

# Clinical Supervision and Professional Development of the Substance Abuse Counselor: A Review of the Literature\*

Update

*Reviews Literature From June 1, 2007,  
through December 31, 2010*

*Treatment Improvement Protocol (TIP) Series*

## 52

## Contents

**Supervision as a Followup to Training**

**The Role of Supervision in Training**

**Learning Modalities and Their Applications**

**Reducing Employee Turnover**

**Methodology**

**References**

*\*This document is available online only (<http://www.kap.samhsa.gov>) and supports TIP 52, Clinical Supervision and Professional Development of the Substance Abuse Counselor.*



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# UPDATED FINDINGS FROM THE LITERATURE, DECEMBER 2010

## Contents

Supervision as a Followup to Training .....	1
The Role of Supervision in Training .....	2
Learning Modalities and Their Applications .....	3
Reducing Employee Turnover .....	5
Methodology .....	5
References .....	6

## **Updated Findings From the Literature, December 2010**

This Treatment Improvement Protocol (TIP) Literature Review update includes findings published between June 1, 2007, and December 31, 2010.

Most articles found during the above-referenced timeframe met the selection criteria related to the training component of supervision, or the incorporation of didactic learning into practice. Other articles focused on how supervision supports counselors' practice and job satisfaction. In all articles, the authors indicated that supervision of counselors plays a valuable role in the provision of services to clients.

### **Supervision as a Followup to Training**

Two articles presented information on how clinical supervision can reinforce didactic learning after a workshop on a specific topic.

A lack of effective clinical supervision has been one barrier to counselors adopting evidence-based practices. Martino and colleagues (2008) assessed the extent to which counselors in substance use disorder (SUD) treatment programs can implement evidence-based therapies (EBTs) with adequate fidelity so that the therapy could be distinguished from counseling-as-usual (CAU). Thirty-five therapists were recruited to provide either motivational enhancement therapy (MET) or CAU. The 461 clients were divided into two groups. One group received services from counselors who had attended a three-session intensive course in MET, followed by clinical supervision by supervisors who had also attended an intensive workshop; the other, a control group, received CAU. The study attempted to determine whether these expert-led workshops, followed by specialized supervision, enhanced MET's implementation.

The supervisory sessions included using tape recordings of counselor–client sessions to assess the counselors and provide feedback regarding their effectiveness in integrating MET into the sessions. These supervisors also took part in monthly consultative calls with the expert trainers.

Martino and colleagues (2008) concluded that supervision is a major component of implementing EBT, because it provides counselors with feedback when practicing the new skills and reinforcing the EBT training. However, this approach may not be realistic for many agencies for a number of reasons, including the following:

- Some agencies may not be able to free up staff to attend extensive training, because of financial reasons or limited counselor time, especially if several counselors need to be away at the same time.
- Most agencies do not have access to the expert-provided training and ongoing support supervisors received; they need this support to enhance their knowledge of the model and supervisory skills.
- The study focused on incorporation of a single model; however, no one model is likely to be appropriate for all clients.

The authors noted the following limitations to the study:

- Programs participating in the study were part of the National Institute on Drug Abuse's Clinical Trials Network (CTN) and these programs may have been more willing to be involved in the study than programs that were not part of CTN.
- The study did not assess the relationship of counseling techniques conflicting with MET.
- Analysis was done on the 70 percent of clients who completed three sessions and did not include dropouts, which may have affected the outcomes.

Another article discussed the importance of clinical supervision in training counselors in cognitive behavioral therapy (CBT). Friedberg and colleagues (2009) proposed several key components in training counselors and providing effective supervision. These CBT components are conceptualizing cases using critical thinking, attending to immediacy in session, tolerating negative emotional arousal on the part of the client and therapist, fostering emotional and cognitive openness, working toward cultural competence, and enhancing technical proficiency.

As in other articles covered in this Literature Review Update, the authors identified the importance of supervisors in reinforcing didactic training, helping counselors to use new clinical skills, and improving technical proficiency by using techniques, such as role-playing.

## **The Role of Supervision in Training**

Several authors viewed training as being either related to, or part of, the clinical supervision process.

Carroll and colleagues (2010) summarized findings from some of the authors' recent series of multisite randomized clinical trials. Those studies assessed training for SUD counselors, based in the community, to use various EBTs. However, the authors mentioned the importance of supervision.

The authors concluded that an EBT learned through didactic methods is not integrated into practice without ongoing reinforcement, training, and clinical supervision. The clinical supervisor needs to provide individualized training for counselors and consider facts, such as the counselor's level of education. The authors recommended certification for supervisors. However, they recognized that the cost for such certification can be prohibitive.

Amodeo and colleagues (2010) performed a study of a Web-based CBT training program for SUD counselors. The study included 54 supervisors who managed 120 counselors. The authors identified several activities that were helpful in providing effective supervision, such as:

- Mentoring, in which the supervisor encourages and reinforces the counselor to bolster confidence.
- Checking in with the counselor when practice is going well, and not just when a crisis arises.
- Taking part in counselors' training programs so that supervisors can work effectively with counselors as they integrate new knowledge and skills into practice.

The authors commented on the difficulty of locating and recruiting clinical supervisors, because many programs did not employ such personnel. The dearth of clinical supervisors necessitated

the expansion of study recruitment from the New England States to programs throughout the United States. The study, which is still in process, currently focuses on supervisors' specific role in supporting counselors.

Rogers, Lautar, and Dunn (2010) studied the instructional skills of clinical supervisors who provided clinical education to interns and students. The study sought to determine whether the supervisors' teaching skills were adequate and whether the supervisors' perceptions of those skills were consistent with their students' perceptions.

The authors administered surveys to 124 interns and students, who assessed supervisors' training competence. (The supervisors had taken a similar survey in another phase of the study.) The students were very confident in the supervisors' ability to teach, but the students identified the following areas as needing improvement:

- Understanding students' different learning styles.
- Preplanning teaching experiences before the students' arrival.
- Giving feedback to the students.
- Assessing student skills based on the identified learning goals.

The students and supervisors felt that the supervisors needed additional professional development in training methodologies. However, both groups saw the supervisors as having effective clinical skills. Students stated that the supervisors needed to be approachable and patient, give students sufficient time to learn, and explain treatment rationales.

Rogers and colleagues (2010) recommended the following approaches to enhancing supervision:

- Conduct workshops for supervisors in education methodology.
- Recognize formally—such as through certification—supervisors who have developed their training skills.
- Create an academic Web site to facilitate training for supervisors who do not have the time or agency resources to attend in-person training.

## **Learning Modalities and Their Applications**

Bennett-Levy and colleagues (2009) not only studied supervision in promoting CBT, but also asked whether different types of training and supervision promote different kinds of learning and clinical-skills development. The authors gave a questionnaire to 120 participants at a workshop. All survey responders were experienced CBT therapists.

The workshop presented the Declarative-Procedural-Reflective model, which identifies three information-processing approaches:

- **Declarative:** Intellectual understanding of the subject matter
- **Procedural:** Ability to apply didactic knowledge to practice
- **Reflective:** Ongoing use of experience to resolve treatment issues with a specific client to enhance overall skills and effectiveness with future clients

The responses to the questionnaire confirmed the authors' hypothesis that skills in these areas were enhanced by different types of learning experiences, as shown in Exhibit 1.

**Exhibit 1: Most Effective Learning Approaches by Skill Area**

Declarative Knowledge	Procedural System	Reflective System
Modeling Reading Lectures	Modeling Role-plays Reflective practice Self-experiential work	Self-experiential work Reflective practice

Bennett-Levy and colleagues (2009) defined these approaches as follows:

- **Modeling:** The supervisor demonstrating the skill in the session
- **Reading:** Individual reading on the counselor's own time
- **Lectures:** Formal classroom training
- **Role-plays:** The supervisor, counselor, or other staff member acts the roles of counselor and client
- **Reflective practice:** During a clinical session, learning from an issue and applying it to future work
- **Self-experiential work:** Applying lessons counselors have learned from their own experience

The authors also broke down learning styles into three related skill areas, for which they identified the most effective learning tools:

- **Conceptual knowledge/skills:** Reading, lectures, and modeling
- **Technical knowledge/skills:** Reading, lectures, and modeling
- **Interpersonal skills:** Reflective practice, self-experiential work, and role-playing

The implication is that traditional training approaches—reading and lectures—are best suited for the development of declarative knowledge. Clinical supervision, on the other hand, offers the best opportunity for the development of procedural and reflective knowledge, and related skills that lead directly to improvements in practice. Such supervision is best provided through role-play and reflective practice.

Bennett-Levy and colleagues (2009) noted several limitations to this study, including the following:

- **Subjectivity:** The study relied on self-reporting; therefore, respondents' saying that they developed knowledge or enhanced their information or skills does not necessarily mean that they did, or that their clinical work improved as a result.
- **Narrow segment of treatment providers:** The respondents were self-selected (attendees of a CBT workshop) and may not be representative of treatment providers as a whole.
- **Biases:** The respondents' view of training and its effectiveness may have been biased by previous reading or other learning.

- **Cursory review:** Because of time limitations, the authors performed an “eyeball analysis,” rather than a formal statistical analysis; the latter might have led to different results.

## Reducing Employee Turnover

Knudsen and colleagues (2008) evaluated whether clinical supervision protects against counselor turnover. The study was performed in SUD treatment programs participating in CTN.

Previous studies have identified counselors’ emotional exhaustion as related to turnover. Other factors related to counselor turnover identified in previous studies are the counselors’ perceptions of the following:

- **Job autonomy:** Having the ability to make their own decisions
- **Procedural justice:** Being treated fairly by the organization and the supervisor
- **Distributive justice:** Receiving a fair amount of the work

The researchers interviewed 240 administrators of community-based SUD treatment programs to obtain information on the program’s organizational structure. These administrators identified front-line counselors the researchers could ask to be in the survey. The researchers mailed questionnaires to these counselors and 1,001 questionnaires were returned. The questionnaires consisted of several items about the counselors’ perception of clinical supervision and their job satisfaction.

The findings indicated that quality supervision and the counselors’ relationship with the supervisor positively affected the counselors’ feelings of well-being, job autonomy, procedural justice, and distributive justice. These factors were related to decreased counselor turnover.

However, the study had the following limitations:

- The data collected were cross-sectional, so causality could not be determined.
- The subjects were not from a national sample, so the results could not be generalized.
- The study did not define quality clinical supervision.
- The analysis used the counselors’ subjective perceptions of their supervisor’s work; objective measures would have provided more accurate data than did the subjective measures.

## Methodology

The methodology used in the development of TIP 52 was used in the preparation of this update (see <http://kap.samhsa.gov/products/manuals/tips/pdf/TIP52.pdf>).

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