


*Clinical Supervision Foundations*  
**Supervisory Modalities  
and Methods**



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**Introductions**



HELLO  
my name is  
Phillip Barbour  
Master Trainer  
Center for Health and  
Justice at TASC

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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



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**Clinical Supervision Models**

- **Competency based**
- **Treatment based**
- **Developmental**
- **Integrated**

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**Modalities**



Individual

Group

Peer

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**Supervision Modality Decision Questionnaire**

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**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.*

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**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

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**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

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**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

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**Supervisory Methods**



**Choices depend on:**

- ✓ **Personal preference**
- ✓ **Supervisee needs**
- ✓ **Agency policy**

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**Direct Observation**

- **Live**
- **One-way mirror**
- **Audio or video recording**

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**Group Discussion**

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

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***KEEP IN MIND THAT  
“DIRECT OBSERVATION”  
IS THE ONLY OBJECTIVE  
MEANS OF ASSESSING A  
COUNSELOR’S JOB  
PERFORMANCE!***

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**Individual Methods**

- *Role play*
- *Interpersonal process recall*
- *Motivational interviewing*

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**Group Methods**

- Case consultation
- Team or peer feedback
- Skill practice

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**Discussion**

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



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**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

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**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?*

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**Practice Securing Support**

1. Observe a demonstration and discuss
2. Practice in groups of 3
  - ➡ Supervisor
  - ➡ Supervisee
  - ➡ 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

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**Clinical Supervision Foundations**  
**Assessment Resources**



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### Learning Objectives

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*



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### 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

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### IDM Individual Development Model

Level 1    Level 2    Level 3

- 8 Domains
- 3 Overriding structures



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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

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**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.

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**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

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**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.

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### 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

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### 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

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### 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?

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## 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?”

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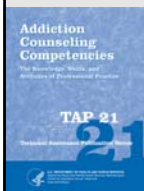
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### TAP 21: Foundations & Practice Dimensions



Participant Workbook – p. 45

CSAT (2006), p. 3




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### 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.

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**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 rapport, including management of a crisis situation and determination of need for additional professional assistance.

<p><b>KNOWLEDGE</b></p> <ul style="list-style-type: none"> <li>◆ Importance and purpose of rapport building.</li> <li>◆ Rapport-building methods and issues.</li> <li>◆ The range of human emotions and feelings.</li> <li>◆ What constitutes a crisis.</li> <li>◆ Steps in crisis prevention and management.</li> <li>◆ Situations and conditions for which additional professional assistance may be necessary.</li> <li>◆ Available sources of assistance.</li> </ul>	<p><b>SKILLS</b></p> <ul style="list-style-type: none"> <li>◆ Demonstrating effective verbal and nonverbal communication in establishing rapport.</li> <li>◆ Accurately identifying the client's beliefs and frame of reference.</li> <li>◆ Reflecting the client's feelings and message.</li> <li>◆ Recognizing and defusing volatile or dangerous situations.</li> <li>◆ Demonstrating empathy, respect, and genuineness.</li> </ul> <p><b>ATTITUDES</b></p> <ul style="list-style-type: none"> <li>◆ Recognition of personal biases, values, and beliefs and their effect on communication and the treatment process.</li> <li>◆ Willingness to establish rapport.</li> </ul>
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Participant Workbook – p. 47

CSAT (2006), p. 39

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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

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### 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.

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### 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.

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### Rubrics

- The Rubrics provides 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.

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### 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

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Screening Competency			
1 = AWARENESS	2 = INITIAL APPLICATION	3 = COMPETENT PRACTICE	4 = MASTERY
Practice Dimension I: CLINICAL EVALUATION > Element 1: Screening			RATING
24. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.			
25. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historical substance use, health, mental health, and substance-related treatment histories, mental and functional statuses, and current social, environmental, and anticipatory conditions.			
26. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms, aggression or danger to others, potential for self-inflicted harm or suicide, and coexisting mental health problems.			
27. Assist the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse.			
28. Determine the client's readiness for treatment and change, as well as the needs of others involved in the current situation.			
29. Review the treatment options appropriate for the client needs, characteristics, goals, and financial resources.			
30. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.			
31. Consult with client and appropriate others an initial action plan based on client needs, preferences, and resources available.			
32. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.			

Gallon & Porter (2011) p.116. 

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Rubrics for Competency			
Element 1 - Screening			
27. Assist the client in identifying the effect of substance use in his or her current life problems and the effects of continued harmful use or abuse.			
AWARENESS	↳ Lists the effects of psychoactive substances on thinking, feelings, health status, and relationships	SUPERVISOR	COUNSELOR
INITIAL APPLICATION	↳ Confirms with the client the effects of substance use and assesses client readiness to change.	1	1
COMPETENT PRACTICE	↳ Assists the client in recognizing the effects of substance use on his or her current life problems.	2	2
MASTERY	↳ In addition to assessing the current effects of substance use, helps the client to understand the potential risks of continued use.	3	3
		4	4
28. Determine the client's readiness for treatment and change, as well as the needs of others involved in the current situation.			
AWARENESS	↳ Articulates the essential elements of one or more stages of change models.	SUPERVISOR	COUNSELOR
INITIAL APPLICATION	↳ Utilizes the stages of change model in screening and determining a client's initial readiness to engage in new behavior.	1	1
COMPETENT PRACTICE	↳ Incorporates an understanding of the client's motivation and the readiness of the social environment to determine the appropriateness for treatment.	2	2
MASTERY	↳ Incorporates the client's self assessment with information gathered from collaterals in the screening process to determine client's readiness for treatment.	3	3
		4	4

Gallon & Porter (2011) p.31. 

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**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.

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**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.

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**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.

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**Tailored Supervision**



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

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The End

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