

# Strengthening Supervision: Co-Occurring Disorders

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# Increased Need for Supervision Regarding COD

- Larger case-loads
- Greater staff autonomy
- Increasing individual complexity (e.g., co-occurring illnesses & medical co-morbidity)
- Greater risk
- Increased service complexity (e.g., EBPs)
- Increased systems complexity



# Status of Supervision Nationally

- Delivered “ad hoc” if at all
- Supervisors eliminated as organizations have been “flattened” & Supervisors distracted by dual roles
- Many organizations don’t support it:
  - Insufficient training of new supervisors
  - Time for supervision not allocated
  - No supervision standards or monitoring
  - Replaced with team, staff, & peer mtgs



# What is Supervision?



# A COD Definition

- COD Supervision is a relationship in which one individual has authority and responsibility for the COD work and work life of another.
- Related Concepts
  - Consultation
  - Peer “supervision”
- Complication: variability & ambiguity about supervision roles in organizations



# Meeting the Minimum Standard

- “Do no harm”
- Assessing risk
- Accessing help in a crisis



# 4 Functions of Supervision

1. Quality of Co-Occurring Work
2. Meeting COD Administrative Requirements
3. Supporting Staff
4. COD Staff Professional Development

Multi-tasking & constantly shifting focus



# 3 Phases of Supervision

1. Engagement Phase
2. Work Phase
3. Ending & Transition Phase





# Structuring Supervision



# Engagement Phase



# Authority & Negotiating Roles

“Authority is the right to supervise; power is the ability to effectively exercise that right. Authority can be delegated. Power cannot be delegated.”

Kadushin and Harkness, 2014 as cited in AZ Admin slides



# Who are my supervisors?

- The roles and responsibilities of each regarding COD care
- Who to turn to in their absence
- After hours supervisory coverage



# What Kind of Meetings Will We Have?

- How often will we meet?
- How long will we meet?
- Will it be individual and/or group supervision?
- What if I need to cancel?



# Are You Qualified to Supervise Me for COD related work?

Supervisee's concerns or question

AND

Supervisor's personal doubts



# Structuring Supervision

- Have standing agenda items regarding COD (documentation, treatment plans, interventions, etc.)
- Ask the supervisee to bring proposed agenda items to each session regarding COD (e.g., pick a case and look at clinical interventions regarding that case)
- Collaborate in quickly setting a handwritten session agenda
- Be responsive to supervisee's stated and unstated priorities (look for clues)



# Ending The Supervisory Session

- Review the session
- Reminders about follow-up actions and timelines
- Distinguish directives from suggestions
- Identify items not covered and how/when they will be addressed
- Expect much to be unfinished and unresolved





# Evaluating Performance

- Provide supervisees with a copy of:
  - their job description
  - expected COD competencies
  - performance review form with criteria regarding COD
- Provide ongoing feedback
- Conduct an annual performance review



# Will You Keep What I Say Confidential?

YES

NO



# How to Address “Confidentiality”

- No information is truly confidential
- Supervisors handle sensitive information carefully ... and don't actually share most of it.
- Information used for crisis intervention, mandated reporting, performance reviews, personnel actions, and maintaining staff safety
- Secrets (especially about clients) are never OK!



# Are Relationships that are not Professional OK?

What Types of Dual Relationships Are There?



# Dual Relationship Strategies

- Acknowledge and inform supervisor about all dual relationships
- With respect to supervisors & supervisees:
  - Some dual relationships are clearly unethical
  - All dual relationships create complications
    - Reasons to avoid them
    - Sometimes unavoidable (promoted from within)
  - Place a boundary around work related issues if a dual relationship exists



# The Supervision Agreement



A Supervision Agreement allows the supervisor and supervisee to foster and document a discussion



# Skills of COD Communication

- Model desired behaviors as a supervisor
- Listen first, talk second
- Elicit the whole story: elaboration
- Don't jump in: Contain your anxiety
- Partializing
- Exploring silences
- “Verbal” process recording
- Moving beyond stories & clinical jargon



# Tuning-In to the COD Session

- Anticipate concerns/feelings of staff
- Anticipate own challenges/problems (caught in the middle)
- Anticipate policy concerns

Do you really want to hear it?





# Work Phase

Examining the 4 Functions:

1. Quality of Service
2. Administration
3. Support
4. Professional Development



# The Work Phase



The work phase:

# Quality of Service



# Case Examples

- What do we mean by “quality of COD service”?
- Strategies you use to ensure “quality”
- Challenges you have faced?



# Two Sides of “Quality”

- Meeting “minimum” professional COD standards.
- Achieving “excellence” in the COD care provided



# Three Steps to Ensuring Quality

1. Finding out what's happening
2. Helping supervisees set COD goals
3. Shaping what supervisees do in relation to COD care



# The Care Plan/Treatment Plan as a Tool for COD Supervision



# The Work Phase





The work phase:

# Administration



# Shaping what supervisees “do” - their role and responsibilities

- Educating about the COD practice model
- Specific direction (reminders & limits)
- Organizing their activities – when & where (White Board & Post-It Note)
- Encouraging collaboration with others
- Highlighting lessons that supervisees can draw from specific experiences



# Sources of Information

- Supervisee self-report
- Observation (live, video, or audio)
- Other staff report
- Client and family feedback (satisfaction surveys, complaints)
- Charts & documents
- Quantitative data (reports)



# Managing with Data

- Garbage in, Garbage out
- Having standards & benchmarks to interpret the data
- Considering “case mix”
- Knowing the real story behind the data
- Accepting it’s imperfections
- Getting supervisees to accept the data



The work phase:

# Professional Development



# On Being Effective

“In essence, effective supervision, like effective practice, involves catching one’s mistakes as quickly as possible. The skillfull supervisor is not the one who has no problems but the one who can get the inevitable problems out in the open.”

Shulman, 1993



# Professional Development

- Teaches and reinforces essential skills:
  - Supervisee's competencies
  - Organization's practice model
  - Evidenced-based practices and best practices



# Professional Development

- Assesses learning needs:
  - Asks supervisees to self-assess COD competencies and learning needs
  - Uses multiple sources of information to assess the supervisee on the competencies required for their position
  - Identifies and prioritizes COD learning needs with the supervisee
  - Develops individualized COD learning plans





# 1. Culture of COD Learning

- Most occasions, events, and problems are viewed as a learning opportunity
- Learning is continuous
- Learning is organized
  - Identify needs
  - Plan and complete learning experiences
  - Reassess learning needs
- Supervisor is learning
  - Models that it is OK “not to know”



## 2. Learner Driven

- The ultimate goal – learning is internally driven
- Learner (supervisee) shapes his or her learning process
- Assesses learning needs
  - Informally
  - Formally through a process of “self-assessment”
  - Using input and feedback from external sources



# 3. Employer & Customer Informed

- Job descriptions & competencies are the employer's guide to learning
- Feedback from supervisors, peers, clients, & family members
- Performance evaluations
- Information on the COD competencies needed to advance



# 4. Multiple Methods

- Supervision
- On-the-job-training
  - Work-based learning/new assignments
- Continuing education
  - In-services/workshops/conferences
  - Courses, certificate and degree programs
- Agency Best Practice Initiatives



# 5. Evidence-Based Skill Building

- Continuous & sequenced
- Interactive sessions
- Reminders
- Audit and feedback
- Opinion leaders

Supervisors play a key role in making most of this happen.



# 6. Recognition & Reward

- Continuing education credits
- Certificates & degrees
- Employer recognition (by agency, discipline, or team)
- Increased responsibilities or autonomy
- Salary increase or bonus
- Promotion
- Increased job opportunities or mobility



The work phase:

# Support for COD Services



# For Discussion

An employee comes to you and says, “I’m really struggling”

What do you do?





# For Discussion

- What do we mean by “support”?
- How do you provide it?
- Challenges in providing it?
- What about harm reduction?
- Situations in which “support” is not enough?



# Key Elements Of Support

- Creates positive work environment
- “Advocates” for supervisees
- Emphasizes supervisee and team strengths
- Provides routine support
- Promotes self-care
- Recognizes and supports supervisees in distress



# The Unspoken Questions

- Can I trust you?
- Do you have my back?
- If I do what you tell me to do, will you stand behind me if things go wrong?
- Will you hang me out to dry?

The best support is a strong working  
**RELATIONSHIP**



# Other Strategies

- Keeping their back
- Being available or making time
- Listening and communication
- Problem-solving (helping them act)
- Intervening & advocating on their behalf
- Help identify stress relievers
- Debriefing & support after stressful incidents



# Burnout

1. Depersonalization (unfeeling towards others)
2. Reduced Personal Accomplishment (feelings of inefficacy)
3. Emotional Exhaustion (over-extended and tired)

Only one characteristic may be present



# Support versus Therapy



# Support versus Therapy

- Empathic response to problems & life events
- Helping to understand how these problems impact on the work
- Accommodation when appropriate
- EAP referral
- Encourage seeking additional help



# Serenity Prayer

God, grant us the Serenity to accept things we cannot change, Courage to change the things we can, and the Wisdom to know the difference; Patience for the things that take time, Appreciation for all that we have, and Tolerance for those with different struggles. Freedom to live beyond the limitations of our past ways, the Ability to feel your love for us and our love for each other, and the Strength to get up and try again even when we feel it is hopeless. (Reinhold Niebuhr, 1941)





# For Discussion

(Fun) Ways to make your work life worse?



# Tilting at Windmills



Attacking imaginary enemies or fighting unwinnable or futile battles.

Don Quixote & Sidekick  
Sancho Panza