



ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CLINICAL SUPERVISION FOUNDATIONS:
Trainer Guide

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At the time of publication, Pamela Hyde, J.D., served as the SAMHSA Administrator. H. Westley Clark, MD, JD, MPH, served as CSAT Director, Anne M. Herron, MA, served as Director of CSAT's Division of Services Improvement, and Donna Doolin, LSCSW, served as the CSAT Project Officer.

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PREFACE:

This workshop is the second part of a three-part training course covering the foundations of clinical supervision. Although it is designed for supervisors in substance use disorder treatment and recovery settings, the basic concepts and skills taught during the course apply universally to any behavioral health agency.

Altogether the course totals 30 hours and introduces the knowledge and skills essential to the practice of supervision. The first part of the course is a 14-hour online educational program which introduces participants to the theories, definitions, roles, issues and practices germane to developing supervisory skills. **Part 1 is a prerequisite to enrolling in the second part of the course.** This workshop is Part 2, a 14-experience providing participants an opportunity to deepen their understanding of key issues and to actually practice supervisory skills. Part 3 is a 2-hour worksite assignment which includes a review of clinical supervision competencies, a self-evaluation, and the creation of a plan to continue developing proficiency in clinical supervision. The assignment is made at the conclusion of the Part 2 workshop.

Since this is a course focused on the foundations of clinical supervision, it is targeted to supervisors with little experience or training in supervision concepts and to persons considering becoming clinical supervisors. It meets the basic educational requirements to become a credentialed supervisor in the majority of states.

The Part 2 workshop objectives include facilitating the development of a personal model of supervision and practicing skills resulting in an effective supervisory alliance. Each of the seven modules that comprise the workshop is aimed at preparing supervisors to observe job performance, provide feedback and coaching, prioritize learning needs, develop achievable learning objectives and continue monitoring performance to assess effectiveness.

Designed for 15-25 participants, the workshop consumes two full days. Teaching materials are extensive and need to be gathered well in advance of the workshop delivery. The course includes a variety of methods, and the trainer(s) should be experienced in both training delivery and clinical supervision. Trainers must also complete the online version of the course and be familiar with its content, since questions can be anticipated from workshop participants.

A final trainer note: This course can be taught by one or two trainers. Efficiency sometime demands the use of only one trainer, but the experience is likely to be richer and less stressful if led by two facilitators. Whichever the case, trainers need to be thoroughly familiar with the content and the process of the training. This is not a course which can be effectively led with minimal preparation. With adequate trainer preparation, the course will be an enjoyable experience for all.

Best wishes as you prepare and lead this workshop.

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INTRODUCTIONS:

INSTRUCTOR'S OUTLINE

NOTES

INTRODUCTIONS

- Experiential introductory exercise
- Small group discussion
- Large group discussion
- Lecture

PARTICIPANT MATERIALS

- Participant Workbooks

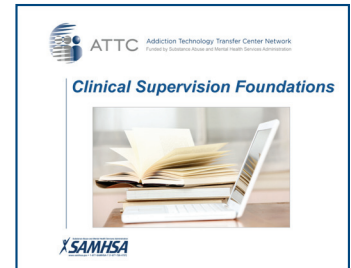
TRAINING AIDS

- PowerPoint slides 1 through 6 on computer disk
- LCD projector or overhead projector and screen
- Easel pad or white board, markers, and masking tape

ROOM SET-UP

- Round or rectangle tables for about six participants each to allow for discussion and ample space for use of participant materials and exercises

60 minutes



1 - Course Title

INTRODUCTIONS:

INSTRUCTOR'S OUTLINE

NOTES

WELCOME

Instructor and/or host representative welcomes the participants. Instructor will provide brief self-introduction:

- Career background
- Specific experience relating to clinical supervision and training

Instructor will provide relevant housekeeping information:

- Directions to restrooms and public telephones
- Request participants to turn off beepers and cellular telephones, or set in vibrate mode so they do not disturb others
- Mention each day there will be two 15 minute breaks, one in the morning and one in the afternoon, and there will be a one hour lunch break
- Discuss any other information relevant to the facility and/or location of the training, such as locations of restaurants

MODULE OVERVIEW

Instructor will briefly review the module purpose and learning objectives of the module on the PowerPoint slides.

PURPOSE

This module provides a forum for participants and trainers to begin getting to know one another and an opportunity for participants to share expectations. The module also provides an orientation to the course including an overview of course assumptions and a review of the agenda.

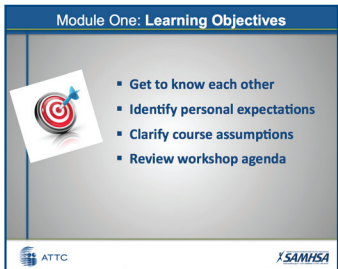
LEARNING OBJECTIVES

Participants will be able to:

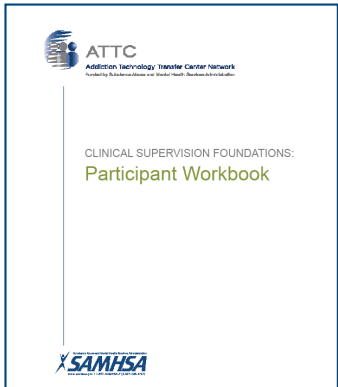
1. Get to know the trainer and other participants.
2. Identify personal expectations for the course.
3. Clarify course assumptions.
4. Review course agenda.



2 Hello



3 Learning Objectives



Participant Workbook
pg 4

INTRODUCTIONS:

INSTRUCTOR'S OUTLINE

NOTES

Instructor may find telling a personal career related story as a helpful segue into the next exercise. This may include how he or she became a clinical supervisor, such as an incident in one's career path or insight which evolved into a career action leading to where he or she is today.

PARTICIPANTS' INTRODUCTIONS

Conduct the following introductory exercise, or use one of your favorite introductory exercises:

- Form dyads by asking each participant to find someone else in the workshop they do not know or know well. Encourage them to move to another table if necessary. If there is an uneven number in the room, the instructor can form a dyad with one of the participants.
- Instruct each participant to introduce themselves to their partner, by selecting an object in their purse, wallet or brief case which says something about who they are. Have each participant spend about two minutes introducing themselves by sharing this object.
- After about two minutes, remind the participants if the second member of the dyad has not introduced themselves, it is time to switch.
- When it appears all participants have finished introducing themselves to their partners, have participants return their attention to the front of the room.
- Have participants stay at the table they are currently sitting and make sure there are generally the same amount of participants at each table. Tell them the group they are in will now be their group for the day.
- Ask each participant to introduce their partner to the other people in their table-group in two minutes or less.
- *Alternative option:* Have each participant introduce their partner to the group (works best in groups of 20 or less participants).

INTRODUCTIONS:

INSTRUCTOR'S OUTLINE

NOTES

COURSE CONTEXT

Briefly set the course in context. Part One, the self-paced, online *Clinical Supervision Foundations* introduced participants to information essential to clinical supervision and familiarized them with a wider variety of tools and resources. Because participants have already completed Part One, the face-to-face time in Part Two can focus on application of this essential content to everyday practice through analysis, discussion, practice activities, and giving and receiving feedback.

- Facilitate a discussion about the experience participants had with the online portion of the course.
- Ask participants what information surprised them? What information was especially helpful? What have they been able to put to use in their practice? How have they used any of the tools, handouts, or resources in their supervisory practice?
- Jot down key points brought up in the discussion on an easel pad

PARTICIPANT EXPECTATIONS

Facilitate an interactive discussion with participants about their expectations of this course. Use an easel pad and markers to list expectations shared by participants during the discussion. Tell participants the list will remain posted as a "Parking Lot" so they can add to the list on their own throughout the workshop. The trainer will point out and explain any items that fall outside of the realm of the course material, but will research ways most of the items can be covered. The list will be reviewed at the end of each day to check what has been covered and what new items of interest have come up during the day.

COURSE ASSUMPTIONS

Refer to the "Course Assumptions" section of the Participant Workbook starting on page eight and point out that the primary goal of this course is to give professionals a firm foundation upon which they can learn from this breadth of knowledge and build an effective clinical supervisory practice. This foundation includes some basic assumptions about clinical supervision considered essential in one's practice as a clinical supervisor. The following is a list and description of these assumptions:

About this Course

Clinical Supervision Foundations

Part 1: Online (14 hours)

- Roles and Definitions
- Theories and Models
- Supervisory Alliance
- Modalities, Methods and Techniques
- Counselor Development
- Performance Evaluation
- Contextual and Cultural Factors
- Legal and Ethical Issues
- Administrative Supervision
- Leadership

ATTC SAMHSA

4 About this course - part one



Easel pad and markers

Course Assumptions

- Relational issues
- Direct observation
- Counselor self-efficacy
- Solution-based and strength-based
- Needs-based approach
- Outcome-oriented
- Evidence-based practices
- Individualized model

ATTC SAMHSA

5 Course Assumptions

ATTC
Addiction Technology Transfer Center Network
Creating Evidence-Based and Practice-Based Solutions

CLINICAL SUPERVISION FOUNDATIONS:
Participant Workbook

SAMHSA

Participant Workbook pg 8

INTRODUCTIONS:

INSTRUCTOR'S OUTLINE

NOTES

1. Relational issues – The relationship between counselor and supervisor is a vital component of a counselor's clinical work and his or her contribution to client outcome.
2. Direct observation – Supervisors who observe the work of counselors have a far better grasp of counselors' strengths and areas for potential growth as opposed to those who do not provide direct observation.
3. Counselor self-efficacy – Counselors who develop a positive supervisory relationship tend to have higher levels of self-efficacy. A study by one of the authors showed that direct observation often leads to an increased level of comfort in the supervisory relationship and hence higher self-efficacy (Durham, 2003).
4. Solution-based and strength-based supervision – Another contributor to self-efficacy in supervision is a solution or strength-based approach whereby the supervisor helps the counselor build on his or her successes and/or strengths such that a higher level of motivation is fostered thus further establishing a positive supervisory relationship.
5. Needs-based approach – Counselors differ in relation to culture, experiences, expertise, interests, education, and familiarity with research and best practices. As a result, clinical supervision should be tailored to individual counselor's needs and should be the result of an ongoing assessment.
6. Outcome-oriented supervision – Supervisors must offer a blend issues such as evidence-based practices, skills enhancement, and educational opportunities focusing on goals for professional growth for the counselor while pursuing outcome-oriented treatment for the client.
7. Evidence-based practices – Supervision is the ideal venue for promoting and developing clinical skills necessary to provide practices that have been shown, through research, to influence positive client outcome.
8. Individualized supervisory model – Due to differences in philosophy, culture, training and other idiosyncrasies, it is important each supervisor develop his or her own unique model of clinical supervision.

INTRODUCTIONS:

INSTRUCTOR'S OUTLINE

COURSE AGENDA

Provide an overview of the course by reviewing the agenda in the Participant Workbook. Briefly review each module and check to see if the agenda meets the expectations of the group. Remind them that the list developed at the beginning of the module will remain posted as a "Parking Lot," so they can add to the list on their own throughout the workshop.

MODULE CLOSURE

Bridge to the next module by informing participants they will now look at roles and definitions of clinical supervision.

NOTES

The screenshot shows a slide titled "About this Course" for "Clinical Supervision Foundations". It lists "Part 2: Workshop (16 hours)" with two days of topics. Day 1 includes Roles and Definitions, A Personal Model of Supervision, Supervisory Alliance, and Modalities and Methods. Day 2 includes Assessment Resources, Performance Evaluation, and Counselor Development. Logos for ATTC and SAMHSA are visible at the bottom.

4 About this Course
part two

The screenshot shows the cover of the "Participant Workbook" for "Clinical Supervision Foundations". It features the ATTC logo (Addiction Technology Transfer Center Network) at the top and the SAMHSA logo at the bottom. The title "Participant Workbook" is centered in green text.

Participant Workbook
pg 10

MODULE 1: Roles and Definitions of Clinical Supervision

INSTRUCTOR'S OUTLINE

INSTRUCTIONAL METHODS

- Lecture
- Small group exercise
- Case study
- Large group discussion

PARTICIPANT MATERIALS

- Participant Workbooks

TRAINING AIDS

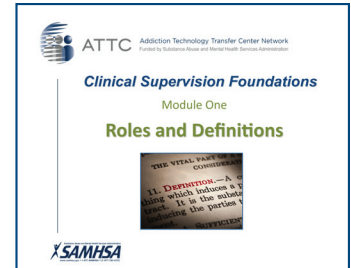
- PowerPoint slides 1-1 through 1-7 on computer disk
- LCD projector or overhead projector and screen
- Easel pad or white board, markers, and masking tape

ROOM SET-UP

- Round or rectangle tables for about six participants each to allow for discussion and ample space for use of participant materials and exercises

NOTES

60 minutes



1-1 Module Title

MODULE 1: Roles and Definitions of Clinical Supervision

INSTRUCTOR'S OUTLINE

NOTES

INTRODUCTION

> (5 minutes)

Introduce the module by reviewing the purpose and learning objectives on the slides.

PURPOSE

This module provides participants the opportunity to examine their current (or anticipated) supervisory practice and preferences in terms of the definitions, responsibilities, and roles of clinical supervision covered in the online course.

LEARNING OBJECTIVES

Participants will be able to:

1. Define the primary goals of their own clinical supervision practice.
2. Identify discrepancies between their current (expected) supervisory practice and their ideal and some of the causes for these discrepancies.
3. Analyze their own supervisory practice using the definitions, responsibilities and roles of the clinical supervisor covered in the online course.
4. Identify barriers when trying to balance these roles and responsibilities.

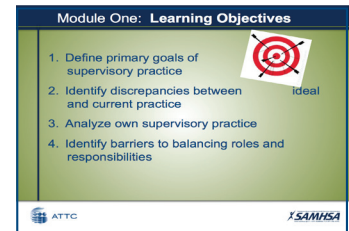
DESCRIBE YOUR CLINICAL SUPERVISION – SMALL GROUPS

> (15 minutes)

Ask participants to individually answer the questions in their workbook and then discuss their responses with their group.

1. What are you trying to accomplish in your work as a clinical supervisor?
2. What tasks take up (or will take up) most of your supervision time?
3. If you could choose how to spend your supervision time, what are the tasks you would spend your time on?
4. What discrepancy exists between your answer to #2 and #3?

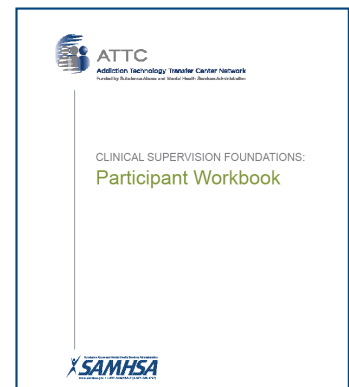
After about 10 minutes, ask a representative from each group to report on their group's discussion.



1-2 Learning Objectives



Easel pad and markers



Participant Workbook
pg 12

MODULE 1: Roles and Definitions of Clinical Supervision

INSTRUCTOR'S OUTLINE

COMPARE TO PUBLISHED DEFINITION

> (15 minutes)

In the online course you reviewed CSAT's definition of clinical supervision published in TAP 21A (2007).

ASK

Ask participants to read the definition printed in their workbook.

- "Clinical Supervision is a social influence process that occurs over time, in which the supervisor participates with supervisees to ensure quality 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."
1. *How do your previous responses to how you spend your time and how you wish you could spend your time as a clinical supervisor compare to the definition above?*
 2. *What would you need to do to reduce the discrepancy between your answers and this definition?*

Facilitate group discussion with large group.

SAY

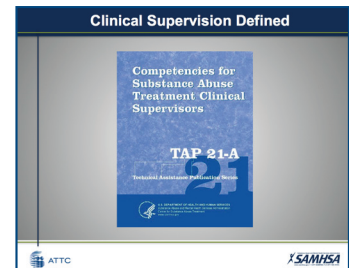
The point of this course is to help you move your clinical supervision closer to the type of clinical supervision described in our definition.

REVIEW the four primary goals of clinical supervision:

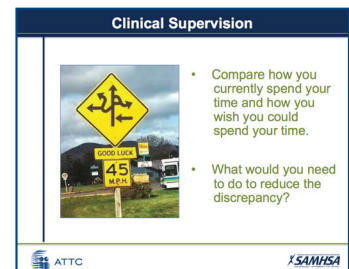
1. Promoting professional growth and development through teaching
2. Protecting the welfare of clients through observation and mentoring
3. Monitoring counselors' performance as a "gatekeeper" through observation and evaluation
4. Empowering counselors to engage in continuous professional development.

To achieve these goals will require balancing the various responsibilities and roles of a clinical supervisor.

NOTES



1-3 Clinical Supervision Defined



1-4 Clinical Supervision Discussion



1-5 Primary Goals of Clinical Supervision

MODULE 1: Roles and Definitions of Clinical Supervision

INSTRUCTOR'S OUTLINE

NOTES

LECTURETTE AND GROUP DISCUSSION: CLINICAL, ADMINISTRATIVE, & EVALUATIVE RESPONSIBILITIES

> (20 minutes)

In the online course you reviewed the various responsibilities of clinical supervisors.

The **CLINICAL** focus in supervision is on improving the skills and effectiveness of the supervisee as a counselor. To satisfy clinical responsibilities you:

- Identify needs
- Instruct
- Model
- Give feedback
- Consult with the counselor

The **ADMINISTRATIVE** element of clinical supervision focuses on following, and helping the counselor follow, the administrative and procedural aspects of the agency's work. Administrative supervision tasks include:

- Selecting, hiring and firing personnel
- Structuring staff work
- Formally evaluating personnel for pay and promotions
- Planning, organizing, coordinating, and delegating work

EVALUATION

Evaluation is central to both clinical and administrative responsibilities:

EVALUATION CLINICAL	EVALUATION ADMINISTRATIVE
Continuously evaluate the counselor's performance, knowledge and skills, strengths and deficiencies, needs, attitudes, and development.	Ensure compliance with correct formats for documentation, agency leave policies, scheduling and coverage, performance reviews, and contractual expectations.



1-6 Responsibilities

MODULE 1: Roles and Definitions of Clinical Supervision

INSTRUCTOR'S OUTLINE

Lead a discussion of these questions which also appear in the workbook:

- Thinking of the see-saw graphic, in which direction does your balance tip? (Clinical, Administrative)
- What do you like doing most?
- How does what you do compare to the “push” in your agency?

MULTIPLE ROLES OF THE CLINICAL SUPERVISOR

> (5 minutes)

REVIEW the five roles on the slide previously presented in the online portion of the course (teacher, coach, consultant, mentor, evaluator). These are presented in the Participant Workbook on page 15.

ASK:

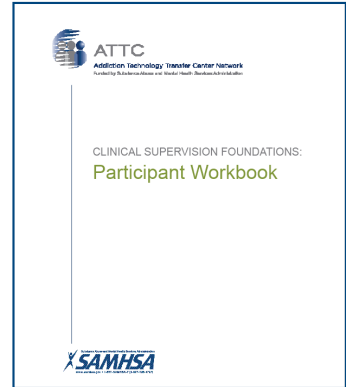
1. Which roles do you imagine yourself emphasizing in your supervision?
2. What are the barriers you face when trying to balance these roles?

Facilitate a large group discussion of these questions.

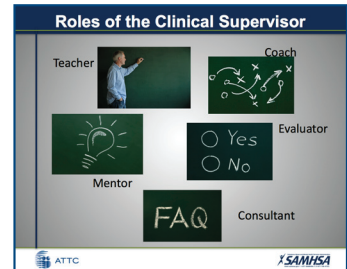
MODULE CLOSURE

Bridge to the next module by informing participants that we will next be discussing theories and models of supervision.

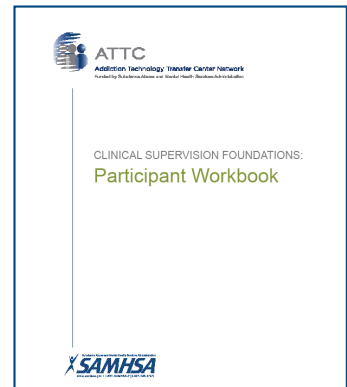
NOTES



Participant Workbook pg 14



1-7 Roles of the Clinical Supervisor



Participant Workbook pg 15