

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

Update

*Reviews Literature From January 1, 2011
Through September 30, 2011*

Treatment Improvement Protocol (TIP) Series

52

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UPDATED FINDINGS FROM THE LITERATURE, SEPTEMBER 2011

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Updated Findings From the Literature, September 2011

This Treatment Improvement Protocol (TIP) Literature Review Update includes findings published between January 1, 2011, and September 30, 2011.

Supervisor Turnover

Knight, Broome, Edwards, and Flynn (2011) used logistic regression analyses to study organizational factors related to clinical supervisor turnover in organizations providing outpatient treatment of substance use disorders. Programs largely were private nonprofit (74 percent), located in urban settings (76 percent), and affiliated with a parent organization (73 percent).

The study used data from the Treatment Costs and Organizational Monitoring (TCOM) project to examine structural elements of programs. It also examined collective appraisals (including job satisfaction) of directors and substance use treatment counselors. The TCOM project collected data from 115 substance abuse treatment programs in 9 States from 2004 to 2006. Measures included clinical supervisor turnover (a dichotomous measure assessed twice during the study), program structure (regular outpatient, intensive outpatient, or mixed), and job attitudes of staff members related to satisfaction, burnout, and director leadership. The researchers used Likert-type scales to study each of these variables.

The study also collected data in the form of an initial organizational structure assessment of several factors, including organizational relationships, services provided, and characteristics of staff members and clients. The investigators also measured recent director turnover and other recent changes within the organization, clinical practices and assessment, and general characteristics of the programs studied. These data were obtained by using a Survey of Structure and Operations (SSO) completed by 467 counselors and 65 supervisors (clinical/program directors). The investigators conducted a followup SSO and a survey of staffing changes 12 months after the beginning of the study.

Supervisory change of 30 percent occurred during the 6 months preceding the start of the study. A change of 33 percent of supervisors occurred during the subsequent 12 months. Factors associated with higher supervisor turnover rates included:

- Affiliation of a program with a parent organization.
- Results of collective supervisor and supervisee satisfaction appraisals.
- Number of hours of counseling provided per client.
- Low collective appraisal of satisfaction following the departure of a previous supervisor.

Results from this study indicate that factors at the organizational level, especially staff satisfaction, can influence supervisory turnover. Efforts to monitor and increase staff satisfaction reduce attrition among substance abuse treatment program personnel. They also reduce the amount of turnover in managerial and supervisory staff.

Limitations of the study included:

- The dichotomous manner (turnover/no turnover) in which the clinical supervisor/program director turnover measure was structured did not make it possible to quantify or characterize overall turnover. The study did not address measures such as the number of changes that occurred, whether departures were voluntary or involuntary, and the extent to which turnover occurred in middle versus upper management.
- Restricted sample sizes resulting from a low participation rate (78 percent) of TCOM substance abuse treatment programs limited the analysis of prior turnover as an important variable. Larger samples would have increased the robustness of the study. They also would have allowed a more thorough examination of factors influencing supervisor turnover (e.g., possible interactions between individual- and organization-level factors).
- Other factors (e.g., variations in the number of counselors managed by a given supervisor, organizational commitment, director tenure) were not addressed.

Training of Supervisors

Tebes and colleagues (2011) used a pre/post/followup design to study the feasibility and longitudinal impact of training substance abuse treatment supervisors in three core competency areas of interactional supervision, including (1) managing supervisory relationships, (2) promoting professional development, and (3) managing job performance of supervisees. The researchers conducted 28 hours of training over a 7-month period. The training involved four core functions:

- **Practice.** Observation of supervisee-client interactions.
- **Job management.** Helping supervisees perform their professional functions.
- **Staff development.** Fostering and providing feedback and evaluation concerning supervisee competencies.
- **Professional impact.** Helping supervisees develop skills necessary to contribute to positive organizational change.

The training integrated didactic and experientially based learning and included presentations, analysis of supervision examples, and discussions of case examples generated by the presenter and supervisors.

Training outcomes were assessed using surveys completed by the clinical supervisors who received the training. Competencies were self-assessed before, immediately after, and at 3 months (followup) after the training. Other measures of the study included demographics, satisfaction with work as a supervisor, management of supervisory stress, and satisfaction with the training provided in the study. Statistically significant increases occurred in the supervisors' self-perceived competencies in the three core areas studied, and increases became greater as training progressed. Supervisor satisfaction and the ability to manage stress were associated with increases in supervisor competencies.

The study had the following limitations:

- The lack of a control group consisting of individuals who did not receive the training.

- The use of self-reports by trainees to assess their competencies.
- Poor reliability estimates (perceived versus those observed by the researchers) of two of the competency scales—managing job performance and promoting professional development.
- The fact that the relative importance of each training component could not be determined.
- A high study attrition rate among the participants. Forty-five supervisors (56 percent retention rate) completed pretest and posttest surveys, and 34 supervisors (42 percent retention rate) completed all three administrations of the survey over the 7-month study period.

The study demonstrated the feasibility and potential effectiveness of training of clinical supervisors using interactive supervision. The authors also suggested that the study provided a possible framework for combining supervision with training in the skill-based interventions associated with various evidence-based treatments.

Methodology

The same methodology used in the development of TIP 52 was used in the preparation of this update.

References

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