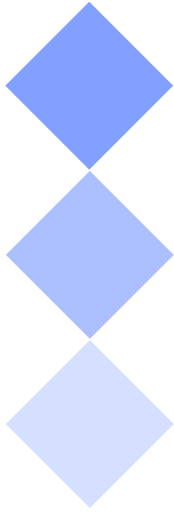


Section III:

FOUNDATION AREAS



Effective clinical supervisors are skilled, experienced clinicians. They are knowledgeable about substance use disorders and generally accepted, research-based assessment, intervention, treatment, and recovery strategies. It is important that supervisees believe that their supervisors have substantial knowledge and skill to pass along. However, knowledge and skill as a counselor are not enough to ensure success as a clinical supervisor.

The specific tasks, responsibilities, and roles of supervisors vary depending on agency mission, target population, theoretical model, treatment modality, and general structure. However, some basic competencies are common to a variety of settings and professional disciplines. These basic concepts are reflected in the foundation area competencies in this document. They are common across the variety of disciplines and interest groups that provide care for clients with substance use disorders. The competencies identified as *foundation areas* complement those found in the transdisciplinary foundations section of TAP 21. Clinical supervisors in substance use disorder treatment settings are expected to be familiar with the knowledge described in the transdisciplinary foundations.

The framework used here identifies five foundation areas in clinical supervision:

- FA1: Theories, Roles, and Modalities of Clinical Supervision;
- FA2: Leadership;
- FA3: Supervisory Alliance;
- FA4: Critical Thinking; and
- FA5: Organizational Management and Administration.

Each contains several competencies that, taken together, define the work of the clinical supervisor.



FA1: THEORIES, ROLES, AND MODALITIES OF CLINICAL SUPERVISION

Introduction

Although some similarities exist between counseling and supervising, there are many important differences. Clinical supervision has its own knowledge base, and supervisors must understand different theoretical perspectives. They also must understand the roles clinical supervisors are expected to fill and the various modalities, or ways of implementing supervision, that are available.

The Competencies

- ◆ Understand the role of clinical supervision as the principal method for monitoring and ensuring the quality of clinical services.
- ◆ Appreciate the systemic role of the clinical supervisor as a primary link between management and direct services.
- ◆ Understand the multiple roles of the clinical supervisor, including consultant, mentor, teacher, team member, evaluator, and administrator.
- ◆ Be able to define the purpose of clinical supervision specific to the organization's clinical and administrative contexts, including supervisory goals and methods.
- ◆ Be familiar with a variety of theoretical models of clinical supervision, including (but not limited to) psychotherapy-based, developmental, multicultural, integrative, and blended models.
- ◆ Be able to articulate one's model of supervision.
- ◆ Be familiar with modalities of clinical supervision, including individual, group, direct observation, and consultation.
- ◆ Be familiar with the current research literature related to recommended practices in both substance use disorder treatment and clinical supervision.
- ◆ Be familiar with the literature regarding multiple learning strategies (e.g., instructions, demonstrations, role plays, critiques).
- ◆ Recognize the importance of establishing with the supervisee a productive, healthy learning alliance focused on improving client services and job performance.
- ◆ Understand and reinforce the complementary roles of members on a multidisciplinary team.
- ◆ Understand the importance of assessing needs and carefully planning and systematically implementing individual and group supervisory activities that promote clinical and program service improvement.

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FA2: LEADERSHIP

Introduction

Leadership is an important element of clinical supervision. Leadership may be defined as a bidirectional social influence process in which supervisors seek voluntary participation of supervisees to achieve organizational goals, while providing leadership in the management structure of the agency. Leaders mentor, coach, inspire, and motivate. They build teams, provide structure, create cohesion, and resolve conflict. In addition, leaders build organizational culture, facilitate individual and organizational growth and change, and foster a culturally sensitive service delivery system by consistently advocating, at all levels of the organization, the need for high-quality clinical care for all patients or clients of the agency.

The Competencies

- ◆ Use a leadership style that creates and maintains an environment based on mutual respect, trust, and teamwork.
- ◆ Be a role model by taking full responsibility for one's decisions, supervisory practices, and personal wellness.
- ◆ Seek job performance feedback from supervisees, peers, and managers to improve supervisory practices.
- ◆ Create, regularly assess, and revise a personal leadership plan to provide direction for one's continuing professional development.
- ◆ Seek out and use leadership mentors to assist with one's personal development, knowledge acquisition, and skill development.
- ◆ Understand the historical context of treatment for substance use disorders and use that understanding to participate in developing the agency's guiding vision and its related mission, principles, and sense of purpose.
- ◆ Clarify agency vision, mission, and service goals and objectives for the supervisee.
- ◆ Interpret agency mission, policies, procedures, and critical events. Effectively communicate those interpretations to supervisees and foster an organizational climate that promotes continuous improvement and excellence in client care.
- ◆ Understand, monitor, and ensure compliance with State and Federal regulations and accrediting body (e.g., Commission on Accreditation of Rehabilitation Facilities, Joint Commission on Accreditation of Healthcare Organizations, Council on Accreditation) standards for the delivery of substance use disorder treatment.
- ◆ Recognize the safety and security issues facing the organization and participate in enforcing and enhancing organizational policies that ensure the safety and security of clients, personnel, and facilities.
- ◆ Understand and acknowledge the power differential inherent in the supervisor–supervisee relationship, using power fairly and purposefully avoiding the abuse of power.
- ◆ Proactively structure and schedule clinical supervision activities.
- ◆ Teach, mentor, and coach in the context of the organization's core values.
- ◆ Provide honest feedback—positive, constructive, and corrective.



- ◆ Guide through motivational empowerment rather than control. Facilitate work through team building, training, coaching, and support.
- ◆ Plan and organize for orderly workflow, controlling details without being overbearing.
- ◆ Empower and delegate key duties to others while maintaining goal clarity and commitment. Delegate mindfully, considering both the supervisee's professional development and the agency's needs.
- ◆ Encourage supervisee participation in communicating observations, ideas, and suggestions to agency management.

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FA3: SUPERVISORY ALLIANCE

Introduction

Clinical supervision takes place in the context of the supervisor–supervisee relationship. A positive supervisory alliance includes mutual understanding of the goals and tasks of supervision and a strong professional bond between supervisor and supervisee. To be effective, a supervisor must have a clear understanding of the nature and dynamics of this relationship.

The Competencies

- ◆ Be familiar with the literature about supervisory alliance, including key factors that strengthen or compromise the supervisory alliance, supervisory contracting, and relational issues (e.g., transference and countertransference).
- ◆ Understand the complex, multilevel, and bidirectional nature of the supervisory triad of client, counselor, and supervisor. Maintain an awareness of potential dual relationships and boundary violations within the triad.
- ◆ Recognize that the supervisor–supervisee relationship develops over time and that the stage of relationship development influences the rules, roles, and expectations of the alliance.
- ◆ Conceptualize the supervisor–supervisee relationship as a learning alliance that provides for role induction, includes agreement on goals and tasks, and recognizes the bond that develops between the supervisor and the supervisee.
- ◆ Understand the value of mentoring as a dynamic way of forming an alliance, teaching counseling skills through encouragement, and giving suggestions for accomplishing goals.
- ◆ Create an explicit supervisory contract that clarifies expectations and goals, the relationship’s structure and evaluative criteria, and the limits of supervisor–supervisee confidentiality.
- ◆ Present as a credible professional who possesses knowledge and expertise relevant to the setting and the population being served.
- ◆ Model ethical behavior vis-à-vis the supervisee and reinforce ethical standards in the relationship between the supervisee and the supervisee’s clients.
- ◆ Be continually alert to the effects of one’s interpersonal style on the supervisee.
- ◆ Maintain appropriate boundaries in forming and maintaining a safe and trusting professional relationship.
- ◆ Attend to cultural, racial, gender, age, and other diversity variables essential to a productive supervisor–supervisee relationship.
- ◆ Understand, recognize, and know how to ameliorate the effects of personal countertransference triggered by the supervisee’s interpersonal style, the supervisee’s developmental issues, or the supervisee’s unresolved personal issues.
- ◆ Recognize interpersonal conflict and supervisory impasses, accept appropriate responsibility, and actively participate in resolving difficulties.



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FA4: CRITICAL THINKING

Introduction

Critical thinking refers to the cognitive processes of conceptualizing, analyzing, applying information, synthesizing, and evaluating. Supervisors are expected to use critical thinking to make sound decisions and solve problems on a regular basis; they also must help supervisees hone critical thinking skills.

The Competencies

- ◆ Understand the various contexts (e.g., organizational, political, societal, cultural) in which supervision is conducted.
- ◆ Analyze and evaluate agency issues and policies to better understand, clarify, and participate in the continuous improvement of agency and staff performance and service outcomes.
- ◆ Evaluate and select written and oral communication strategies appropriate to the audience and purpose.
- ◆ Select, adapt, implement, and evaluate appropriate problemsolving, decisionmaking, and conflict resolution techniques.
- ◆ Apply experience, insight, and lessons learned to new situations.
- ◆ Apply critical thinking to information gathering by evaluating the content of the information and the credibility of its source.
- ◆ Ask supervisees relevant and clarifying questions and listen critically for content and underlying issues in their self-disclosure.
- ◆ Help supervisees develop skills in case conceptualization and analysis of client–counselor interactions.
- ◆ Negotiate, communicate, and document the resolution of conflicts or disagreements and strategies for resolving performance problems. Document outcomes.
- ◆ Develop sound criteria for self-evaluation and clarify personal beliefs, values, and biases.
- ◆ Help supervisees develop sound criteria for self-evaluation and clarify their beliefs, values, and biases.

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