Clinical Supervision in Addiction Treatment

Professional treatment for substance use disorders is a rapidly changing discipline. Research and evaluation studies are identifying new methods and tools for facilitating change and recovery (Hester & Miller, 2003; NIDA, 1999; Taxman, 1999). Payors, clients and their families, and the general public are seeking increased accountability and effectiveness of services. Licensing and credentialing bodies are raising their standards and expecting higher qualifications from applicants for certification or licensure.

Substance use disorders are becoming increasingly complex as drug use patterns change and co-occurring mental disorders are seen more frequently. Complex treatment issues call for more sophisticated clinicians. To meet increasing demands, modern treatment organisations must now be able to:

- Monitor, evaluate, and promote clinical competence, directly and objectively
- Insure fidelity to evidence-based practises
- Increase treatment efficacy and cost-effectiveness

Historically, professional substance abuse treatment organisations have focused resources on providing direct client care but have not provided sufficient resources for clinical supervision, an activity critical to insuring quality service and effectiveness. Supervision time is limited in most agencies, and supervisory activities are frequently more administrative than clinical in nature. Supervisors often carry a clinical caseload and have a variety of program management responsibilities. It is no wonder that direct clinical supervision (including performance observation, feedback, and mentoring counselors to improve their clinical skills and services) is rarely a part of an agency's staff development plan.

Clinical supervision requires a new set of knowledge, skills, and abilities, as well as assumption of a different professional role within the organisation. Many new supervisors receive little or no comprehensive training in clinical supervision, leading to enormous inconsistency in the quality of supervision available in the field. As a result, many new counselors receive inadequate clinical training and supervision. When supervisors have an opportunity to observe and evaluate the work of clinicians, they become aware of both the strengths and deficits of the

services being delivered. They can identify issues that need resolution and services or supervisee skills that need to be enhanced.

Such comprehensive practise, however, is relatively rare in clinical settings today, and that rarity is not limited to substance abuse treatment settings. It applies to most social service, mental health, and correctional treatment settings and contributes to variability in care across settings and disciplines. Most treatment agencies have clinical supervisors. However, their work typically is limited to administrative and case management duties such as reviewing case records, facilitating case staffing conferences, and collaborating on difficult cases. Actual observation of clinical services, performance feedback, coaching, teaching, and negotiating professional development plans occur relatively infrequently. This consistent lack of true clinical supervision and mentoring has many possible causes:

- Tight agency budgets leading to understaffing
- A consequent high demand for supervisors to provide more direct services
- Lack of appreciation for the importance of clinical supervision
- Lack of training in supervisory models and skills
- An absence of standards for what constitutes adequate clinical supervision

For most agencies, adopting effective clinical supervision practises requires a significant change in operations. Clinical supervisors will need to do more observation of clinicians providing direct services, evaluation of the clinician job performance, preparation of feedback, and performance review and mentoring to help enhance counselor skills. In return for their investment in time and resources, agencies will find themselves engaged in an improvement-oriented approach to the monitoring and development of clinical services that likely will lead to improved staff retention, enhanced counselor skills, and better clinical outcomes.

If agencies are to improve their supervisory practices, a set of guidelines is needed to support the development of an implementation plan. Typically, agencies will need to do a number of things to insure a smooth transition from existing practise to a different way of providing supervision to clinical staff. Some of the necessary tasks include:

- Defining or clarifying the rationale, purpose, and methods for delivering clinical supervision

- Insuring that agency management fully understands and supports the changes that need to be made
- Providing training and support in supervisory knowledge and skill development
- Orienting clinicians to the new rationale and procedures

All these tasks require an implementation *process*. Too often, the assumption is made that systemic changes can be made by administrative order. However, research indicates that successful change requires a comprehensive plan, management support, effective leadership, and a period of effort sufficient for the change to become a normative practise (Bradley et al. 2004). Agencies should introduce and enact changes in supervisory practise over a defined period that allows for procedures to be developed, supervisors to test the new operations, and clinicians to provide feedback and adjust to a more collaborative, observational supervisory process. The broad goal is to create a continuous learning culture within the agency that encourages professional development, service improvement, and a quality of care that maximises benefits to the agency's clients.

References

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