

# TEXAS BEHAVIORAL HEALTH INSTITUTE

Wednesday, July 20, 2011  
1:30-3:00 P.M. 3:30-5:00 P.M.

## CLINICAL SUPERVISION PRACTICUM CLINICAL SUPERVISION FOR CLINICAL SUPERVISORS: AN ADVANCED PRACTICE SEMINAR

Mr. Richard Gelb and Dr. Eric Schmidt

The goal of this workshop is to provide a practical understanding of, and professional competency in the clinical supervision process using an in-depth study and analysis of clinical supervision case presentations. This seminar will use material from workshop participants' supervisory sessions to demonstrate the application of clinical supervision theory and practice. Participants will be required to present portions or segments of supervisory experiences, (i.e., case presentations of supervisor/supervisee clinical supervision meetings) for in-depth study and analysis. *Note: This workshop is for experienced and practicing clinical supervisors in the behavioral health field.*

**Class Level:** Intermediate to Advanced

**Applies to:** Behavioral Health; Clinical Supervision.

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*Dr. Eric Schmidt: Doctorate in Counselor Education from the University of North Texas. Assistant Dean for the College of Education and Associate Professor, Professional Counseling Program, Texas State University, San Marcos, Texas; teaches courses in Community Counseling, Group Therapy, Chemical Dependency, Basic Communication, and Professional Orientation and Ethics. Dr. Schmidt also has a small private practice in San Marcos, focusing primarily on substance abuse and adolescents.*

## Clinical Supervision Practicum

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**Note:** This workshop is for *experienced* and *practicing* clinical supervisors in the behavioral health field.

### **Recommended Readings:**

1. Center for Substance Abuse Treatment. (2006). *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*. Technical Assistance Publication (TAP) Series 21 (Rep. No. HHS Publication No. (SMA) 07-4243). Rockville, MD: Substance Abuse and Mental Health Services Administration.

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=13283>.

2. Center for Substance Abuse Treatment (2007). *Competencies for Substance Abuse Treatment Clinical Supervisors*. Technical Assistance Publication (TAP) Series 21-A (Rep. No. HHS Publication No. (SMA) 07-4243). Rockville, MD: Substance Abuse and Mental Health Services Administration.

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17601>.

3. Center for Substance Abuse Treatment (2009). A Treatment Improvement Protocol TIP 52 *Clinical Supervision and Professional Development of the Substance Abuse Counselor*—(SMA) 09-4435.

<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=18197>.

**Note: Above protocols can be ordered by calling SAMHSA's NCADI @ 1-877-726-4727**

4. Dixon, G. D. (2004). *Clinical Supervision: A Key to Treatment Success*. Southern Coast Beacon Tallahassee, FL: Southern Coast ATTC. Retrieved August 14, 2007, from

[http://www.scattc.org/pdf\\_upload/Beacon004.pdf](http://www.scattc.org/pdf_upload/Beacon004.pdf).

5. Powell, D. J., & Brodsky, A. (2004). *Clinical Supervision in Alcohol and Drug Abuse Counseling: Principles, Models, Methods*. (Rev. ed.). San Francisco: Jossey-Bass.

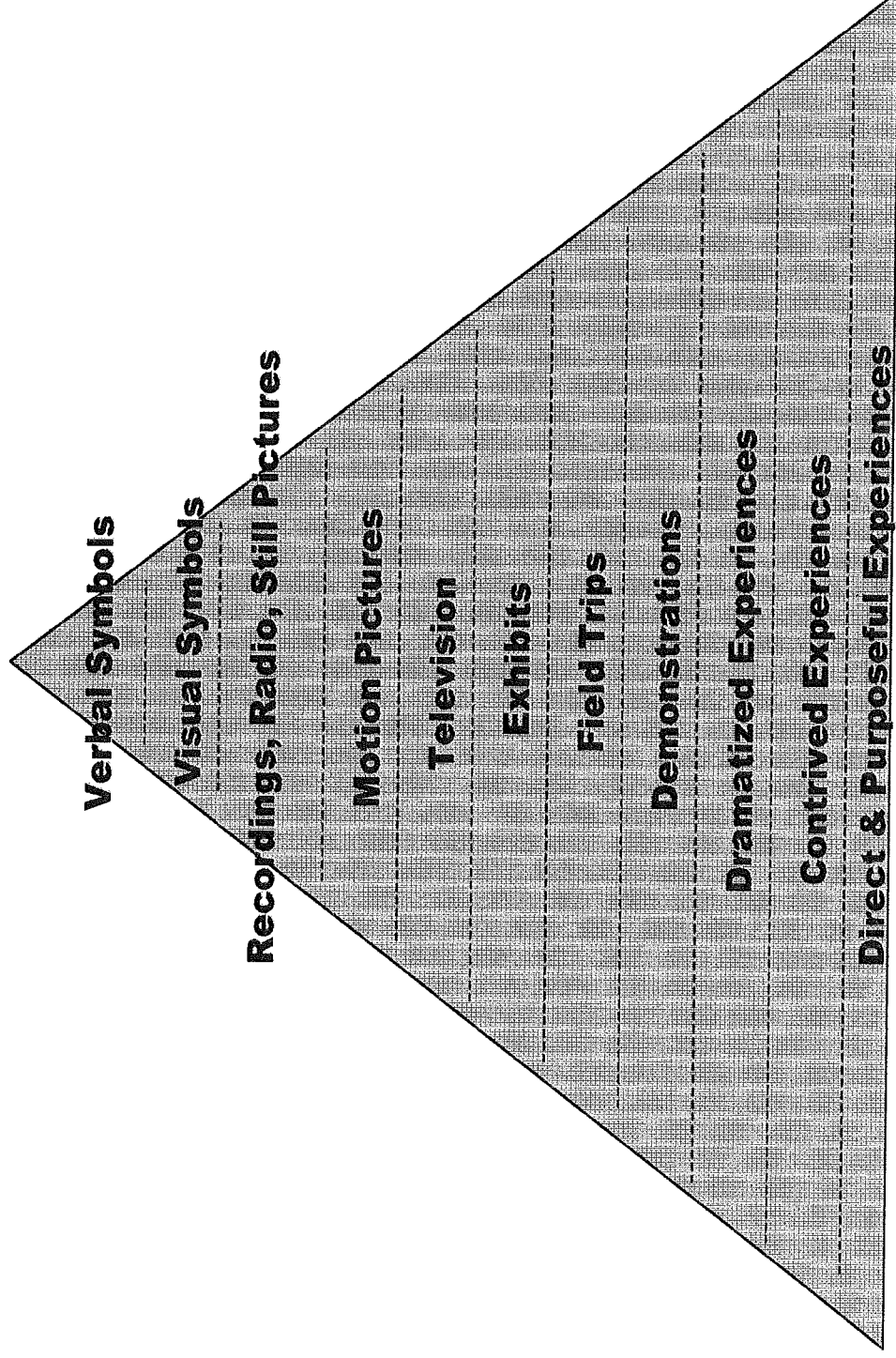
6. Bradley and Ladany's (editors). *Counselor supervision: Principles, process and practice*” (4<sup>th</sup> edition) (2010).

7. Stoltenberg and Delworth. (1988). *Supervising Counselors and Therapists* (1988).

8. Campbell, Jane. *Becoming and effective supervisor: A Workbook for Counselors and Psychotherapists*, Philadelphia: Accelerated Development/Taylor& Francis Group, 2000.

# Edgar Dale's Cone

Effectiveness of learning according to the media involved...



## Guidelines for Best Practice

The following 22 guidelines represent the best current knowledge about how to promote emotional intelligence in the workplace. They apply to any development effort in which social and emotional learning is a goal. This would include most management and executive development efforts as well as training in supervisory skills, diversity, teamwork, leadership, conflict management, stress management, sales, customer relations, etc.

These guidelines are based on an exhaustive review of the research literature in training and development, counseling and psychotherapy, and behavior change. The guidelines are additive and synergistic; to be effective, social and emotional learning experiences need not adhere to all of these guidelines, but the chances for success increase with each one that is followed.

The guidelines are divided into four phases that correspond to the four phases of the development process: preparation, training, transfer and maintenance, and evaluation. Each phase is important.

These guidelines were developed for the Consortium by Daniel Goleman and Cary Cherniss, with the assistance of Kim Cowan, Rob Emmerling, and Mitchel Adler. If you are interested in the full technical report that includes all the supporting research for each guideline, you view the full technical report online or download the document in Word 6.0/95 format from. The address of the Consortium's Web site is [www.EIConsortium.org](http://www.EIConsortium.org).

## Paving the Way

1. **Assess the organization's needs:** Determine the competencies that are most critical for effective job performance in a particular type of job. In doing so, use a valid method, such as comparison of the behavioral events interviews of superior performers and average performers. Also make sure the competencies to be developed are congruent with the organization's culture and overall strategy.
2. **Assess the individual:** This assessment should be based on the key competencies needed for a particular job, and the data should come from multiple sources using multiple methods to maximize credibility and validity.
3. **Deliver assessments with care:** Give the individual information on his/her strengths and weaknesses. In doing so, try to be accurate and clear. Also, allow plenty of time for the person to digest and integrate the information. Provide the feedback in a safe and supportive environment in order to minimize resistance and defensiveness. But also avoid making excuses or downplaying the seriousness of deficiencies.

4. **Maximize learner choice:** People are more motivated to change when they freely choose to do so. As much as possible, allow people to decide whether or not they will participate in the development process, and have them set the change goals themselves.
5. **Encourage people to participate:** People will be more likely to participate in development efforts if they perceive them to be worthwhile and effective. Organizational policies and procedures should encourage people to participate in development activity, and supervisors should provide encouragement and the necessary support. Motivation also will be enhanced if people trust the credibility of those who encourage them to undertake the training.
6. **Link learning goals to personal values:** People are most motivated to pursue change that fits with their values and hopes. If a change matters little to people, they won't pursue it. Help people understand whether a given change fits with what matters most to them.
7. **Adjust expectations:** Build positive expectations by showing learners that social and emotional competence can be improved and that such improvement will lead to valued outcomes. Also, make sure that the learners have a realistic expectation of what the training process will involve.
8. **Gauge readiness:** Assess whether the individual is ready for training. If the person is not ready because of insufficient motivation or other reasons, make readiness the focus of intervention efforts.

### **Doing the Work of Change**

9. **Foster a positive relationship between the trainers and learners:** Trainers who are warm, genuine, and empathic are best able to engage the learners in the change process. Select trainers who have these qualities, and make sure that they use them when working with the learners.
10. **Make change self-directed:** Learning is more effective when people direct their own learning program, tailoring it to their unique needs and circumstances. In addition to allowing people to set their own learning goals, let them continue to be in charge of their learning throughout the program, and tailor the training approach to the individual's learning style.
11. **Set clear goals:** People need to be clear about what the competence is, how to acquire it, and how to show it on the job. Spell out the specific behaviors and skills that make up the target competence. Make sure that the goals are clear, specific, and optimally challenging.

12. **Break goals into manageable steps:** Change is more likely to occur if the change process is divided into manageable steps. Encourage both trainers and trainees to avoid being overly ambitious.
13. **Provide opportunities to practice:** Lasting change requires sustained practice on the job and elsewhere in life. An automatic habit is being unlearned and different responses are replacing it. Use naturally occurring opportunities for practice at work and in life. Encourage the trainees to try the new behaviors repeatedly and consistently over a period of months.
14. **Give performance feedback:** Ongoing feedback encourages people and directs change. Provide focused and sustained feedback as the learners practice new behaviors. Make sure that supervisors, peers, friends, family members – or some combination of these – give periodic feedback on progress.
15. **Rely on experiential methods:** Active, concrete, experiential methods tend to work best for learning social and emotional competencies. Development activities that engage all the senses and that are dramatic and powerful can be especially effective.
16. **Build in support:** Change is facilitated through ongoing support of others who are going through similar changes (such as a support group). Programs should encourage the formation of groups where people give each other support throughout the change effort. Coaches and mentors also can be valuable in helping support the desired change.
17. **Use models:** Use live or videotaped models that clearly show how the competency can be used in realistic situations. Encourage learners to study, analyze, and emulate the models.
18. **Enhance insight:** Self-awareness is the cornerstone of emotional and social competence. Help learners acquire greater understanding about how their thoughts, feelings, and behavior affect themselves and others.
19. **Prevent relapse:** Use relapse prevention, which helps people use lapses and mistakes as lessons to prepare themselves for further efforts.

### **Encouraging Transfer and Maintenance of Change**

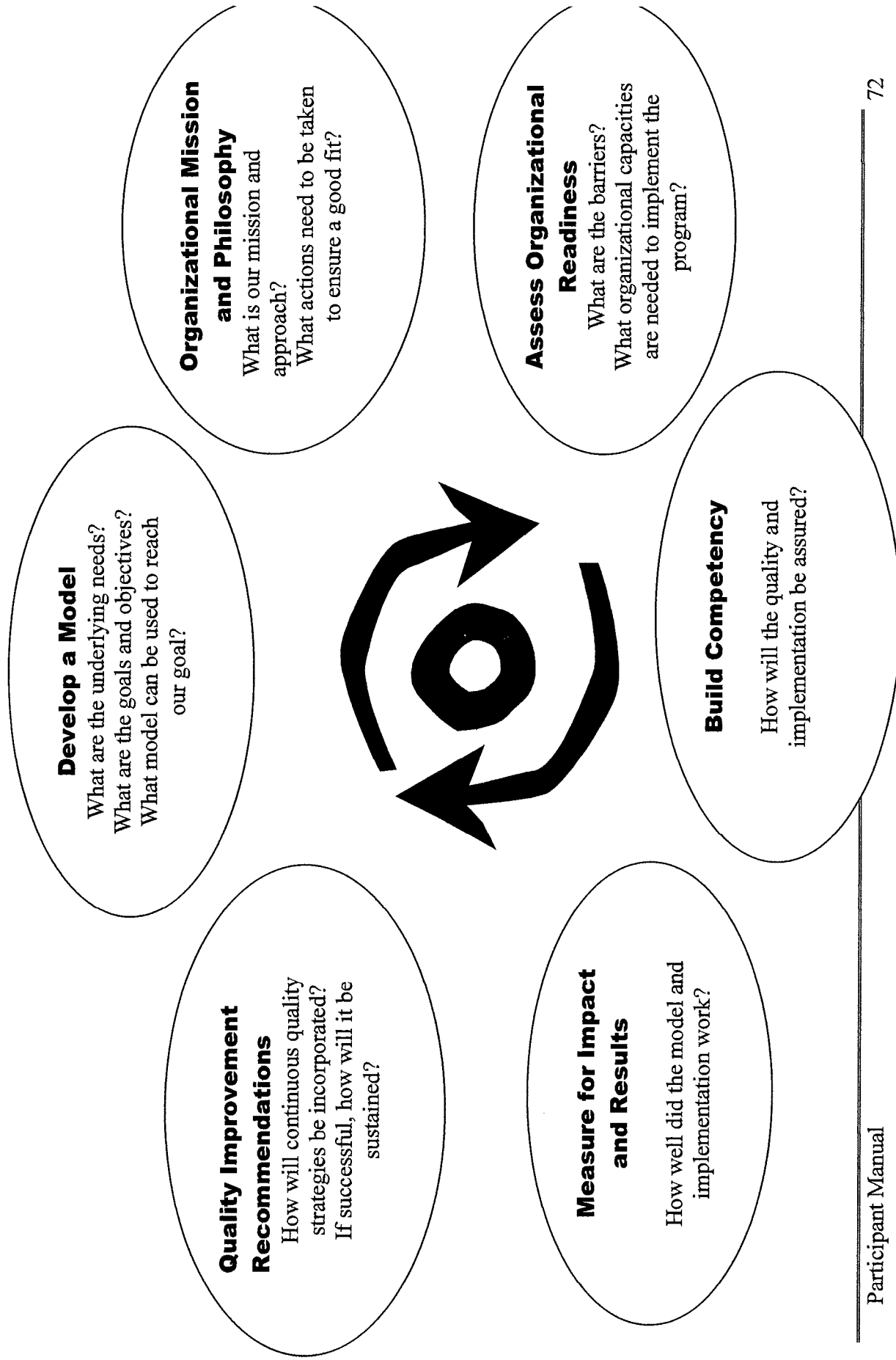
20. **Encourage use of skills on the job:** Supervisors, peers, and subordinates should reinforce and reward learners for using their new skills on the job. Coaches and mentors also can serve this function. Also, provide prompts and cues, such as through periodic follow-ups. Change also is more likely to endure when high status persons, such as supervisors and upper-level management model it.

21. **Develop an organizational culture that supports learning:** Change will be more enduring if the organization's culture and tone support the change and offer a safe atmosphere for experimentation.

### **Did It Work? Evaluating Change**

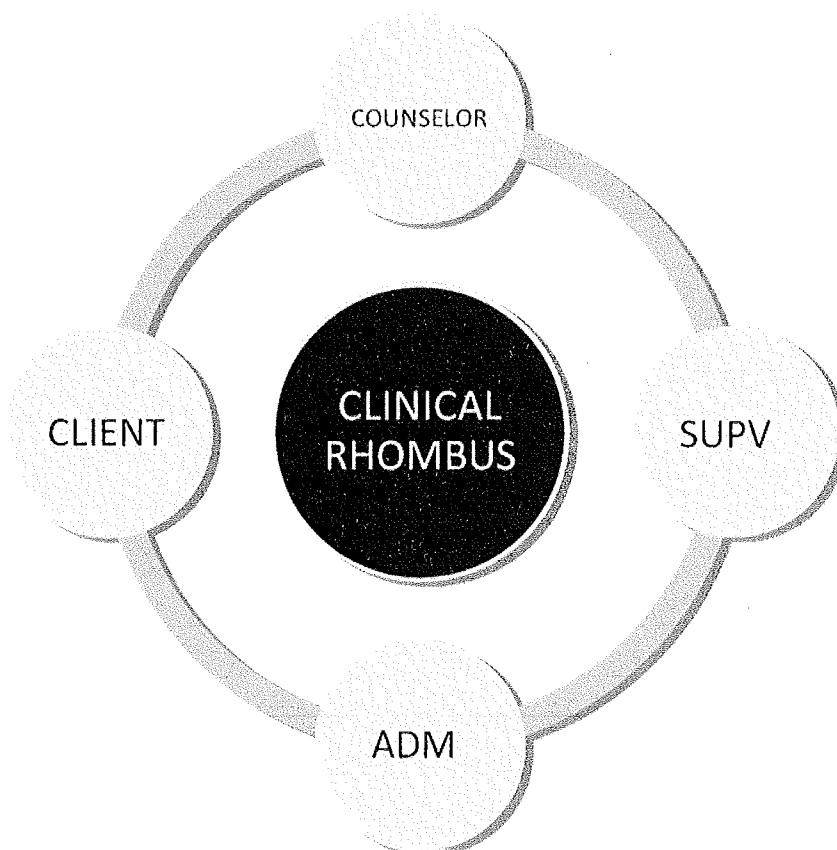
22. **Evaluate:** To see if the development effort has lasting effects, evaluate it. When possible, find unobtrusive measures of the competence or skill as shown on the job, before and after training and also at least two months later. One-year follow-ups also are highly desirable. In addition to charting progress on the acquisition of competencies, also assess the impact on important job-related outcomes, such as performance measures, and indicators of adjustment such as absenteeism, grievances, health status, etc.

## Designing and Implementing Clinical Supervision in Substance Abuse Agencies



# CLINICAL SUPERVISION RHOMBUS

PROBLEMS ABOUT LEARNING:  
*PROBLEMS BETWEEN SUPERVISOR AND COUNSELOR*  
and  
LEARNING PROBLEMS:  
*PROBLEMS BETWEEN COUNSELOR AND CLIENT*



## **DEFINITION OF SUPERVISION**

**SUPERVISION: Planning, directing, monitoring and evaluating the work of another.**

- Includes both administrative and teaching roles.
- Conflicts are inherent in the supervisory role.
- Stress can be reduced by understanding what cannot be controlled.
- Becoming a supervisor should be an informed choice.

## **THREE GOALS OF AN EFFECTIVE SUPERVISOR:**

- ◆ Assure the delivery of quality treatment.
- ◆ Create a positive work environment.
- ◆ Develop staff clinical skills.

## **ELEMENTS OF THE SUPERVISORY RELATIONSHIP:**

- ◆ Authority: You are the designated representative of the agency.
  - ◆ Expectations: You are responsible for communicating agency standards to staff.
  - ◆ Intensity: You are holding staff accountable for their conformance to agency expectations.
  - ◆ Parallel process: Be aware that within the organization the quality of your relationship with your workers is reflected in their relationships with clients.
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### **THE TASKS AND FUNCTIONS OF SUPERVISION:**

Clinical and administrative aspects of supervision are overlapping. Evaluation is a part of each of these areas, and is an on-going process that is central and essential to everything a supervisor does. So, supervision has clinical, administrative and evaluative components.

Here are examples of different supervisory tasks:

- ◆ A clinical task: Reviewing a counselor's case presentation and giving guidance on working with the client.
- ◆ An administrative task: Hiring a counselor and orienting the counselor to the agency and the job description.
- ◆ An evaluative task: Observing a counselor's work and assessing skills to establish a baseline for future development.
- ◆ An evaluative task: Assessing a counselor's knowledge, skills and attitude when management considers introducing a new treatment protocol.

### **EFFECTIVE SUPERVISORS:**

- ◆ Are effective communicators.
- ◆ Set clear expectations that are understood.
- ◆ Follow-through via observation.
- ◆ Provide feedback with respect in a timely manner.
- ◆ Teach needed skills.
- ◆ Provide a supportive and respectful environment.
- ◆ Check assumptions about counselors.
- ◆ Check counselor assumptions about supervision and you as their supervisor.
- ◆ Understand how people change.

**CONFLICTS THAT SUPERVISORS FACE**

CONFLICTS	DESCRIPTION
Time	There is always too much to do and never enough time.
Rewards	What do we like to do the best? The least?
Peers	<p>When you become a supervisor, you leave your former co-workers behind as peers. It is important to be aware of, and deal with, the grief and loss that occur.</p> <p>Challenges from former peers are to your role as supervisor, not to you as an individual.</p> <p>Challenge may be to your skill as supervisor, rather than to you as a person.</p> <p>You deserve the <u>respect</u> of former peers, but you must find your <u>support</u> elsewhere. Ideally from other supervisors and managers.</p> <p>Expect a "testing" process from supervisees during your first six months on the job.</p>
Focus	Providing direct service (client caseload) vs. supervision.
Agency	How you choose to spend your time vs. what the agency chooses to have you do.
Intrapersonal	<p>Your expectations, beliefs, experiences with self as an "authority figure."</p> <p>Your past experiences of being supervised by a "negative authority."</p> <p>Your preparation for the role of supervisor, both in skills needed and the emotional impact of changing role definition - your self-identity.</p>

**TO ACCOMPLISH THESE GOALS, YOU AS THE SUPERVISOR MUST:**

- ◆ Know the people you supervise - their skills, abilities and training.
  - What are they good at?
  - What is their background and training?
  - What are their strengths?
  - What jobs do they like doing? What do they not like?
  - What training are they currently involved in?
- ◆ Provide training to keep your staff up-to-date.

**DO YOUR SUPERVISEES HAVE THE SAME FRAME OF REFERENCE YOU DO?**

- ◆ This is especially important in regard to their respect for your authority.
  - What is their view of how and why things happen?
  - What are their assumptions about people's behavior?
  - What is their experience and knowledge base?
  - What are their values?
  - What do they think is the purpose and usefulness of supervision?
- ◆ Do you share a common language?
- ◆ Are you aware of the differences between their frame of reference and yours?
- ◆ Do you know about the supervisee's previous experience and expectations about supervision?

**SUPERVISOR'S BOTTOM LINE:**

You....

- ◆ Can't avoid "being the BOSS."
- ◆ Are under constant pressure.
- ◆ Need to recognize that conflict will occur.

**THE QUESTION IS HOW TO RESOLVE CONFLICT, NOT HOW TO AVOID IT.**

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## UNIT 4 Definitions of Clinical and Administrative Supervision

### OBJECTIVES:

- Help participants distinguish clearly between clinical and administrative supervision
- Clarify the emphases and boundaries of clinical supervision
- Help participants understand that a primary goal of clinical supervision is fostering the counselor's professional growth.

### BASIC CONCEPTS:

- ◆ Clinical supervision is different from administrative supervision. Both are important. Being clear about this distinction is critical.
- ◆ 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. Examples include 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 personal therapy or treatment relationship.
- ◆ In clinical supervision, the criterion for determining supervisor action is: "Will it help the counselor achieve the performance goal?"
- ◆ 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.

**DIFFERENCES BETWEEN COUNSELING AND SUPERVISION**

	<b>COUNSELING</b>	<b>CLINICAL SUPERVISION</b>	<b>ADMINISTRATIVE SUPERVISION</b>
<b>PURPOSE</b>	Personal growth. Behavior change Decision-making Better self understanding.	Improved job performance.	Assure compliance with agency policy and procedure.
<b>OUTCOME</b>	Open-ended based on client needs.	Enhanced proficiency in knowledge, skills and attitudes essential to effective job performance.	Consistent use of approved formats, policies, and procedures.
<b>TIME FRAME</b>	Self-paced; longer term.	Short term and on going.	Short-term and on-going.
<b>AGENDA</b>	Based on client needs.	Based on service mission and design.	Based on agency needs.
<b>BASIC PROCESS</b>	Affective process which includes listening, exploring, teaching.	Assessing worker performance, negotiating learning objectives, and teaching/learning specific skills.	Clarifying agency expectations, policy and procedures, assuring compliance.

## **UNIT 6 The Eight Steps of Mentoring and Clinical Supervision**

### **OBJECTIVES:**

- Help the participants understand that effective mentoring requires mastering the use of specific and essential knowledge, skills and attitudes.
- Individual participants will identify individual learning needs.

### **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.
- ◆ 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.
- ◆ Collaborating with a counselor on steps of and methods for learning will increase focus, hope and confidence.
- ◆ Counselors are more likely to sustain their efforts if they are working with familiar approaches to learning, that is, methods that fit their styles.
- ◆ As supervisors, we work to balance our initiative and guidance with the initiative and efforts of our supervisees.
- ◆ Our responsibility is not so much to teach as it is to help the counselor learn by means available to them.

**EIGHT STEPS OF MENTORING AND CLINICAL SUPERVISION**

STEP	TITLE	EXPLANATION
1	<b>Agree to work together</b>	Agree on working together toward improving the supervisee's counseling skills.
2	<b>Define and agree on a learning goal</b>	The learning goal must be clearly defined, and there needs to be agreement to work together to help the counselor attain proficiency in the skill chosen.
3	<b>Understand the value of the goal</b>	The counselor needs to understand the value of achieving the agreed upon goal.
4	<b>Break goal into manageable parts</b>	The overall goal needs to be broken down into its constituent parts: a) the knowledge, b) the skills, c) the attitudes necessary to attain proficiency.
5	<b>Pick styles and methods of learning</b>	The supervisor needs to elicit from and negotiate with the counselor his or her preferred styles and methods of learning.
6	<b>Observe and evaluate</b>	How progress will be observed and evaluated needs to be discussed and agreed upon .
7	<b>Provide feedback</b>	The supervisor needs to know how to give feedback which guides, corrects, and at the same time encourages .
8	<b>Demonstrate competency &amp; celebrate</b>	An outcome demonstration of the newly acquired skill which confirms success needs to be designed, followed by a celebration of the accomplishment.

**SUPERVISOR'S CHECKLIST**

	TASK	Done
Step 1	I have explained the reason for forming a partnership to work toward improving the counselor's skills:	
	Counselor has agreed to work together to improve clinical skills:	
Step 2	Defined practice dimension:	
	Defined competency:	
	Visualized level of proficiency to attain:	
Step 3	Counselor fully comprehends nature and goal of tasks:	
	Counselor believes the goal is achievable:	
	Counselor feels attaining the goal is valuable to self and others:	
Step 4	Relevant KSAs have been reviewed with counselor:	
	KSAs have been broken down into manageable learning steps:	
	Learning steps are observable and measurable:	
Step 5	Preferred styles and methods of learning have been discussed:	
	Learning steps have been identified and agreed to:	
Step 6	Methods of evaluation have been discussed and negotiated:	
	Each unit of learning's method of evaluation is agreed upon:	
	Baseline for each unit of learning has been determined:	
Step 7	We have a schedule to meet on a regular basis for feedback:	
	Format for final demonstration has been agreed upon:	
	Date for final demonstration has been set:	
	Final demonstration has taken place:	
Step 8	Process to achieve proficiency has been reviewed with counselor:	
Step 9	*Celebration has been discussed and designed:	

**PERSONAL ACTION PLAN**

1. Two concepts or skills that I would like to implement in my supervisory practice:

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2. Whose understanding and commitment of support do I need before implementing this approach to supervision?

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3. I am committed to taking these specific actions:

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B.

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C.

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4. My support person who will keep me on track is:

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## KEY PRINCIPLES

- Contextual Systems Perspective - takes into account referent, consumer, family, caregiver, organization, and other subsystems and all their values, beliefs, and attitudes about illness, recovery change.
- Application of a Systemic Circular Model - focuses on recursiveness, interactive holistic patterns, effect of behavior, and importance of feedback.
- Importance of referral process perspective and information - establishes counseling and treatment relationship.
- Formation of a hypothesis - why is the referent, patient, family presenting this particular problem at this particular time? Define the reciprocity between the symptom and the system within the framework of time and change.
- Dilemma of change versus status quo - there is both positive and negative consequences to either status quo or change. In systemic terms, change is not a single solution to a single problem but a dilemma to be addressed.
- Core beliefs are “the heart of the matter” - the definition of a belief is “what we believe in our heart of hearts to be true”. Beliefs about families, illness, clinicians and therapeutic change need to be considered.