COURSE OBJECTIVE
An examination of program approaches in clinical supervision, including principles and models of supervision, and a case study involving an agency’s utilization of its personnel policies.

COURSE MATERIAL
Rules, regulations, policies and procedures are put in place to protect the agency, personnel and the persons served. While it is impossible to have a policy that covers everything, common sense must play a role in employee/employer relationships.

The employer has an obligation to provide clear, delineated policies to its employee’s. Among these clearly outlined policies is the obligation of the agency to provide supervisory training for employees who are in these positions and situations. Without clear, defined roles, between Program Directors, intermediate staff members, and front line staff, the supervisory/chain of command structure becomes blurry, unreadable, and ignored.

A breakdown of leadership confuses staff, allows staff to step over the boundaries of policy and procedure. When the infractions occur over ignoring or stretching the intent of the policy, staff are disciplined. At the point it becomes necessary to discipline staff, there is such a fog bank of who, what, when, where, and why this happened; staff may become defensive and argumentative, and, in many cases, quit.

CASE STUDY – INTRODUCTION
The Maniilaq Association is a non-profit tribal corporation that provides medical and social services to over seven thousand five hundred (7,500) individuals living in Northwest Arctic, Alaska. Maniilaq Association employs over four hundred and fifty (450) native and non-native personnel that provide these services.

The Association is divided into two sections, Health Services, and Tribal Services. Each of these sections has various programmatic components. Health Services components consist of Clinical Services, Community Services, Health Services, Medical Services, Facilities, Health, Records and Finance, and Administration. Tribal Services components include Native Services, Cultural Services, Family Resources, Addiction and Support Services.

The Association’s General Personnel Policies and Procedures cover all of these components or programs. However, due to the uniqueness or certification/credentialing requirements of some programs, these programs must have specifically tailored policies and procedures as well. All of these policies and procedures attempt to outline certain behaviors, codes of conduct that human beings must follow while employed by the Association.

PRINCIPLES OF SUPERVISION
In the helping professions, a number of approaches have been used to unravel the complexity of supervisory instructional methodology. Psychology, psychiatry, social work, and education have all made substantial contributions to this task (Holloway-1985).

To understand the purpose and structure of supervision, it must be asked whether the primary context of a supervisory situation is administrative or clinical. Administration or managerial supervisors have the task of overseeing, directing, and evaluating the work of clinicians,
students, and staff in a bureaucratic organization. Their objective is to assist the organization in running smoothly and effectively. Cleary defined responsibilities of administrative supervisors might include recruiting, delegating, and monitoring work, being a managerial buffer, or acting as change agent with the organization (Kadushin-1985).

In contrast to what Kadushin identified, clinical supervisors focus on the professional development of the employee’s skills within the organization. Clinical supervisors emphasize educational and supportive functions of the supervisory role.

It is the primary purpose of the supervisory role that differentiates these two approaches. Is it the organization that must first be served or the professional development of the employee?

Today the supervisor’s job combines some of the talents of the master with those of the foreman. As the term is generally understood, supervisors are front line managers who normally report to middle managers (Powell-1993). The legal definition of supervision needs addressing to legitimize the position of supervisor and where it fits into the hierarchy of the organizational ladder. The Taft-Hartly Act of 1947 states:

“A supervisor is any individual having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees or responsibility to direct them or to adjust their grievances, or effectively recommend such action if in connection with the foregoing, the exercise of such authority is not merely of a routine or clerical nature, but requires the use of independent judgment” (Biddle and Newstrom-1990).

The Association for Counselor Education and Supervision (ACES) states, “supervision involves facilitating the counselor’s personal and professional development as well as promoting counselor competencies for the welfare of the client...” The primary goal of supervision is the establishment of an on-going relationship in which the supervisor designs specific learning tasks and teaching strategies related to the employee’s development as a professional. The supervisor empowers the employee to enter the profession by helping the employee understand the core competencies of the profession. The supervisor guides the relationship to help the employee achieve success.

MODELS OF SUPERVISION

One model found effective is the Systems Approach to Supervision (SAS-Holloway-1985). Empirical, conceptual, and practical knowledge has been used to build the SAS model, which can assist in two basic areas. The first is the systematic assessment of the employee’s learning needs. The second is development of the supervisor’s teaching interventions. The SAS model provides a strategy for systematically using “case method” for understanding training issues with a specific employee by identifying the factors that contribute to the supervision situation and by suggesting potential supervision interventions. The SAS model offers a language in supervision that is relevant to supervisors of different counseling and therapeutic points of view. Rather than to tell a supervisor what to think and what to do, the model is meant to raise the question about what each of us does as a supervisor, and how we might perform more effectively.

Hogan (1964) outlined the counselor’s progression through four stages of development. The first stage is characterized by counselor dependence upon the supervisor. The second stage is defined by autonomy-dependence conflicts with the supervisor. With the third stage we see a higher level of confidence and decision-making. In the fourth stage, the counselor acts as a
Master Clinician with a high degree of personal autonomy, insight, self-confidence, and motivation. As Hogan states, “The aim of supervision is to foster growth towards independence, moving the trainee from student, to colleague, to expert.”

The last model to be extrapolated here is the Skills Model. The skills model of supervision is based on the behavioral counselor education model of Delaney (1969), Hackney and Nye (1973), Jakubowski-Spector, Dustin and George (1971), and Kumboltz (1966). This skills oriented supervision has three basic principles:

1. The counselor must learn the appropriate skills and extinguish inappropriate behaviors.
2. Supervision assists the counselors in developing, learning, and using specific skills.
3. Counselor knowledge and skills should be formatted in behavioral terms, i.e. The Twelve Core Function Competencies for addiction counselors.

CASE STUDY
The following duties and responsibilities relate to the case study that follows:

JOE DESCRIPTION FOR MOLLY
1
Responsible for performing all screening and assessments to determine appropriateness for entry into the Maniilaq Addiction and Support Services program including maintaining appropriate referral sources within the community and state.

PRINCIPAL DUTIES AND RESPONSIBILITIES
The employee will provide screening and assessment of individuals who are applying for admission. Will follow-up regularly with persons approved for admission, but retained on the waiting list to provide encouragement and to reassess motivation level. Must provide orientation for newly admitted clients to program operation and the facility. Will establish appropriate client case files for those applicants admitted into treatment and maintain as needed according to accepted standards. Shall provide initial counseling designed to assist in the assessment and orientation process and assure the clients initial commitment to treatment. Will assist with treatment planning through the assessment process determining appropriateness for treatment. Work as a productive and cooperative clinical treatment member. Utilize the time allocated to the various tasks assigned in an appropriate and effective manner. Maintain statistics necessary to develop written quarterly reports.

SKILLS AND KNOWLEDGE
The employee will have a high school diploma or GED and one to two years experience as a chemical dependency counselor. Will attain State of Alaska Counselor I certification within one year of hire. Must have knowledge and experience with the disease concept model of chemical dependency treatment. Will Have understanding and acceptance of how individual clients are affected by chemical dependency and ability to identify and assess the degree of chemical dependency clients present utilizing the DSM-IV and ASAM criterion. Employee must have the ability to work without continual supervision, function under stress and to deal with hostile or distraught clients and their family members, the ability to function and communicate effectively in an interdisciplinary team approach to chemical dependency. Must have the ability to work with sensitivity in a cross-cultural environment.

1 “Molly” is a pseudonym.
MANIILAQ ASSOCIATION PERSONNEL POLICIES

Personnel Policies
The underlying principle behind these personnel policies is that all personal action taken, with either applicant for employment or existing employee are to be based on merit rather than special policies in order to meet this goal. These policies establish a means whereby fair treatment is extended to all employees in a uniform and equitable manner.

Line of Authority
The line of authority is clearly established by the organizational structure. Policy proceeds from the Board of Directors to the President who provides overall supervision and support of all staff of Maniilaq Association, and also delegates the appropriate duties and authorities to the various Human Resources and departments. Each Administrator/Vice President, besides providing overall supervision, coordination and support within his/her division, also delegates appropriate duties and authorities to his/her employees. Thus, proper delegation procedures are provided for and followed. NOTE: The position of Director of an administrative department is equivalent to that of Administrator/Vice President of a program division for the purpose of these policies and procedures.

General Conduct of Association Employees
Employees of Maniilaq are expected to conduct themselves both on and off the job in a manner, which will bring credit to Maniilaq Association. Employees should exercise the utmost discretion in regard to all matters of official business and records. Any information, which has been received by an employee on a confidential basis, must be maintained in confidence.

Corrective Action
Maniilaq Association shall develop and maintain a progressive procedure for using corrective action(s). Corrective action(s), when needed shall be dealt with a fair and positive manner. The underlying theory shall be that of correcting improper behavior, not punishment for improper behavior…

The supervisor should carefully consider the real significance of the offense to the employee’s ability to carry out their duties. The supervisor should choose the most appropriate corrective action, keeping in mind that the intent is to promote positive behavioral change rather than to punish the employee.

MANIILAQ ADDICTION AND SUPPORT SERVICES

Staff Professionalism
It is the policy of Maniilaq Addiction and Support Services to maintain the highest standards of quality care through employee performance. All staff will sign and abide by the North American Association of Drug and Alcohol Counselors (NAADAC) Code of Ethics as adopted by Alaska Commission for Chemical Dependency Professionals Certification. Staff will represent him/herself as a role model within the community.
MOLLY’s JOB ISSUES
Molly’s job history within Maniilaq Addiction and Support Services could be best categorized in one of two ways, “round peg for a square hole” or “matching the peg to the appropriate space as indicated by shape of peg.”

A particular pattern found in most treatment centers across Alaska and the lower forty-eight is the number of recovering counselors involved in treatment. As a result of the number of counselors, come inherent problems as well as obvious benefits. Benefits based in history of the Twelfth Step, with one recovering person reaching out to help another, both, inflicted with the same disease, similar circumstances, and at times, repeated behaviors.

The problems unlike the benefits, are more transparent, less likely to be noticed. Although transparent in substance, if a recovering helping person doesn’t have his/her issues resolved, then those issues can affect job performance and the counselor/client relationship. If the helper’s issues cannot be resolved or the helper is unwilling to work to resolve their issues, it then becomes paramount to seek employment outside this setting until such time as the issues are worked through to avoid harming all parties involved.

Molly is a recovering person who is “stuck” in recovery, otherwise known as a “Dry Drunk.” Her background includes maternal/paternal alcoholism, physical and sexual abuse, and several unsuccessful relationships. Molly has yet to resolve many of these issues from her past.

When I first met Molly, she had just been replaced as the Outpatient Counselor (I was never able to determine the reason for Molly leaving Outpatient) and placed into a position that required her to work with individuals who were convicted of high misdemeanors, who through exhibited behaviors could be placed on furlough. This position lasted 16 months, and was terminated due to funding deficiencies within the Department of Corrections. Not knowing what to do with Molly, the Director placed her in the position of Assessment/Intake Counselor. At the time, Molly’s education in the field of addiction consisted of a counselor technician certificate and some minor courses offered at the Annual School on Addictions. Molly was sent to a four-day training on how to use ASAM-PPC.

Problems that arose very quickly for the Program, those seeking help, and Molly, were:

- Molly’s refusal to offer assessments to anyone convicted of a sexual crime, if another staff member could not be involved in the assessment interview.
- Molly’s openly stated bias against any male charged and or convicted of assault.
- Molly based treatment recommendations on her personal knowledge of the person (small community, 3,000 pop.) rather on documented behaviors and assessment criteria.
- Molly’s lack of time management skills, disregard for and or stretching policy and procedures, lack of proper education, and a clearly defined supervisor/mentor.
- Molly became enmeshed with a male client who previously completed treatment, relapsed, refused medical detoxification, which continued to use cocaine, and before any other interventions could be implemented, froze to death on the tundra of Alaska.
CORRECTIVE ACTION IMPLEMENTED
Previously mentioned personnel and polices are basically a set of rules. Rules have to do with the concept of should and should not. The question of who makes the rules from what material they are made, what they do, and what happens when they are broken will be of concern (Satir-1988).

The first time Molly’s issues came to light, the Director issued a programmatic memo to all staff of Addictions and Support reminding all of professionalism, time management, and abeyance to policy and procedures.

As time progressed, Molly received a verbal warning for her attitude towards certain potential clients, time management, and use of company vehicle for private use. This corrective action caused Molly’s attitude to change for the short term, however, the same patterns soon emerged again. The majority of these verbal warnings, again were conducted in a general staff meeting or the Program Director would give an order to the Treatment Coordinator to talk with Molly about her job related issues. The Treatment Coordinator, had no legal supervisory function or clinical function with regards to Molly and her job performance.

By the time (nine months from appointment as assessment counselor) it became apparent Molly’s job performance was becoming harmful to all involved, a written warning was given to her and a copy of the warning placed in her personnel file, located in Human Resources.

OUTCOME OF ACTIONS
As a result of the written warning, Molly filed a grievance with Human Resources against the Program Director and one staff member. In her grievance, Molly cited “distrust, lack of honesty, lack of support, lack of leadership, and being the responsible party in causing the death of a client.” Molly, requested a transfer to another department within Maniilaq Association. Counter grievances were filed against Molly for making false accusations, public statements causing blame on the above-mentioned death.

Molly’s request for transfer was granted. The Administrator of Tribal Services counseled the staff that counter filed a grievance against her. Staff was requested to rescind the grievance in lieu of Molly’s transfer. Staff agreed to drop the grievance with the understanding that if Molly persisted with her accusations, that the original grievance would be reactivated. Molly was transferred to the Developmental Disability Home, working with mentally challenged clients. Molly stayed with the Association for eight months and resigned.

CONCLUSION
“As a rule of thumb, most agencies place the least experienced personnel in the most important and critical position within the program” (Shulman-2002). Molly was doomed for failure right from the start of her career with Addictions and Support.

So who is at fault for Molly’s demise as a helping person within the Association? In review and retrospect it shows the scales of balance to the agency’s side, i.e. 60/40 or 70/30.

The agency failed to respond, notice, or help Molly achieve success. By placing her in a critical area as Assessment/Intake Counselor with just rudimentary education/training could border on employee and potential client abuse.
The Program's supervision hierarchy was a single ladder, all staff reported to the Director of the Program. There was at that time, no intermediate supervisor, clinical supervisor or mentor to work with Molly. The single ladder approach is one that today is still used by some departments within the Association.

Molly must shoulder her portion of this unfortunate event. Her failure to continue to work on her personal issues surrounding her recovery is just one aspect. Molly was aware of policies situated around work hours, use of Association vehicles for private use. Molly was further aware of her conduct towards potential clients by her signature affixed to the adopted Code of Ethics found in the Addiction and Support Services Policies and Procedures. It is unclear whether Molly refused to grow or was not allowed to grow.

We know how growth works, but we do not know how it starts. No one, as yet has been able to invent an egg or seed capable of reproducing itself in any living thing. Each of us emerges as a bud on a universal spiritual tree. That tree links all human beings through its roots. Each of us can learn how to become a wise leader who will love, take care of, and nurture the precious life we have been given. When we ourselves have been nourished, we then can be appropriate in our nourishment of others (Satir-1998).

BIBLIOGRAPHY AND SUGGESTED ADDITIONAL READING
Hogan, R.A. (1964) Issues and Approaches in Supervision. Psychotherapy; Theory, Research and Practice 1, 139-141.

ACKNOWLEDGEMENTS
This course material was prepared by Steven H. Dakai, a graduate student and candidate for the Master of Arts in Addictive Disorders degree from Breining Institute. Mr. Dakai resides in and provides addiction counseling services for the residents of Kotzebue, Alaska, the largest village within the Northwest Arctic Borough. Breining Institute has edited the original material for the purpose of presentation in this course.
QUESTIONS

1. Rules, regulations, policies and procedures are put into place to protect which of the following:
   a. Agency.
   b. Personnel.
   c. Persons served.
   d. All of the above.

2. In the helping professions, all of the following approaches have been utilized to unravel the complexity of supervisory instructional methodology, except:
   a. Psychology.
   b. Social Work.
   c. Economics.
   d. Education.

3. Responsibilities of administrative supervisors may include which of the following:
   a. Recruitment.
   b. Delegating and monitoring work.
   c. Both A and B above.
   d. Neither A nor B above.

4. The Taft-Hartly Act of 1947, relating to the definition of a supervisor, includes which of the following:
   a. “A supervisor is any individual having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees . . . . ”
   b. “A supervisor is any individual having the authority . . . or responsibility to direct [employees] or to adjust their grievances . . . . ”
   c. Both A and B above.
   d. Neither A nor B above.

5. The Association for Counselor Education and Supervision provides that which of the following is true relating to supervision:
   a. Supervision involves facilitating the counselor’s personal and professional development.
   b. Supervision involves promoting the supervisor’s competencies.
   c. Both A and B above.
   d. Neither A nor B above.
6. The Systems Approach to Supervision (SAS) model uses empirical, conceptual and practical knowledge to assist in effective supervision in which of the following basic areas:
   a. Systematic assessment of the employee’s learning needs.
   b. Development of the supervisor’s teaching interventions.
   c. Both A and B above.
   d. Neither A nor B above.

7. Which of the following is not included in Hogan’s counselor stages of development progression:
   a. The first stage is characterized by counselor dependence upon the supervisor.
   b. The second stage is defined by autonomy-dependence conflicts with the supervisor.
   c. In the third stage we see an erosion of confidence and inability to engage in important counselor decision-making.
   d. In the fourth stage, the counselor acts as a Master Clinician with a high degree of personal autonomy, insight, self-confidence, and motivation.

8. Hogan suggests which of the following:
   a. The aim of supervision is to foster growth towards independence, moving the trainee from student, to colleague, to expert.
   b. The aim of supervision is to keep the counselor-employee on task as it relates to job duties and responsibilities.
   c. Both A and B above.
   d. Neither A nor B above.

9. In the “Conclusion” section of the Course Material, the agency was criticized for its part in “Molly’s” failure, including which of the following:
   a. The agency placed “Molly” in a critical area as Assessment/Intake Counselor, with only rudimentary education and training.
   b. There was an absence of an immediate line supervisor or mentor that could have worked with “Molly.”
   c. Both A and B above.
   d. Neither A nor B above.

10. Satir has suggested that:
    a. When we ourselves have been nourished, we then can be appropriate in our nourishment of others.
    b. We must feed ourselves before we can feed the masses.
    c. Both A and B above.
    d. Neither A nor B above.

This is a ten-question examination. Answer Questions 1 through 10 for full CE credit in this course. Questions 11 through 21 have been omitted.
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