

Working with the team: Effective techniques in communication for CPS

Michael Sersch

Introduction

- Identifies as a person in recovery. Spouse, parent, has a dog, cat and grandparent of a hamster. Licensed Professional Counselor, Clinical Substance Abuse Counselor, Independent Clinical Supervisor, Board Certified Biofeedback and Neurofeedback provider. 13 years of experience working with survivors of interpersonal trauma, including 3 years at a local shelter for unhoused men and 10 years in current role. Published author of a book and several peer reviewed articles and upcoming chapter. Identifies as a person in recovery.

Objectives

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- 1. List developmental stages within the supervision relationship
- 2. Identify roles within a care team
- 3. Explore opportunities to advocate for yourself and peers

Developmental Model

Normed in AODA, limited data w CPS

Unofficial Pool

- How many are new to cps role?
- How many worked for a year or less?
- How many worked for 2 years?
- 3 years?
- 4 years?

Development: Not just for babies



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From NAADAC (Durnham, 2019)

THE INTEGRATED DEVELOPMENTAL MODEL

- **Level 1**
 - Motivation is high; Supervisee needs structure; High self-focus, but limited self-awareness
- **Level 2**
 - Motivation fluctuates, Functions more independently, Increased empathy with client
- **Level 3**
 - Motivation is consistent; Strong belief in professional development; Can focus on client and on themselves
- **Level 3i**
 - Personalized approach to professional practice

TIP 52 – Clinical Supervision and Professional Development of the Substance Abuse Counselor SAMSHA (2009)

Level 1

- Focus on self
 - Am I doing it right?
 - Rigid/Overreliance on one intervention
 - Overly confident
 - Overgeneralization
 - Gaps in conceptualization
 - Difficulty with ethics

TIP 52 – (2009)

Level 1

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ENERGY/ENTHUSIASTIC

TIP 52 – (2009)

Level 2

- Focus on peers (risk of overidentification)
- Frustration, confusion (“This is complex! Recovery is hard! Relapses happen!”)
- Authority is challenged (Teenage phase)
- Overburdened
- Ethical understanding improves

TIP 52 – (2009)

Level 2

- Focus on consumer (risk of overidentification)
- Frustration, confusion (“This is complex! Recovery is hard! Relapses happen!”)
- Authority is challenged (Teenage phase)
- Overburdened
- Ethical understanding improves

This is when many cps leave!

TIP 52 – (2009)

Level 3

- Able to empathize with peer
- Objective (bird's eye view)
- Responsible
- Ethical
- Eclectic approaches

Involving supervisors

From CPS Ethics Code:

- 10. *I will utilize supervision and abide by the standards for supervision established by my agency. I will seek supervision to assist me in providing recovery-oriented services to peers.*

Involving supervisors

- Supervisors also go through Levels (as both provider and supervisor)
- Sometimes a person has a supervisor role while still being new in the field
- Level 1 supervisor tends to have some of friction with Level 1 professional (Burnham, 2019)
- Level 1 and 2 supervisors tend to have LOTS of friction w Level 2 professionals

TIP 52 – (2009)

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Supervision Goals

- Reduce anxiety
- Emphasize strengths (limited targets)
- Suggestions

TIP 52 – (2009) Level 1

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How?

Group supervision

Role Play

Case conceptions

Readings

Tip 52 (2009)

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Supervision Goals

- Decrease structure, increase autonomy
- Periodic suggestions/Introduce alternatives/Identify discrepancy
- Highlight countertransference (triad: peer, cps, supervisor)

Tip 52 (2009) Level 2

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Supervision Goals

Change Agent

Support

Integration

TIP 52 – (2009)

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Supervision Goals

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Integration

How?

Group supervision

Collaboration

Dyads and Triads

- Dyad: Support among a relationship of two





Triads: The three-way relationship that includes the helping relationship (CPS +peer) as well as supervisor and CPS



Parallel Process

We tend to duplicate dynamics from the helping relationship when we are discussing a case with supervisors; this is known as Parallel Process (Powell, 2004).

Ex: Methadone clinic, I could not remember the dose someone was on. MD laughed, as consumer could also not remember during a self-directed taper.

Small Group Question: 5 min

- Introduce yourselves
- Current/past relationship with supervisor/supervisee
- What could change?





Whose Who

Confusion
over roles is
common

Complicated
by similarity
in names

CCS Team (from La Crosse County Website)

- • Consumer/Peer
- County staff that fulfill the roles of:
 - Service facilitator
 - Mental health professional
 - Substance abuse professional (as needed in dual diagnosis cases)
 - Administrator
 - Service director
 - Nurse as applicable.
 - Prescriber as applicable.
 - Counselor/therapist as applicable

Prescribers: Medical Model

- Psychiatrists:
 - MD: Medical dr with extended fellowship in psychiatry
 - DO: doctor of osteopathy, same fellow requirements
- Psychiatric Providers:
 - NP or APNP: nurse practitioner/advanced practice nurse practitioner
 - PA: physician's assistant
 - PCP: primary care provider

Psychotherapy: Psychologists

- PhD in psychology
- Cannot prescribe medications
- Often trained in research (PsyD are an exception)
- Trainings emphasize evidence based
- Experience in testing

Psychotherapy: Master's Level

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- LPC: grew out of employment and academic counseling
- LCSW: SW have the most prestige
- LMFT: trained in family and couple's work

Psychotherapy

- Owes debt to Freud
- Well est. with White patients/racial mismatch can be negative(e.g. Moyer & Zane, 2013)
- Relatively young (Freud died in WWII)
- Normed on affluent patients
- “Evidence based” populations: single dx, often college students

Addiction Care

- Parallel Structure for decades
- SAC-IT, SAC, CSAC
 - No longer required if have Masters or +
 - Specialist in addiction care/increasingly done by PCPs
 - ASAM levels 1-4
 - 12 step and explosion of alternative (e.g. “In The Rooms”)

One random
day of ITR

| Time | Fellowship | Meeting Name |
|----------|-----------------------------------|-----------------------------------|
| 12:00 AM | Narcotics Anonymous | New Beginnings |
| 05:00 AM | Alcoholics Anonymous | Staying In The Black And White |
| 07:00 AM | Alcoholics Anonymous | Step By Step |
| 07:30 AM | Narcotics Anonymous | Joy In Recovery |
| 09:00 AM | Alcoholics Anonymous | Not A Glum Lot :o) |
| 11:00 AM | Alcoholics Anonymous | Footprints In The Sand |
| 12:00 PM | Narcotics Anonymous | Back To Basics |
| 01:00 PM | Alcoholics Anonymous | A Day At A Time Big Book Study |
| | CODA [Codependency] | Monday Afternoon CODA |
| 03:00 PM | Alcoholics Anonymous | "Beginners" |
| 05:00 PM | Alcoholics Anonymous | A New Beginning |
| 06:00 PM | Women Warriors | "Women Warriors" ⓘ |
| | Marijuana Anonymous | Turn Over A New Leaf |
| | Spiritual Gangsters [Mens Group] | Spiritual Gangsters Mens Group |
| | Tar (toxic Abusive Relationships) | Tar (toxic Abusive Relationships) |
| 07:00 PM | Alcoholics Anonymous | Language Of The Heart |
| 08:00 PM | Dual Diagnosis | Dual Diagnosis - Mutual Aid |
| 09:00 PM | Narcotics Anonymous | Monday Night Live |
| | Alcoholics Anonymous | 12 Steps & 12 Traditions |

Complementary and Alternative (CAM)



Functional Medicine:
looks at triggers,
mediators, and
antecedents

Lots of focus on nutrition



Acupuncture/Acupressure: a form of traditional Chinese Medicine, focus on Qi



Ayurvedic: Trad Indian,
3 essential substances

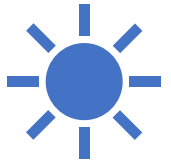


Naturopathy: “the body
heals itself”



Homeopathy: dilute
what could harm to
infinitesimal size

Culturally Specific: Multiple paths in Native Communities



Sweat Lodge



Medicine Lodge



Native American
Church



Trad Medicine



AODA: White
Buffalo and
Wellbriety

Culturally Specific

- *Curanderos/Curanderas*: Spanish for healers, includes herbal, massage, spiritual cleansing (Tofur, Crowe, & Torres, 2009)
- Hmong healing: consult with shaman/could include communal event (Moua, 2020)

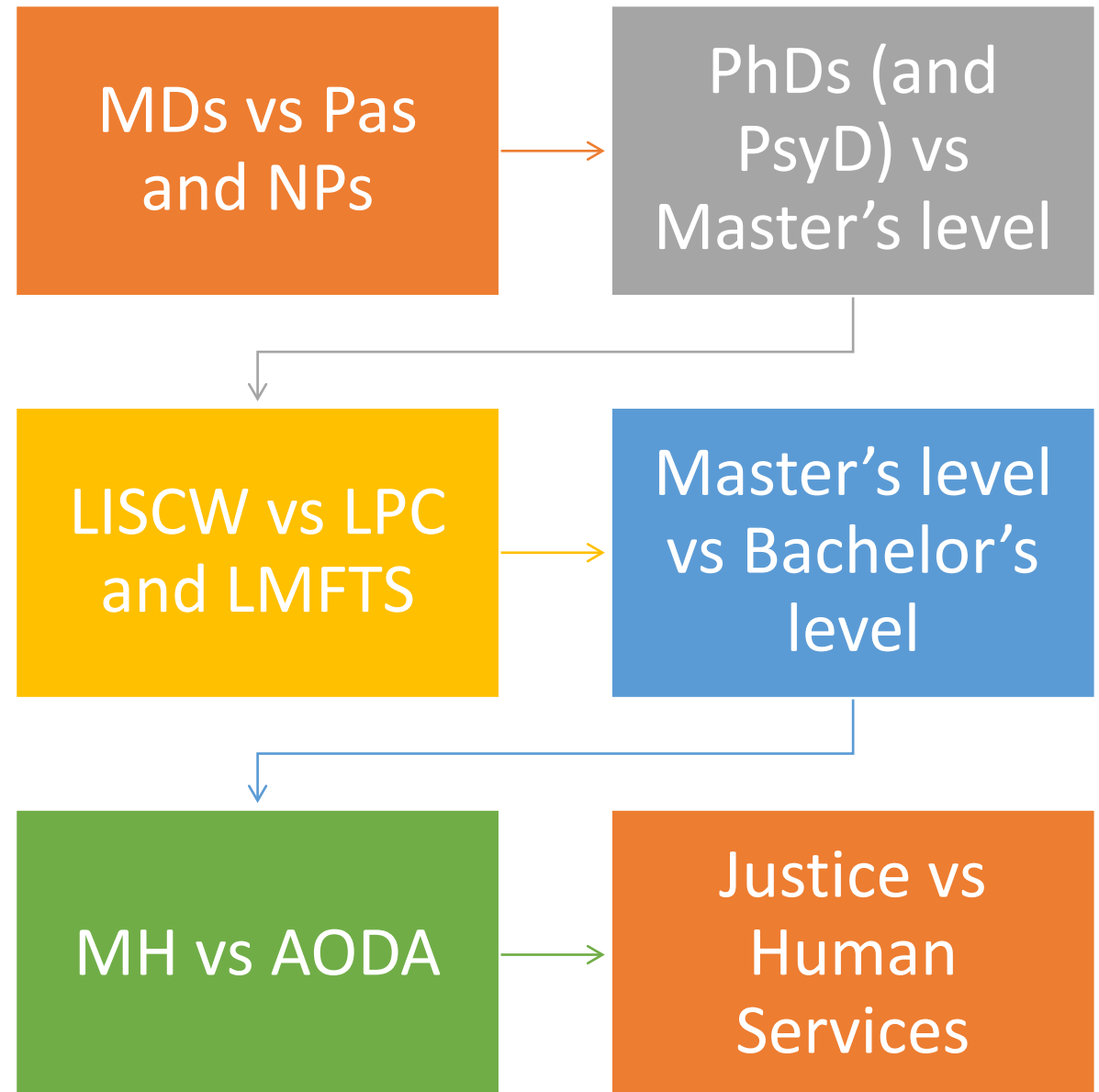
Space for creative integration of traditional healing: e.g. Somali community program that includes Islamic prayer and CBT (Bentley et al. 2020)

Conflict in the team

“They are
fighting... it is
because I am on
the team”



They are all
(always)
fighting



Sometimes
factual

EDUCATION

PHYSICIAN ASSISTANT VS PHYSICIAN

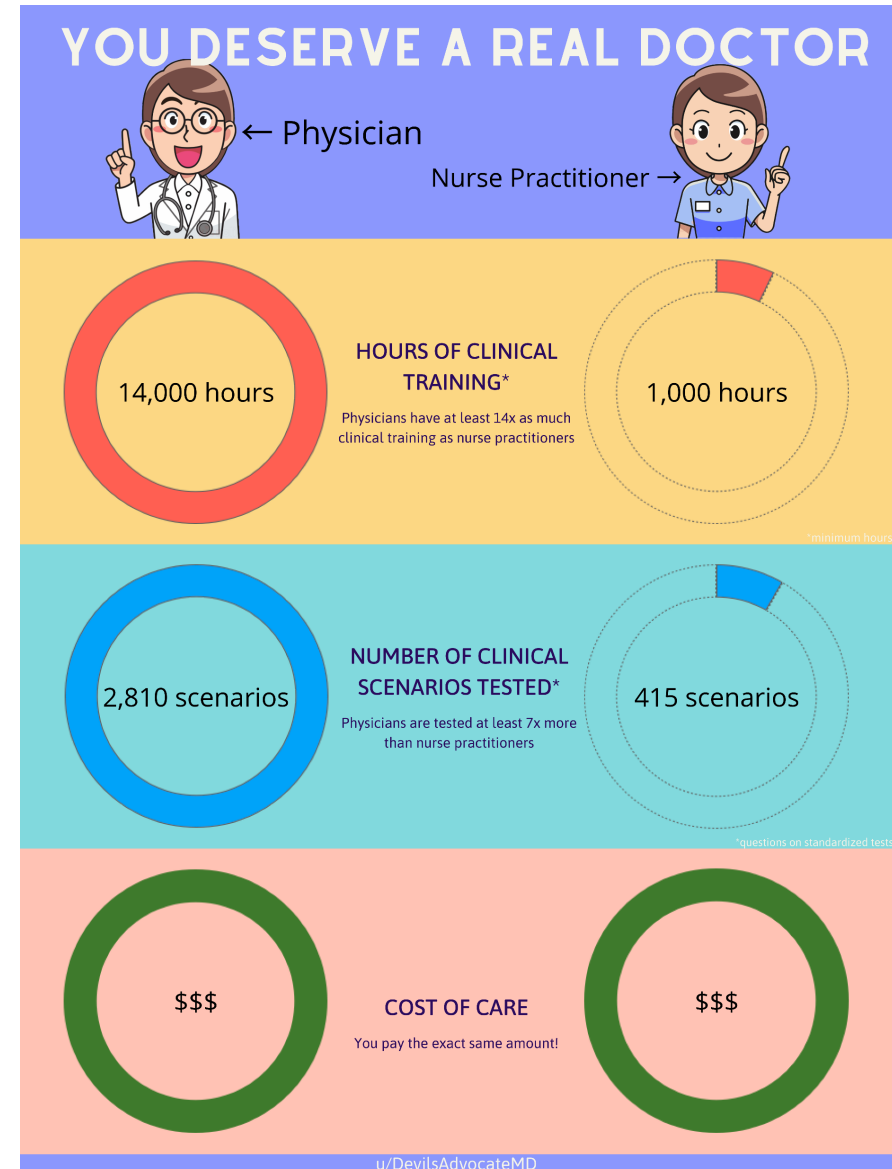
PHYSICIAN ASSISTANT

- 4 Year Undergraduate Degree
 - Science GPA 3.47
 - Non-Science GPA 3.5
 - GRE 310
 - Clinical Experience
 - 2-3 Year PA Program
(1 Year of that is Clinical Rotations)
 - Pass the Physician Assistant Certifying Exam (PANCE)
 - State Licensure
- Off to Work!

PHYSICIAN

- 4 Year Undergraduate Degree
 - Science GPA 3.64
 - Non-Science GPA 3.78
 - MCAT 508
 - Clinical Experience Recommended
 - 4 Years Medical School
 - 3-7 Years Residency
 - Fellowship (if specializing)
 - United States Medical Licensing Examination (USMLE) Series
 - Board Certification
 - State Licensure
- Off to Work!

Sometimes
less so





Theoretical Differences are common

Abstinence vs
Harm
Reduction

Evidence Based
vs Relationship
based

CBT revolution
(and counter-
revolution)

Conflict with the coaches

| LMFT vs. LCSW vs. LPC vs. COACHING | | | |
|---|---|---|---|
| BY: @CODEPENDENTRECOVERY | | | |
| LMFT (LICENSED MARRIAGE & FAMILY THERAPIST) | LCSW (LICENSED CLINICAL SOCIAL WORKER) | LPC (LICENSED PROFESSIONAL COUNSELOR) | COACH |
| <ul style="list-style-type: none">MINIMUM DEGREES: BACHELORS AND MASTERSMINIMUM POST-DEGREE SUPERVISED CLINICAL TRAINING: 2 YEARSSTATE LICENSING EXAMREQUIRED ONGOING CONTINUING EDUCATIONREGULATION BY STATE (INCLUDING STRICT CODE OF ETHICS)TRAINED IN PSYCHOTHERAPY AND FAMILY SYSTEMS + AND LICENSED TO DIAGNOSE AND TREAT MENTAL AND EMOTIONAL DISORDERS WITHIN THE CONTEXT OF MARRIAGE, COUPLES AND FAMILY SYSTEMS. | <ul style="list-style-type: none">MINIMUM DEGREES: BACHELORS AND MASTERSMINIMUM POST-DEGREE SUPERVISED CLINICAL TRAINING: 3,000 HOURSSTATE LICENSING EXAMREQUIRED ONGOING CONTINUING EDUCATIONREGULATION BY STATE (INCLUDING STRICT CODE OF ETHICS)TRAINED TO PROVIDE SUPPORT, THERAPY, AND MENTORSHIP TO THOSE STRUGGLING WITH MENTAL AND EMOTIONAL HEALTH ISSUES | <ul style="list-style-type: none">MINIMUM DEGREES: BACHELORS AND MASTERSMINIMUM POST-DEGREE SUPERVISED CLINICAL TRAINING: 3,000 HOURSSTATE LICENSING EXAMREQUIRED ONGOING CONTINUING EDUCATIONREGULATION BY STATE (INCLUDING STRICT CODE OF ETHICS)TRAINED TO WORK WITH INDIVIDUALS, FAMILIES, AND GROUPS IN TREATING MENTAL, BEHAVIORAL, AND EMOTIONAL PROBLEMS AND DISORDERS | <ul style="list-style-type: none">NO DEGREE REQUIREDNO TRAINING REQUIREMENTS - "AMONG COACHES WHO REPORTED RECEIVING COACH-SPECIFIC TRAINING, MORE THAN TWO IN THREE (66%) HAVE COMPLETED 175+ PLUS HOURS OF COACH-SPECIFIC TRAINING."NO STATE LICENSING EXAMNO REQUIRED ONGOING CONTINUING EDUCATIONNO REGULATION BY STATES + NO CODE OF ETHICSICF(2015A) DEFINES AS "PARTNERING WITH CLIENTS IN A THOUGHT-PROVOKING AND CREATIVE PROCESS THAT INSPIRES THEM TO MAXIMISE THEIR PERSONAL AND PROFESSIONAL POTENTIAL" |

Peer role

Not covered in other programs




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graph TD; A[Not covered in other programs] --> B[Providers of a certain age may be unaware of CPS]; B --> C[Outside of CPS, moving away from "faces of recovery"]; C --> D[Self-disclosure can be actively discouraged (theoretical orientation)]
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Providers of a certain age may be unaware of CPS

Outside of CPS, moving away from “faces of recovery”

Self-disclosure can be actively discouraged (theoretical orientation)



FAST (from
DBT, Linehan,
2014)

- *be Fair, no Apologies, Stick
to values, be Truthful*



What this means for CPS

- You may need to remind team members of CPS role
- You can help advocate
- (ROIs)
- You have an important and unique role
 - This includes both experience and observation



Being active in Supervision

How can you be present, not just check the box?

You may need to be an advocate to get what you need in supervision!





Another way of saying it:

- “Gather together, find your footing and your story.”

-Naomi Klein,
Doppleganger (2023)

References

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