

The Treatment Gap

- Mental Health Conditions
 - 45 million or one in five adults / year
 - 39% obtain treatment
- Substance Use Conditions
 - 22 million or one in ten adults / year
 - 10.8% obtain treatment



Causes of the Treatment Gap

- Stigma and discrimination
- Lack of health care coverage
- Insufficient services
- Inadequate linkages among services
- Inadequate behavioral health workforce: size and preparation



Why Focus on Supervisors?

- More stable workforce – less turnover
- Large sphere of influence (lever)
- Less of them (more cost-efficient)
- Bridge from administration to direct care staff
- Undermine new policies & practices if not thoroughly involved

“If you could only do one thing....”



Increased Need for Supervision

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



Status of Supervision Nationally

- Delivered “ad hoc” if at all (“Drive by”)
- Supervisors eliminated as organizations have been “flattened”
- Supervisors distracted by dual roles
- Administrative & compliance oriented
- 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 meetings



Impact of Supervision

- Supervisee
 - Emotional well being
 - Competence
 - Employment
- Client & Family
 - Engagement
 - Adherence
 - Satisfaction
 - Clinical outcomes
 - Behavior change
- Supervisor (training)
 - Competence
 - Job Satisfaction



Supervision Program Overview

Yale SCHOOL OF MEDICINE
Program on Supervision



Yale Program on Supervision

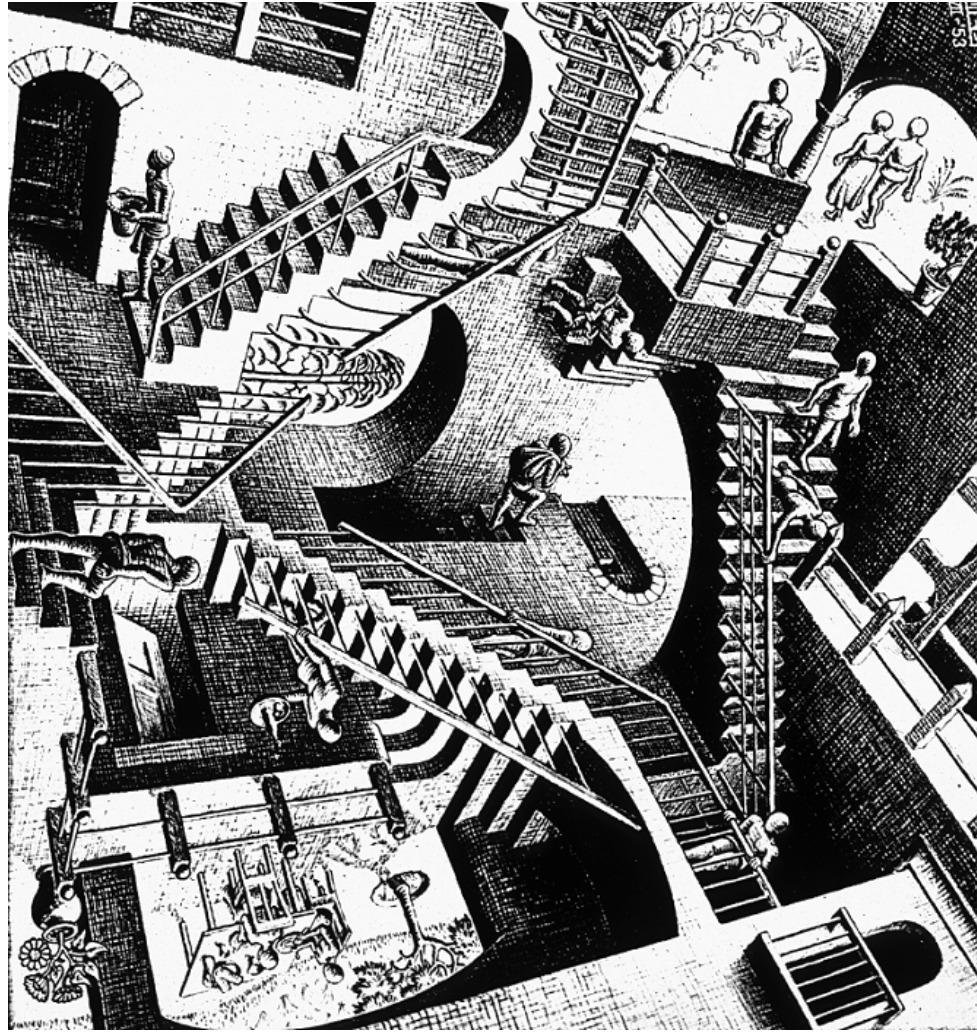
www.supervision.yale.edu

Implementation science approach with two essential elements

1. Organizational change
2. Staff Training & Development



Healthcare agencies and systems often undermine the competent performance of individuals



Organizational Change: Co-Occuring Capability

DDCAT: Dual Dx Capability in Addiction Treatment Programs (and the DDCMHT)

- Program structure
- Program milieu
- Clinical process:
 - Assessment
 - Treatment
- Continuity of care
- Staffing & Training



Organizational Change: Supervision

- Written policy and standards on supervision
- Supervision agreement
- Supervision functions or purpose
- Minimum frequency, duration, and format
- Documentation of supervision
- Supervisor qualifications and preparation
 - Competency in the “work”
 - Competency as a supervisor
- Learning communities
- Group supervision initiatives



Staff Training & Development

- Evidence-based teaching methods
- Interactive & experiential
- Problem oriented
- Phased and longitudinal
- At all levels of the organization
 - Direct care staff
 - Supervisors
 - Program managers
 - Senior administrators



Functions of Supervision

1. Quality of service
2. Administrative
3. Support
4. Professional development

Multi-tasking & constantly shifting focus



Engaging Staff in Supervision

Yale SCHOOL OF MEDICINE
Program on Supervision



The Unspoken Issues in Supervision



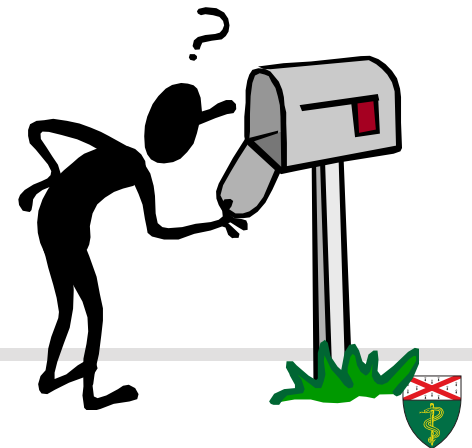
Who are my supervisors?

- The roles and responsibilities of each
- The working relationship between them
- Who to turn to in their absence



What kind of meetings will we have?

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



What Will We Do in Supervision?

- Reviewing your work with clients
- Bringing important information to supervisor attention (high risk, changes in status)
- Discussing difficulties working with specific clients and their concerns about your work
- Reviewing caseload size, productivity, documentation, schedules, etc.
- Reviewing strengths & learning needs
- Providing support



Who says you can supervise me?



Supervisor Qualifications

- You have been “deemed” qualified
- You are legally responsible for care provided by supervisees
- Managing anxiety about your competence
- You may volunteer or they may ask about: education, experience, & expertise
- How do you speak to and deal with your limitations as a supervisor?



Confidentiality



... does it exist in supervision?

How Will I Be Evaluated?

- Provide job description, expected competencies, & performance review form
- Jointly identify strengths and areas for skill development
- Ongoing feedback
- Discuss annual review



What are my rights?

- Respect
- Dignity
- Cultural sensitivity
- Free of abuse/harassment



What If We Disagree?

About treatment decisions
About my evaluation

- Discuss with your supervisor
- Refer to their supervisor
- Human Resources or Administration



The Supervision Agreement



A discussion
A document

It's Never too Late to Strengthen Your Supervisory Practices



The Work Phase

Best Practices in Supervision



Skills of Communication

- Listen first, talk second
- Don't jump in: contain your anxiety
- Elicit the whole story: elaboration
- Move beyond stories & clinical jargon
- Explore silences

Ask supervisees to offer an answer to their own question and then discuss their answer.



Key Supervisor Phrases

- “I don’t know. What do you think?”
- “This is what I think, but I could be wrong.”
- “Why don’t we find out.”

Adapted from David Powell



Providing Structure to Supervision



Setting a Session Agenda

- Have standing agenda items
- Ask the supervisee to bring proposed agenda items to each session
- Collaborate in quickly setting a handwritten session agenda
- Be responsive to supervisee's stated and unstated priorities (look for clues)



Standing Agenda Items

- Urgent case issues
 - Non-urgent case review
 - Administrative issues
 - Case loads
 - Documentation & care planning
 - Scheduling (employee, supervision, clients)
 - Agency policies, procedure, & priorities
 - Professional development
 - Work life
 - Session summary
- (each is not addressed in every session)



A Simple Premise:

To supervise effectively you must be able to clearly explain your approach or model.



Your Approach is Likely Drawn From:

- What you learned in school
- What you learned on the job
- What you learned through continuing ed
- Some basic principles you consider important

AND

- The Practice Model or Best Practices promoted by your agency



Avoiding “Rhetoric Informed Care”

Person centered, Consumer directed,
Family driven, Recovery & resiliency
oriented, Strength-based, Trauma
Informed, Gender specific, Time limited,
Co-occurring, Culturally competent
Evidence-based, Transformative,
Preventative, Wrap-around, Community
Care.



Four Steps to Ensuring Quality

1. Educating staff about the approach or practice model
2. Helping supervisees set goals with clients
3. Giving direction to about what to do, shaping their practice
4. Finding out what they are actually doing

This is central is ensuring effective delivery of co-occurring services.



The Biggest Question:



What is your supervisee NOT talking about?



Case Examples?

Unspoken Issues During Ongoing Supervision

1. Attraction to patients
2. Race
3. Feelings of supervisee about supervisor

K. Pope, What Therapists Don't Talk About and Why (2006)



Capturing Goals & Actions in the Care Plan

The Care Plan as a Tool for Supervision



Supervising Individuals with Chronic Performance Problems

- Exhaust all avenues of problem solving
- Engage your supervisor
 - Ensure that you have their support & backing
 - Ask them to play an active role
 - If seeking support from others don't violate confidentiality
- Engage Human Resource staff
 - Ensure that you have their support & backing
 - Ask them to play an active role
- Take action when it is clear that your supervisor and HR staff will support your actions



Chronic Performance Problems - continued

- Have a supervisor and/or HR staff in the room when you counsel the employee
- Document as both an HR strategy AND means to protect yourself against false accusations
- Search to find ways in which the employee can contribute and minimize the harm the employee can do
- Remember that many chronic performers “move on”, even if not terminated



In Closing.....



On Being Effective

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

Shulman, 1993



Self-Care

Supervisors cannot care for others
unless they can care for themselves



Thanks for Listening!



Got a Question?

michael.hoge@yale.edu

