert/mastery knowledge and skill on the other.

Screening Competency

-1 2 3 4

Practice Domains: CLINICAL ENGAGEMENT – Element: Screening

-1 2 3 4
1. Sentence-structured statements on the need for counseling, behavioral, addiction, or mental health counseling; development of a comprehensive treatment plan, and the development and implementation of a comprehensive treatment plan.
2. Conducts valid risk assessments for treatment and change, as well as the need for ongoing treatment and change.
3. The client is assessed for the need to continue treatment and change, as well as the need for ongoing treatment and change.
4. The client is assessed for the need to continue treatment and change, as well as the need for ongoing treatment and change.


Rubrics for Competency

Basic Concepts

• Our chances of having an effective and satisfying relationship with a supervisee increase with our success in gaining the supervisee’s understanding and acceptance of the focus on learning new skills and competencies.

• Collaborating with a counselor on steps of and methods for learning will increase focus, hope, and confidence.

Basic Concepts cont...

• Establishing clear goals and expectations for learning will increase the counselor’s ability to focus her/his energy productively and increase the chance of a collaborative relationship developing.

• Reaching agreement about the nature of learning goals and gaining the counselor’s commitment to them will increase the counselor’s commitment to the learning.

Basic Concepts, more...

• Counselor’s are more likely to sustain their efforts if they are working with familiar approaches to learning, that is, methods that fit their styles.

• Our responsibility is not so much to teach as it is to help the counselor learn by means available to them.
Tailored Supervision

- Provide focused support
- Continually assess counselor needs
- Facilitate outcome-oriented planning
- Recommend training opportunities
- Assist in developing a career ladder

The End