

2018 ILABH Educational Conference and Expo

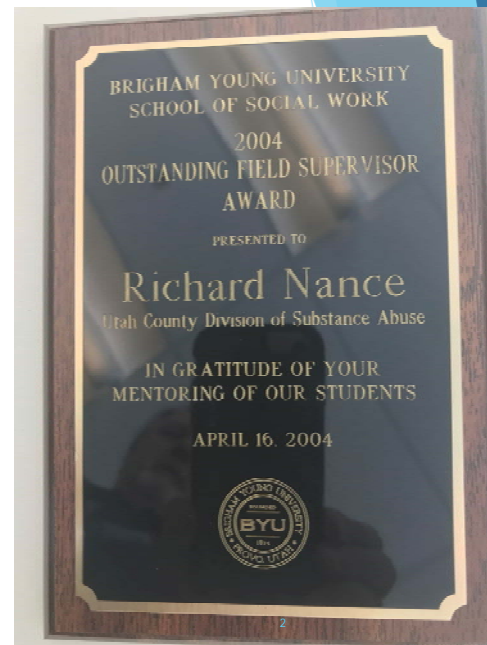
Professional Ethics for Clinical Supervisors in Drug and Alcohol Treatment Settings (and more!)

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 June 8, 2018

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HELLO MY NAME IS

- ▶ Richard J. Nance, MSHHA, MSW, LCSW
- ▶ MS Health Admin. UAB
- ▶ Cert. A&D counseling U of U
- ▶ MSW, BYU
- ▶ Adjunct Faculty, BYU and UVU
- ▶ INCASE member
- ▶ Director, UCaDDAPT
- ▶ NOT a Clinical Supervisor... anymore



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Presentation Content

- ▶ What is Clinical Supervision? What is it not?
- ▶ What is Competent Clinical Supervision?
- ▶ What are the 3 Key Components of Clinical Supervision?
- ▶ How do we Provide Clinical Supervision for Three Different Categories of Clinicians? What are the Differences?
- ▶ What Does the Law Require? What Does the Field Require?
- ▶ Ethics Applied to Clinical Supervision
- ▶ Remote Clinical Supervision
- ▶ How to Structure an Ethical Supervision Curriculum for your Agency

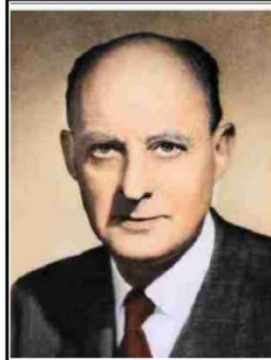
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Presentation Objectives:

- ▶ Understand the legal, professional, and ethical responsibilities providing clinical supervision in your agency.
- ▶ Improve the knowledge, skill, and competence of your individual clinical supervisors.
- ▶ Ensure you meet the obligations of clinical supervisors and supervision in general to the supervisee, academic program, agency, profession, field, and the public.
- ▶ Systematize development of competent clinical supervisors.
- ▶ Analyze ethical incidents for training, risk management, and system improvement purposes
- ▶ Structure a clinical Supervision experience for your supervisees.

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Disclaimer: This presentation is aspirational, not absolute. Just like clinical skills, you have to apply the content of the presentation within the reasonable limits of your particular circumstances.



Aim for the stars and maybe you'll reach the sky.

— Reinhold Niebuhr —

AZ QUOTES

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Aim for the sky and you'll reach the ceiling. Aim for the ceiling and you'll stay on the floor.

Bill Shankly

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HELLO

MY NAME IS

- Your profession and agency
- Years of experience in the behavioral health field
- Years of experience as a Clinical Supervisor
- Challenges to delivering clinical supervision

What is clinical supervision?

Bernard and Goodyear (2014):

“ an intervention that is provided by a senior member of the profession to a junior member of the same profession. The relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior person(s), monitoring the quality of professional services offered to the clients ... ”

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Consensus Definition of Clinical Supervision:

- ▶ A social influence process that occurs over time, in which the supervisor participates with supervisees to ensure quality clinical care. Effective supervisors observe, mentor, coach, evaluate, inspire, and create an atmosphere that promotes self-motivation, learning, and professional development. They build teams, create cohesion, resolve conflict, and shape agency culture, while attending to ethical and diversity issues in all aspects of the process. Such supervision is key to both quality improvement and the successful implementation of consensus- and evidence-based practices. (TIP 21-A)

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Clinical Supervision further defined as...

Perry (2012):

“...transmits the field’s values, body of knowledge, professional roles, and skills to the new clinician. Training and supervision are also primary vehicles through which a field evolves. They prepare future generations to be the representatives and developers of the field’s viewpoint, with the hope that they will move beyond their mentors in conceptual, therapeutic, and professional development.”

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Definition of “Competency”

[A] measurable human capability that is required for effective performance . . . [composed] of knowledge, a single skill or ability, a personal characteristic, or a cluster of two or more of these attributes. Competencies are the building blocks of work performance. The performance of tasks requires the simultaneous or sequenced demonstration of multiple competencies.

Marrelli and colleagues (2004)



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Sand Tray Therapy



A. Topic Area: **PROFESSIONALISM**

1. Comprehends agency ethical guidelines, limits of confidentiality, and the NASW Code of Ethics.
2. Adheres to the NASW Code of Ethics and demonstrates identification with the profession's values.
3. Understands the boundaries of the client/worker relationship.
4. Respects and advocates for the client's rights to self-determination, including the right to actively consent to, or refuse any of all aspects of intervention where legally appropriate.
5. Identifies and seeks to resolve ethical dilemmas should they arise.
6. Differentiates between personal and professional values.
7. Utilizes other professional disciplines appropriately for the benefit of clients.
8. Utilizes research evidence, professional knowledge, values, and skills when discussing client issues.
9. Recognizes the importance of critical thinking, self-evaluation and life-long learning.
10. Tolerates ambiguity within the framework of ethical conduct.

E. Topic Area: **PRACTICE SKILLS - Intervention**

*The client may be an individual, family, group, organization, or community.

1. Involves clients in negotiating and developing goals.
2. Articulates and selects evidence-informed interventions for client populations.
3. Applies intervention skills according to the unique circumstances of each client, including factors such as ethnicity, gender, race, national origin, culture, age, ability, socio-economics, class, religion, and sexual orientation.
4. Utilizes relevant community resources to benefit the client.
5. Assumes various social work roles (i.e., advocate, collaborator, researcher, administrator, planner, etc.) according to the needs of client(s).
6. Utilizes a strengths approach in resolving client difficulties.
7. Assists clients to overcome barriers to change.
8. Identifies the complexities of the intervention process and plans a variety of strategies.
9. Demonstrates ability to revise intervention strategies based upon client's progress and wishes.

H. Topic Area: **USE OF INSTRUCTION**

1. Works collaboratively with the field instructor to enhance educational experiences by setting goals which reflect professional interests and needs.
2. Sets appropriate priorities on materials to be brought into supervisory meetings.
3. Makes appropriate changes in behavior and attitudes to enhance effective practice.
4. Utilizes self-awareness to enhance personal strengths and diminish weaknesses.
5. Demonstrates creativity and initiative in identifying independent actions to enhance learning experiences.
6. Consistently follows through on assignments with appropriate supervisory assistance.
7. Identifies learning goals for the second year in collaboration with the field instructor.

Why is Clinical Supervision So Important?

- ▶ Increased knowledge & skills acquisition
- ▶ Enhanced self-awareness
- ▶ Improved self-efficacy
- ▶ Improved patient-provider relationships
- ▶ Positive work attitudes & job satisfaction
- ▶ Better behaviors on the job
- ▶ Improved reactions to stress
- ▶ Reduced work-to-family conflict
- ▶ Quality and fidelity of treatment
- ▶ Management of **vicarious liability** for supervisor and agency

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Task: Structured Clinical Supervision

For group discussion at the end of the workshop:

- ▶ Design a structured clinical supervision experience for
 - 1) Student Interns; 2) newly licensed staff; 3) fully licensed staff:
 - ▶ Knowledge: What do you want your clinical staff to know (drug and alcohol counselors, therapists)?
 - ▶ Skills: In what clinical practices do you want them to achieve competency?
 - ▶ Attitudes: What values representing your agency do you want them to internalize?
 - ▶ Processes: How do you want them to use supervision? How much initiative do you want them to take? How are case presentations made? Cases Staffed?
 - ▶ Frequency: how often should supervision occur?

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Three Key Functions of Clinical Supervision:



Professional
Development/
teaching
(micro
practice)



Risk Management for the Agency (meso practice)



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Gatekeeping for the field at large (macro practice)



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Clinical Supervision



plays a protective role in counselor well-being

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(Knudsen, Ducharme, & Roman, 2008)

ACES in Helping professionals Compared to General Public (2013) n=521

California

General Public	Incidence	Helping Professionals	Incidence
<u>Abuse:</u>		<u>Abuse:</u>	
Psychological	11%	Psychological	50%
Physical	28%	Physical	32%
Sexual	21%	Sexual	30%
<u>Household Dysfunction:</u>		<u>Household Dysfunction:</u>	
Substance Abuse	27%	Substance Abuse	49%
Parental separation / divorce	23%	Parental separation / divorce	43%
Mental Illness	17%	Mental Illness	41%
Battered Mother	13%	Battered Mother	19%
Incarceration	6%	Incarceration	15%
<u>Neglect:</u>		<u>Neglect:</u>	
Emotional	15%	Emotional	39%
Physical	10%	Physical	16%
No ACES	33%	No ACES	15%

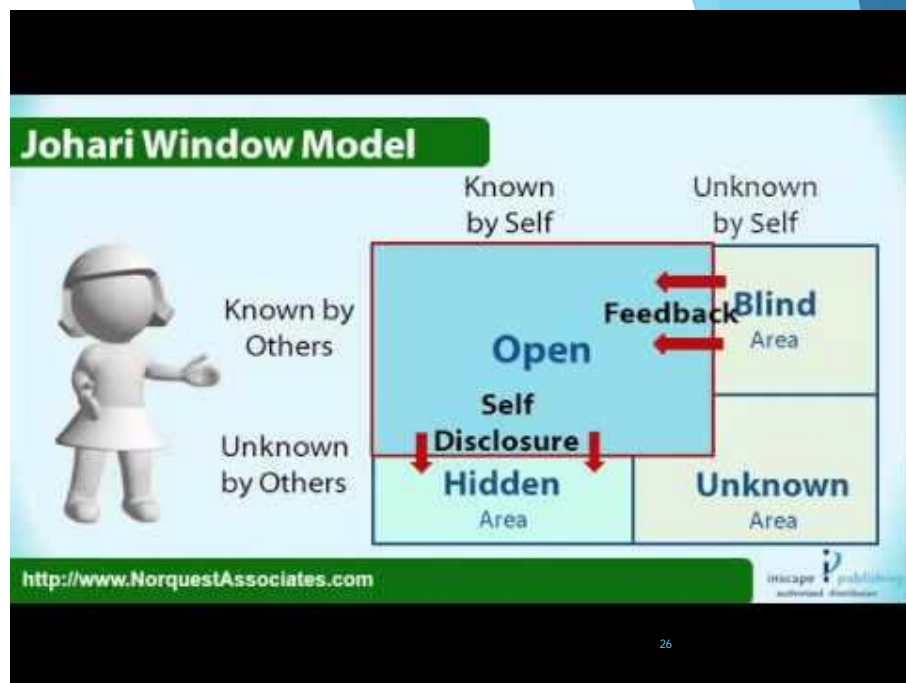
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The Magic Words Are:
"I need some supervision."

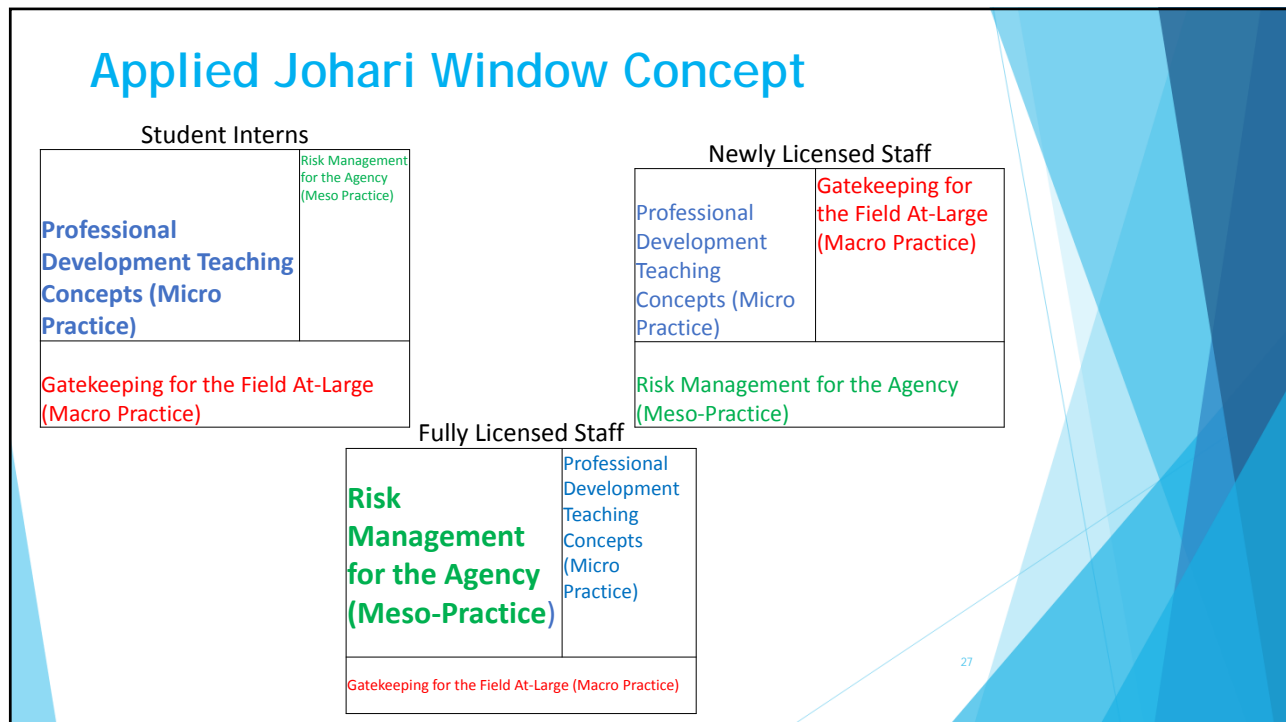


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Johari Window



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Clinical Supervision ...

increases commitment to the organization and the behavioral health field

(Knudsen, et al., 2013)

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**Workplace Learning -
Ideally workplaces should
encourage and motivate
learning leading to personal
and professional growth.**

(Newton et al., 2015).

***'All Learners Work and All Workers
Learn'***

(Miller, 2010)

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Module List

Filter by + Filter Clear

Module Type

All Module Types

Owner

All Owners

Certificate

All Certificates

Approved

Approved

[New Module](#)
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1 - 4 of 4

Title	Type	Approved	Enrolled
Clinical Supervision: Essentials of Reflective Supervision <i>REL-HHS-0-ERS</i>	Course	✓	2
Clinical Supervision: Overview of Clinical Supervision <i>REL-HHS-0-OCS</i>	Course	✓	3
Clinical Supervision: Pitfalls of Supervision <i>REL-HHS-0-PS</i>	Course	✓	1
Clinical Supervision: Supervising the Difficult Supervisee <i>REL-HHS-0-SDS</i>	Course	30 ✓	0

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Provide clinicians and clinical supervisors protected time at work



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(Kobak et al., 2016; Curran et al., 2015)

Protected Time

- **One of the bigger issues that confronts adult learners in the modern workplace is dealing with workplace interruptions, disturbances, and diversions**
- **Left unmanaged these issues can prevent adult learners from being properly focused and engaged in the learning initiative.**
- **It is imperative that organizations include sufficient planning and preparation time for personnel when they will be involved in learning initiatives.**

(Longenecker & Abernathy, 2013)

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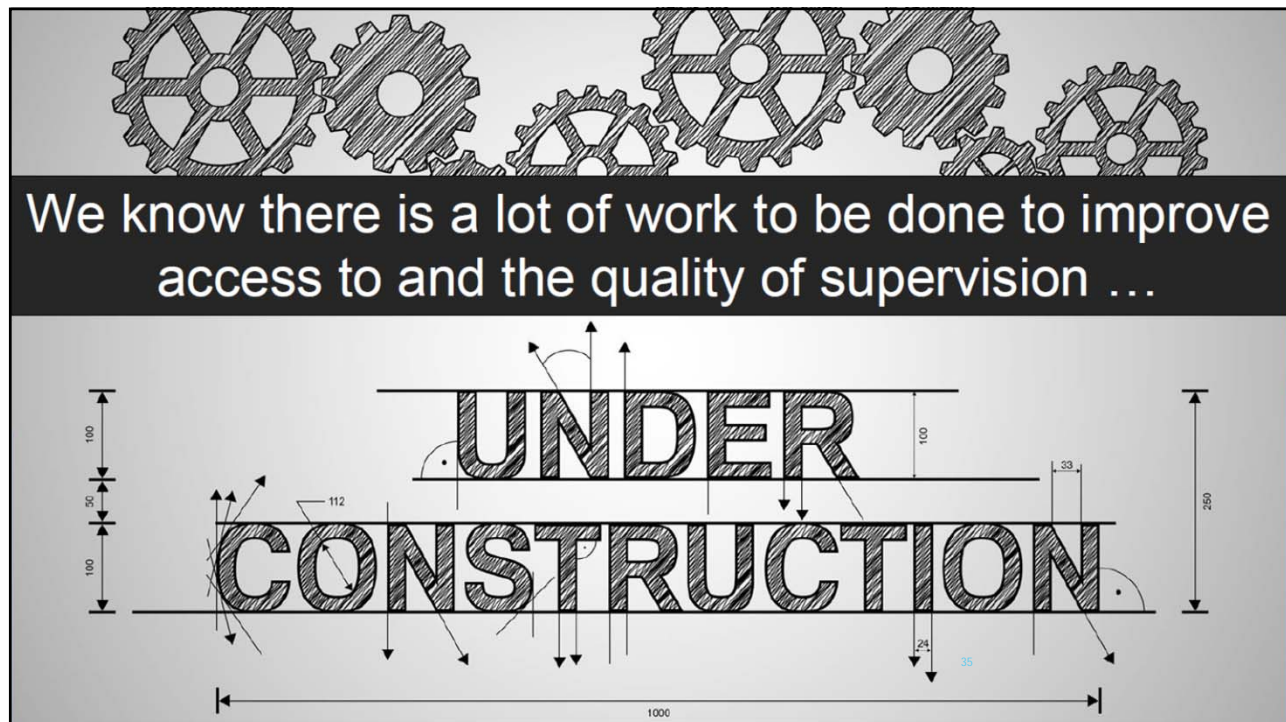
Other Ingredients

- **Accountability for learning is critical**
 - Accountability can and should take many forms beyond simple attendance and can include knowledge and skills-based testing, individual assessment, and on-the-job performance appraisals, among others. Adult learners behave differently when they know that they will be held accountable.
- **Adults learn by engagement and doing**
 - A learning experience will flounder when adults are simply asked to sit and absorb information without participation, discussion, hands-on practice and activity-based instructional methods.
- **Adult learners need coaching and feedback**
 - especially when it is time to apply what was acquired. Effective and ongoing coaching is important for the acquisition, retention, and application of both information and skill development.

Effective and Ongoing Coaching is Important for the Acquisition, Retention, and Application of Both Information and Skill Development



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Illinois Professional Counselor and Clinical Professional Counselor Licensing and Practice Act

- ▶ 225 ILCS 107/10)
(Section scheduled to be repealed on January 1, 2023)
Sec. 10. Definitions. As used in this Act:
- ▶ "Clinical supervision" or "supervision" means review of aspects of counseling and case management in a face-to-face meeting with the person under supervision.
- ▶ "Qualified supervisor" or "qualified clinical supervisor" means any person who is a licensed clinical professional counselor, licensed clinical social worker, licensed clinical psychologist, psychiatrist as defined in Section 1-121 of the Mental Health and Developmental Disabilities Code, or other supervisor as defined by rule. A qualified supervisor may be provided at the applicant's place of work, or may be hired by the applicant to provide supervision.

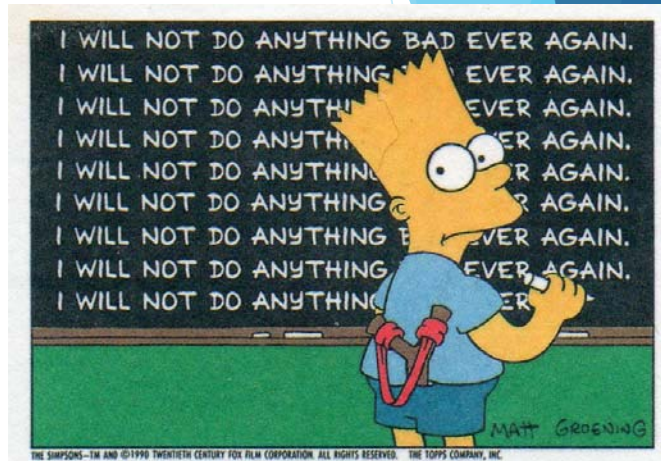
(225 ILCS 107/15) Sec.15. Exemptions.

- ▶ b-5) Nothing in this Act shall be construed to limit the activities and services of individuals seeking to fulfill post-degree experience requirements in order to qualify for licensing as a clinical professional counselor under this Act, so long as the individual is not engaged in the independent private practice of clinical professional counseling as defined in this Act, and is in compliance with all applicable regulations regarding supervision including, but not limited to, the requirement that the supervised experience must be under the order, control, and full professional responsibility of their supervisor.

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225 ILCS 107/80 Sec. 80 Grounds for Discipline

- ▶ (a) The Department may refuse to issue, renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action as the Department deems appropriate, including the issuance of fines not to exceed \$10,000 for each violation, with regard to any license for any one or more of the following:
 - ▶ (25) Clinical supervisors failing to adequately and responsibly monitor supervisees.



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Illinois Regulations for LSW Licensure

▶ Section 1470.10 Application for Licensure

- ▶ Each applicant seeking original licensure under Section 7 of the Act shall file an application, with the Department of Financial and Professional Regulation-Division of Professional Regulation (Division), on forms provided by the Division. The application shall include:
 - ▶ a) for a Licensed Clinical Social Worker:
 - ▶ 1) either:
 - ▶ A) certification of graduation from a master's degree program in social work approved by the Division in accordance with Section 1470.30 and verification of completion of 3000 hours of satisfactory supervised clinical professional experience as set forth in Section 1470.20; or
 - ▶ B) certification of graduation from a doctorate degree program in social work approved by the Division in accordance with Section 1470.30 and verification of completion of 2000 hours of satisfactory supervised clinical professional experience as set forth in Section 1470.20;

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Illinois Regulations for LSW Licensure

▶ Section 1470.10 Application for Licensure

- ▶ Each applicant seeking original licensure under Section 7 of the Act shall file an application, with the Department of Financial and Professional Regulation-Division of Professional Regulation (Division), on forms provided by the Division. The application shall include:
 - ▶ b) for a Licensed Social Worker:
 - ▶ 1) either:
 - ▶ A) certification of graduation from a master's degree program of social work approved by the Division in accordance with Section 1470.30; or
 - ▶ B) certification of graduation from a baccalaureate degree program of social work approved by the Division in accordance with Section 1470.30 and verification of completion of 3 years of supervised professional experience in accordance with Section 1470.20;

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SECTION 1470.20 PROFESSIONAL EXPERIENCE

- ▶ Section 1470.20 Professional Experience
- ▶ a) Persons applying for licensure as a Licensed Clinical Social Worker shall be required to complete supervised professional experience pursuant to Section 9 of the Act and this Part.
 - ▶ 4) Supervised experience shall be experience directly related to clinical social work practice as defined in Section 3(5) of the Act:
 - ▶ A) The supervisor shall have met with the applicant an average of at least 4 hours each month to discuss client cases and treatment procedures.
 -
 - ▶ C) After January 1, 1995, only experience supervised by a Licensed Clinical Social Worker will be acceptable to meet the professional experience requirement. If supervision was in another jurisdiction in which clinical social workers are not licensed, the supervisor shall have been engaged in clinical social work and be credentialed at the highest level required by that jurisdiction.

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SECTION 1470.20 PROFESSIONAL EXPERIENCE

- ▶ D) The experience shall have been evaluated by the supervisor as satisfactory.
- ▶ E) An applicant may contract with a Licensed Clinical Social Worker to provide supervision.
- ▶ F) Supervision may be provided within an agency of employment or outside the agency.
- ▶ G) Supervision may be paid or unpaid.
- ▶ H) Supervision may be on an individual or group basis. When group supervision is provided the number of supervisees may not exceed five.



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SECTION 1470.20 PROFESSIONAL EXPERIENCE

- ▶ b) Persons applying as a Licensed Social Worker who have a baccalaureate degree in social work shall complete 3 years of supervised professional experience subsequent to obtaining the baccalaureate degree. For purposes of this subsection, supervised professional experience is that experience directly related to social work as defined in Section 3(9) of the Act. The experience shall be:
 - ▶ 1) obtained under the direct supervision of a certified social worker registered under the Social Workers Registration Act, Licensed Clinical Social Worker, Licensed Social Worker, diplomate in clinical social work, designated member of ACSW or other appropriate supervisor as approved by the Board.
 - ▶ 2) satisfactory as evaluated by the supervisor. The supervisor shall have met with the individual an average of at least 4 hours each month.

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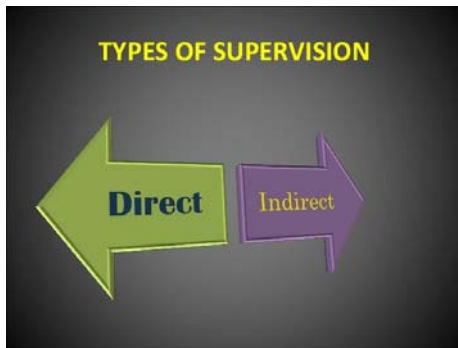
Illinois Certified AOD Counselor Standards to Maintain Certification

- ▶ A. Continuing Education Policy
 - ▶ 2. CSADCs and CAADCs - six (6) of the 25 CEUs needed for Category II [CEUs] must be training received in how to provide clinical supervision.
- ▶ B. Sources of Continuing Education Units
 - ▶ 4. Providing clinical supervision to an AOD practicum student enrolled in an ICB AOD Counselor Training Program qualifies for up to 15 CEUs in a two-year certification period.



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Part 2060 Alcoholism and Substance Abuse Treatment and Intervention Licenses



- ▶ 2060.309 Professional Staff Qualifications
- ▶ e) Any new professional staff, including interns, who will provide clinical services in a treatment or designated program service and who do not meet the requirements of subsection (a) or (b) when hired shall:
 - ▶ 3) work under the direct, verifiable supervision of an individual who has staff supervisory responsibility at the facility and who meets the requirements for professional staff specified in subsection (a); and
 - ▶ 4) sign, and adhere to, a professional code of ethics developed by the organization.

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Part 2060 Alcoholism and Substance Abuse Treatment and Intervention Licenses

- ▶ f) The above referenced supervision shall last until the employee meets at least one of the requirements for professional staff designation specified in subsection (a) or (b) or until the two year period has elapsed. Such supervision is verifiable, at a minimum, by:
 - ▶ 2) documentation of face-to-face supervision meetings, at least once monthly. This supervision can occur in a group or individual setting and shall be a distinct activity separate from regularly scheduled patient staffings.



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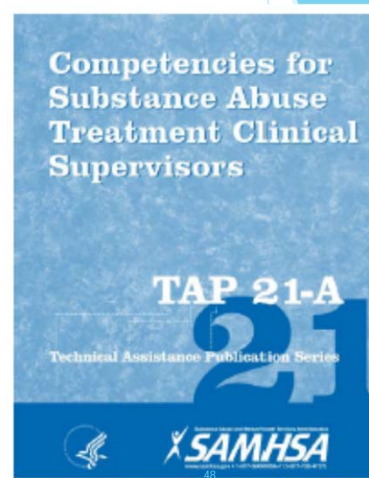
Illinois Certification Board (IAODAPCA) Supervision Language

- ▶ Clinical supervision is the process of assuring the AOD counselor is provided monitoring and feedback to assure quality AOD services are being delivered. The applicant must submit documentation of on-the-job clinical supervision in the 12 core skill areas of counseling. No single core skill area is to be performed for fewer than ten (10) hours. **Supervised hours are understood to be face-to-face supervision.** Hours that the counselor spends providing AOD counseling services are NOT counted as supervision.
- ▶ Realizing that supervision may take place in a variety of settings and have many faces, **ICB determined not to place limiting criteria on qualifications of a supervisor.** Rather, it was determined that supervision should be as broadly defined as in the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration's Technical Assistance Publication Number 21. TAP 21 defines supervision/clinical supervision as: the administrative, clinical and evaluative process of monitoring, assessing and enhancing counselor performance.

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TAP 21A - Competencies for Substance Abuse Treatment Clinical Supervisors (2013)

The TAP 21 counselor competencies describe what fully proficient counselors can do in clinical practice. Those competencies may be introduced in preemployment education and training settings, but they are often developed more fully on the job. **It is typically the clinical supervisor's responsibility to mentor counselor development and facilitate the building of new knowledge and skills, not only during counselors' early years but throughout their careers.** To that end, clinical supervisors in agencies specializing in the treatment of substance use disorders are expected to be knowledgeable and proficient in the addiction counseling competencies.



Utah SUDC Unprofessional Conduct Rules

R156-60d-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

- (1) violation of any provision of the NAADAC Code of Ethics: Teaching Tool, January 2011 edition, which is hereby incorporated by reference;
- (2) acting as a supervisor without ensuring that the supervisee holds the requisite license;
- (3) exercising undue influence over the clinical judgment of a supervisor over whom the licensee has administrative control;
- (4) if licensed as a licensed advanced substance use disorder counselor or a licensed substance use disorder counselor, accepting the duties as a supervisor of a certified advanced substance use disorder counselor, certified advanced substance use disorder counselor intern, certified substance use disorder counselor, or a certified substance use disorder counselor intern who has any supervisory control over the licensed advanced substance use disorder counselor or licensed substance use disorder counselor; and
- (5) directing one's mental health therapist supervisor to engage in a practice that would violate any statute, rule, or generally accepted professional or ethical standard of the supervisor's profession.

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Supervisor Disciplinary Action (Utah)

► https://dopl.utah.gov/orders/2015-102_SO_2015-02-09.pdf

- b From about July 2010 to January 2013, Respondent provided clinical services as a practicum student, an intern, and then as an AMFT at Harmony Counseling, an agency then owned by Respondent's husband, and is currently owned by Respondent.
- c Respondent's current curriculum vitae misrepresents that Respondent was a "LMFT, Licensed Marriage and Family Therapist" from 2010 to 2013, and lists her current LMFT license number. During that period Respondent was actually licensed as an associate marriage and family therapist (AMFT) and she possessed a different license number.
- d. From 2010 to about March 2011, the door at Harmony Counseling listed the name of a person who had never been employed at Harmony Counseling. That person was listed as "LCSW Clinical Director." Business cards for said Clinical Director were also on display at Harmony Counseling. During her status as an AMFT from December 2010 to January 2013, Respondent practiced as a sole practitioner in Davis County while her supervisor was located in a different county.

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A Rapidly Changing Profession

- ▶ States and the Federal Government are implementing contracts and grants that **require treatment organizations to demonstrate specified levels of client outcomes** rather than just delivery of services.
- ▶ Licensing and funding sources of all types are **expecting programs to use evidence-based practices** in the delivery of treatment services.
 - ▶ Monitor, evaluate, and promote clinical competence, directly and objectively;
 - ▶ **Ensure fidelity to evidence-based practices**; and
 - ▶ Increase treatment efficacy and cost-effectiveness.

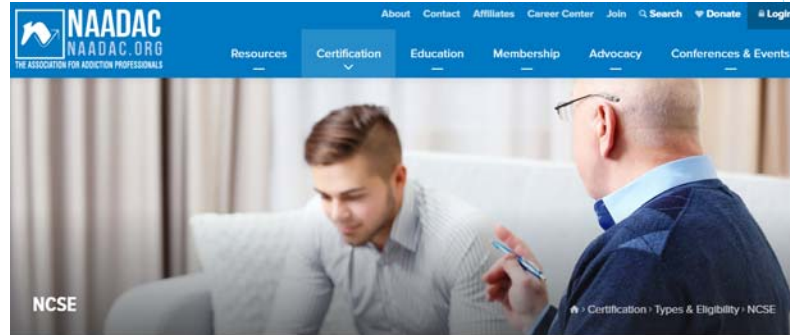
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Administrative Supervision and Clinical Supervision

- ▶ **Clinical supervision is distinguished from administrative supervision** in some models of supervisory practice, and many believe that administrative duties take precious time away from the provision of direct supervision to clinical staff. However, in substance use disorder treatment settings, **the two kinds of supervision significantly overlap in real-world practice**; Powell (2004, p. 11) identified “administrative” as one of four “overlapping foci” of clinical supervision.

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NAADAC Clinical Supervision Endorsement



National Clinical Supervision Endorsement

The National Clinical Supervision Endorsement is intended to standardize competencies and to recognize nationally a high level of effective clinical supervision practice in supervising Substance Use Disorder/Addiction counselors.



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[Clinical Supervisor \(CS\)](#)

[Prevention Specialist \(PS\)](#)

[Certified Criminal Justice Addictions Professional \(CCJP\)](#)

[Certified Co-Occurring Disorders Professional \(CCDP\)](#)

[Certified Co-Occurring Disorders Professional Diplomat \(CCDPD\)](#)

Clinical Supervisor (CS)

Guiding the Future of the Profession & Your Career

Adopted in 1992, the Clinical Supervisor (CS) is one of the fastest growing credentials in the field of addiction-related behavioral health care. There are now 40 countries, U.S. states, and territories that offer a reciprocal CS credential.

In its *Occupational Outlook Handbook, 2010-11 Edition*, the U.S. Department of Labor (DOL) has named substance abuse and behavioral disorder counselors as one of the fastest growing professions. The number of substance abuse and behavioral disorder counselors across the country is expected to grow by 21 percent by 2018. The career is attractive, due to stable salaries and prospects for advancement. The government report especially mentions the value of certification: "Becoming certified is voluntary, but having certification may enhance one's job prospects."



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A Brief Discussion of Ethics as it Applies to Clinical Supervision

"All cats are gray in the dark."
(John Heywood, 1546)



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Definition of Practical Ethics:

- ▶ practical ethics is a linking discipline, seeking to bridge theory and practice. But it differs from both applied ethics and professional ethics as they are usually understood.
- ▶ philosophical principles cannot be applied in any straightforward way to particular problems and policies in the face of concrete dilemmas.
- ▶ principles often conflict (behavior can be ethical but not legal, unethical but legal, ethical and legal, unethical and illegal)
- ▶ Understanding such conflicts calls for critical analysis and elaboration of the principles, a process that is distinct from both deductive application and case-by-case intuition.



(Elliott, 2007)

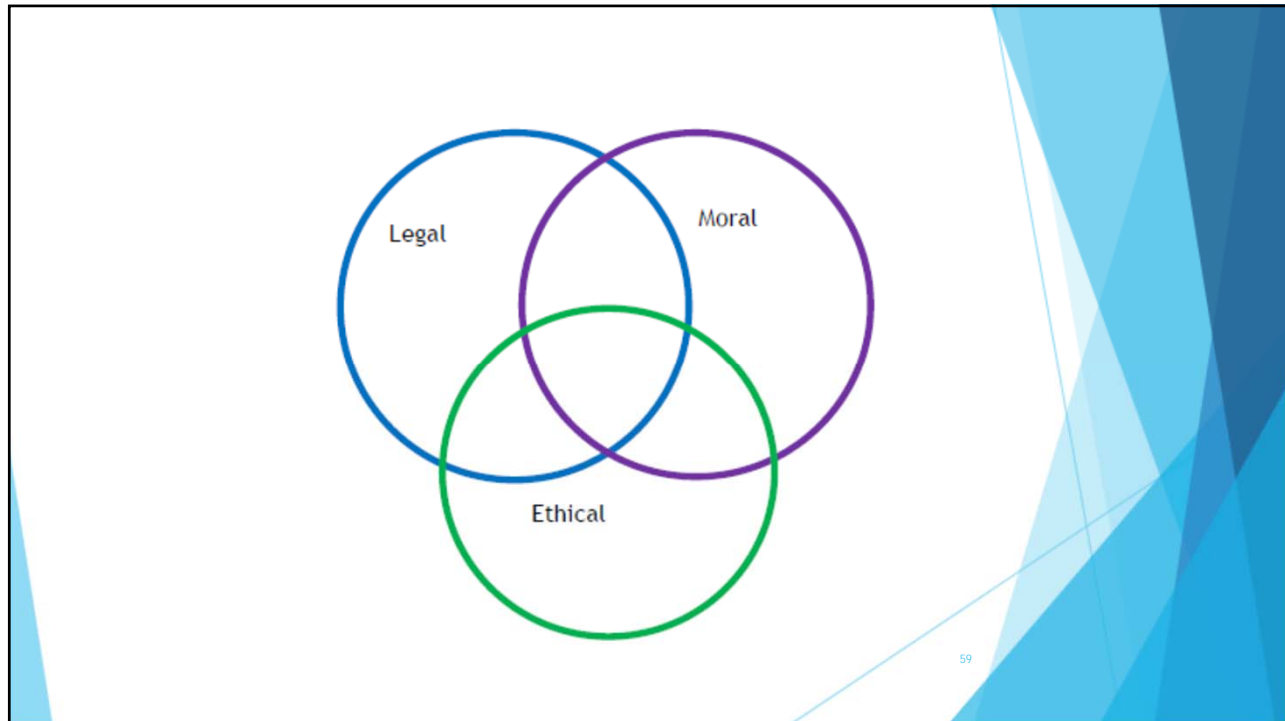
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Definition of Applied Ethics:

- ▶ Applied ethics is a branch of moral philosophy that attempts to apply ethical principles, theories and concepts to real-life moral issues.
- ▶ Morality can be understood as a system of widely accepted values and principles that helps people distinguish right from wrong, acceptable from unacceptable.
- ▶ Unlike the study of science, there is no unified method or approach in the study of ethics which can be used to examine moral judgments and decisions across different situations. Moral beliefs, judgments and decisions, therefore, are much less 'certain' than scientific facts.
- ▶ moral judgments are value judgments, and all value judgments are highly subjective.
- ▶ In dealing with ethical issues, there are always objective and rational considerations that we should focus on when we make moral judgments and decisions.
- ▶ What is needed in applied ethics is a methodology to evaluate ethical dilemmas and train to train others on the implementation of that methodology.

(Elliott, 2007)

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For Supervision to be Ethical, it must...

- ▶ Not be harmful
- ▶ Not be bad
- ▶ *Be minimally adequate*
- ▶ Meet the standards of the educational institution (if student supervision), profession, licensing board, accreditation body



Components of Ethical Supervision

- ▶ Structured and organized
- ▶ Topical
- ▶ Does no harm to supervisee or distally the client
- ▶ Obvious investment in the supervisee's knowledge, skills, competence and professional growth and development
- ▶ Is diversity sensitive, culturally informed, and culturally competent
- ▶ Timely and accurate feedback
- ▶ Care and attention to supervisee's concerns
- ▶ Evaluation of supervisee's skills
- ▶ Listen and be open to supervisee's opinions and feedback



(TAP 21-A, Powell, 2004)

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Diversity Competence



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Regional Home

Trainings & Events

Products & Resources

Regional Links

Special Topics

Faith-Based Initiatives

Recovery Resources

Veteran Resources

NIDA Blending Initiative

Webinar Resources

Training Resources

Training of Trainers: Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals

Charlotte, North Carolina

Tuesday December 13, 9:00 a.m. – 5:00 p.m.
 Wednesday December 14, 9:00 a.m. – 5:00 p.m.
 Thursday December 15, 9:00 a.m. – noon

Location:
 Double Tree Guest Suites-South Park
 6300 Morrison Blvd
 Charlotte, NC 28211

The curriculum of this training is intended to provide both practitioners and administrators involved in substance abuse treatment with: Increased familiarity with the issues and barriers faced by lesbian, gay, bisexual, and transgender (LGBT) persons in need of substance use disorder-related services; Knowledge about the interaction between LGBT issues and substance use and abuse; Enhanced ability to offer sensitive, affirmative, culturally relevant, and effective treatment to LGBT clients in substance use disorders treatment.

Tool to Evaluate Ethical Situations

(potential or actual)

Work Sheet for Critical Incident Discussion Groups

I. Whose interests are involved; who can be harmed?

Interests and Vulnerabilities	Significant	Moderate	Minimal / None
Client / Family			
Staff Member			
Agency			
Professional Field			
Community / Public Safety			

Which Interests, if any, are in conflict? (list and explain)

II. Application of Universal Values

- Autonomy (Freedom over one's own destiny)
- Obedience (Obey legal and ethically permissible directives)
- Conscientious Refusal (Disobey illegal or unethical directives)
- Beneficence (Do good; Help others)
- Gratitude (Pass good along to others)
- Competence (Be knowledgeable and skilled)
- Justice (Be fair; distribute by merit)
- Stewardship (Use resources wisely)
- Honesty and Candor (Tell the truth)
- Fidelity (Keep your promises)
- Loyalty (Don't abandon)
- Diligence (Work hard)
- Discretion (Respect confidence and privacy)
- Self-improvement (Be the best that you can be)
- Nonmaleficence (Don't hurt anyone)
- Restitution (Make amends to persons injured)
- Self-interest (Protect yourself)
- Other Culture-specific Values (list)

III. What federal and state laws, administrative rules, accreditation standards, agency policies or historical practices should guide us in this situation?

IV. Discussion notes

Clinical Supervision Vignette

- ▶ https://www.youtube.com/watch?v=c02mv3pW-nQ&feature=em-share_video_user

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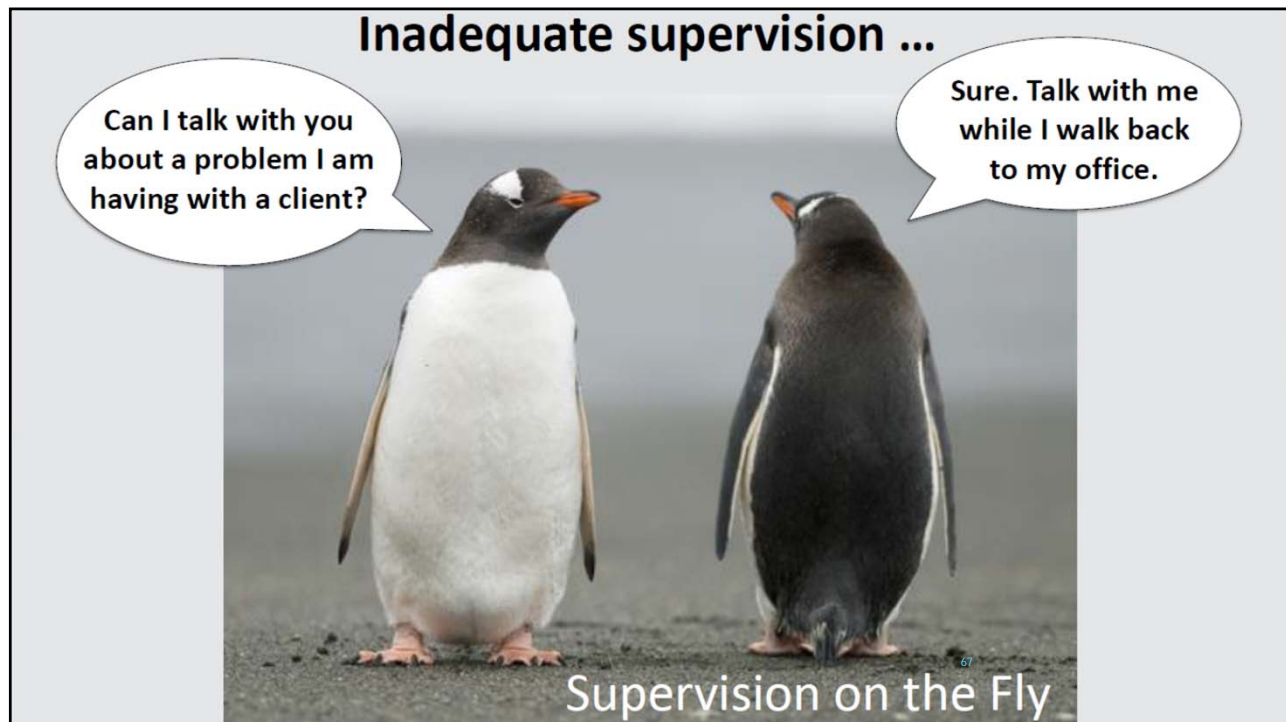
Adequate, Inadequate, Bad and Harmful Supervision...

Aim to be
Adequate

TITUS 2 HOMEMAKER



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In a study published in 2013, the authors found that **93%** of counselors were receiving inadequate supervision and **35%** were receiving harmful supervision.

Minimally adequate clinical supervision

The supervisor

- Has the proper credentials as defined by the supervisor's discipline or profession;
- Has the appropriate knowledge of and skills for clinical supervision and an awareness of his or her limitations;
- Obtains a consent for supervision or uses a supervision contract;
- Provides a minimum of 1 hr of face-to-face individual supervision per week;
- Observes, reviews, or monitors supervisee's therapy/counseling sessions (or parts thereof) in vivo;

- Provides evaluative feedback to the supervisee that is fair, respectful, honest, ongoing, and formal;
- Promotes and is invested in the supervisee's welfare, professional growth and development;
- Is attentive to multicultural and diversity issues in supervision and in therapy/counseling;
- Maintains supervisee confidentiality (as appropriate); and
- Is aware of and attentive to the power differential (and boundaries) between the supervisee and supervisor and its effects on the supervisory relationship.

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Inadequate Clinical Supervision

inadequate clinical supervision occurs when

- ▶ the supervisor is unable, or unwilling, to meet the criteria for minimally adequate supervision,
- ▶ to enhance the professional functioning of the supervisee,
- ▶ to monitor the quality of the professional services offered to the supervisee's clients,
- ▶ or to serve as a gatekeeper to the profession, and
- ▶ It may entail a poor-quality supervisory relationship, and may be harmful to the supervisee's client.

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Bad Supervision

Ellis defined bad supervision as

- ▶ ineffective supervision that does not traumatize or harm the supervisee, and
- ▶ that is characterized by one or more of the following:
 - ▶ the supervisor's disinterest and lack of investment in supervision,
 - ▶ the supervisor's failure to provide timely feedback or evaluation of the supervisee's skills,
 - ▶ the supervisor's inattention to the supervisee's concerns or struggles,
 - ▶ the supervisor does not consistently work toward the supervisee's professional growth or training needs, or
 - ▶ the supervisor does not listen and is not open to the supervisee's opinions or feedback.

(Ellis, 2013)¹¹

Harmful Supervision

Ellis defined harmful supervision as supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee, such as:

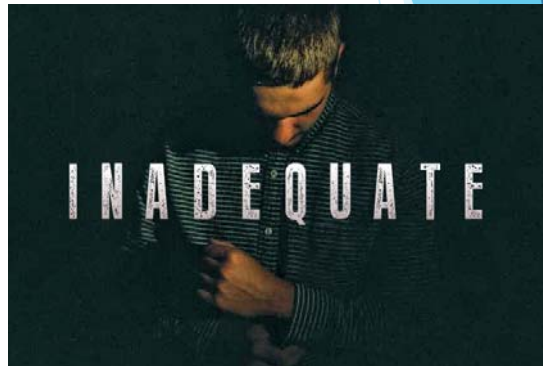
- ▶ the supervisor's sexual intimacy, sexual harassment, or sexual improprieties with a supervisee;
- ▶ aggressive and abusive behavior;
- ▶ using power for personal gain at the supervisee's expense;
- ▶ demeaning, critical, and vindictive attitude toward the supervisee;
- ▶ engaging in an exploitative multiple relationship that caused the supervisee harm;
- ▶ violation of the supervisee's boundaries; microaggressions; and
- ▶ failing to take action resulting in harm to the supervisee or client.

The deleterious effects of harmful supervision on supervisees may parallel the detrimental effects of harmful therapy to clients

(Ellis, 2013)¹²

Negative Occurrences in Supervision May Be *Both Inadequate and Harmful*

- ▶ Experts suggested that inadequate supervision subsumes harmful supervision (i.e., harmful supervision is by definition inadequate supervision).
- ▶ As such, inadequate supervision has the potential to induce up to a moderate level of harm before crossing the threshold of clearly harmful supervision.



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Establishing Competency as a Clinical Supervisor



TECHNOLOGY-BASED CLINICAL SUPERVISION (TBCS) SERIES:

Would you like the opportunity to enhance your current knowledge or learn how technology can provide an innovative way to approach clinical supervision? This series will provide a 20-hour curriculum that covers topics essential to the development and/or improvement of skills when using technology to conduct clinical supervision in behavioral health settings.

WHEN:

Every Wednesday, March 21 – May 16, 2018, 10:00am – 11:30am Mountain Time
Note: Technology Training session on March 21st is scheduled for 30 minutes only

COURSE OBJECTIVES

- Understand the role of technology in conducting clinical supervision
- Demonstrate knowledge of technology-based clinical supervision and application in practice
- Experience conducting technology-based clinical supervision
- Identify the therapeutic alliance via technology
- Understand the legal and jurisdictional implications for conducting technology-based clinical supervision

TARGET AUDIENCE ARE CLINICAL SUPERVISORS WHO:

- Work in the Behavioral Health, Substance Use Disorders, and Recovery Support Services Field
- Have two (2) years clinical supervision experience and understand the concepts of supervision
- Support the idea of using technology to provide clinical supervision
- Are currently using or contemplating using technology during supervision⁷⁴

Utah Law related to “Remote” Supervision

Title 58 Chapter 60 is the Utah State law called the Mental Health Professional Practice Act. It governs social workers, MFTs, professional counselors and SUDCs. Psychologists have a separate code section (61).

58-60-102 (8) defines “remotely” -
“Remotely” means communicating via Internet, telephone, or other electronic means that facilitate real-time audio or visual interaction between individuals when they are not physically present in the same room at the same time.



Utah Administrative Code: “Direct Supervision”

UAC R156-60-102 (3) *“Direct supervision” of a supervisee in training, as used in Subsection 58-60-205(1)(f), 58-60-305(1)(f), and 58-60-405(1)(f), means:*

- (a) a supervisor meeting with the supervisee when both are physically present in the same room at the same time; or*
- (b) a supervisor meeting with the supervisee remotely via real-time electronic methods that allow for visual and audio interaction between the supervisor and supervisee under the following conditions:*
 - (i) the supervisor and supervisee shall enter into a written supervisory agreement which, at a minimum, establishes the following:*

- (A) frequency, duration, reason for, and objectives of electronic meetings between the supervisor and supervisee;
- (B) a plan to ensure accessibility of the supervisor to the supervisee despite the physical distance between their offices;
- (C) a plan to address potential conflicts between clinical recommendations of the supervisor and the representatives of the agency employing the supervisee;
- (D) a plan to inform a supervisee's client or patient and employer regarding the supervisee's use of remote supervision;
- (E) a plan to comply with the supervisor's duties and responsibilities as established in rule; and

(F) a plan to physically visit the location where the supervisee practices on at least a quarterly basis during the period of supervision or at a lesser frequency as approved by the Division in collaboration with the Board;

(ii) the supervisee submits the supervisory agreement to the Division and obtains approval before counting direct supervision completed via live real-time methods toward the 100 hour direct supervision requirement; and

(iii) in evaluating a supervisory agreement, the Division shall consider whether it adequately protects the health, safety, and welfare of the public.

Unprofessional Conduct re: Remote Services

The rule on unprofessional conduct also addresses remote delivery of services: R156-60-502 *"Unprofessional conduct" includes when providing services remotely:*

- (1) *failing to practice according to professional standards of care in the delivery of services remotely;*
- (2) *failing to protect the security of electronic, confidential data and information;* or
- (3) *failing to appropriately store and dispose of electronic, confidential data and information.*



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Task: Structured Clinical Supervision

For group discussion at the end of the workshop:

- ▶ Design a structured clinical supervision experience for
 - 1) Student Interns; 2) newly licensed staff; 3) fully licensed staff:
 - ▶ Knowledge: What do you want your clinical staff to know (drug and alcohol counselors, therapists)?
 - ▶ Skills: In what clinical practices do you want them to achieve competency?
 - ▶ Attitudes: What values representing your agency do you want them to internalize?
 - ▶ Processes: How do you want them to use supervision? How much initiative do you want them to take? How are case presentations made? Cases Staffed?
 - ▶ Frequency: how often should supervision occur?

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Questions?



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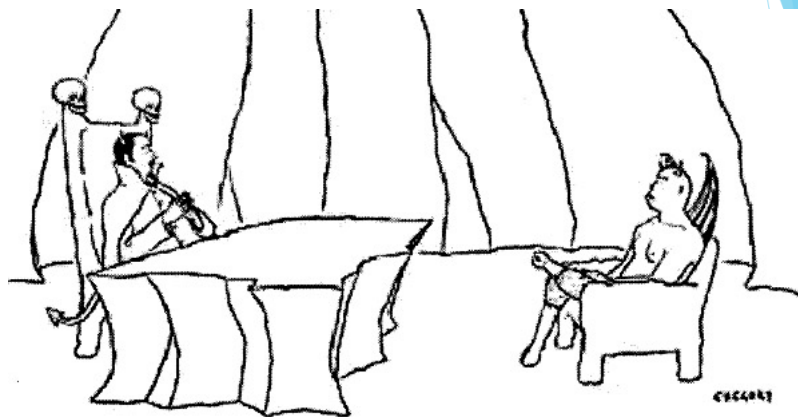
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- ▶ Richard J. Nance, MSHHA, MSW, LCSW, Director
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*"I need someone well versed in the art of torture—
do you know PowerPoint?"*

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