

Optimizing Clinical Supervision: A Webinar for Field Instructors

Social Workers on the Front Line of
the Opioid Epidemic

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Our Partners



COUNCIL ON SOCIAL WORK EDUCATION





Welcome!

Presenter

Dr Laura Leone, DSW, MSSW, LMSW

Consultant

The National Council for Behavioral Health

Washington, D.C.

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Overview

- The Practice of Supervision
- Format and Structure
 - Self-Care
 - Clinical Issues
 - Clinical Task Management
- Supervision Wrap up
- Next Steps



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The Practice of Supervision



What is Supervision?

- **SUPERVISION:** the action, process, or occupation of supervising; especially a critical watching and directing (as of activities or a course of action).
- Merriam Webster Online Dictionary

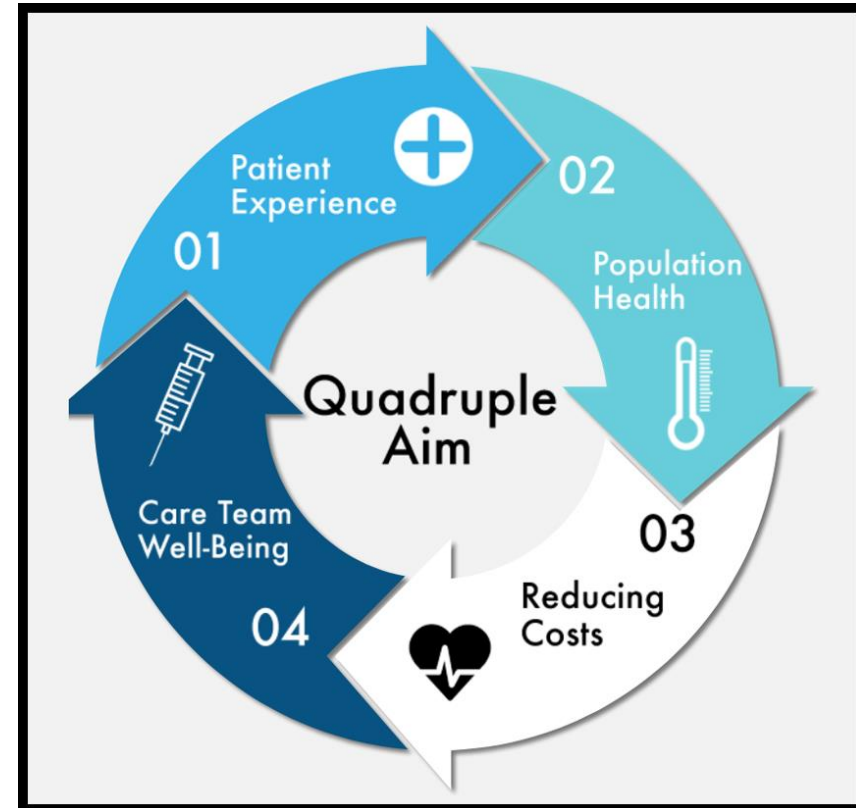


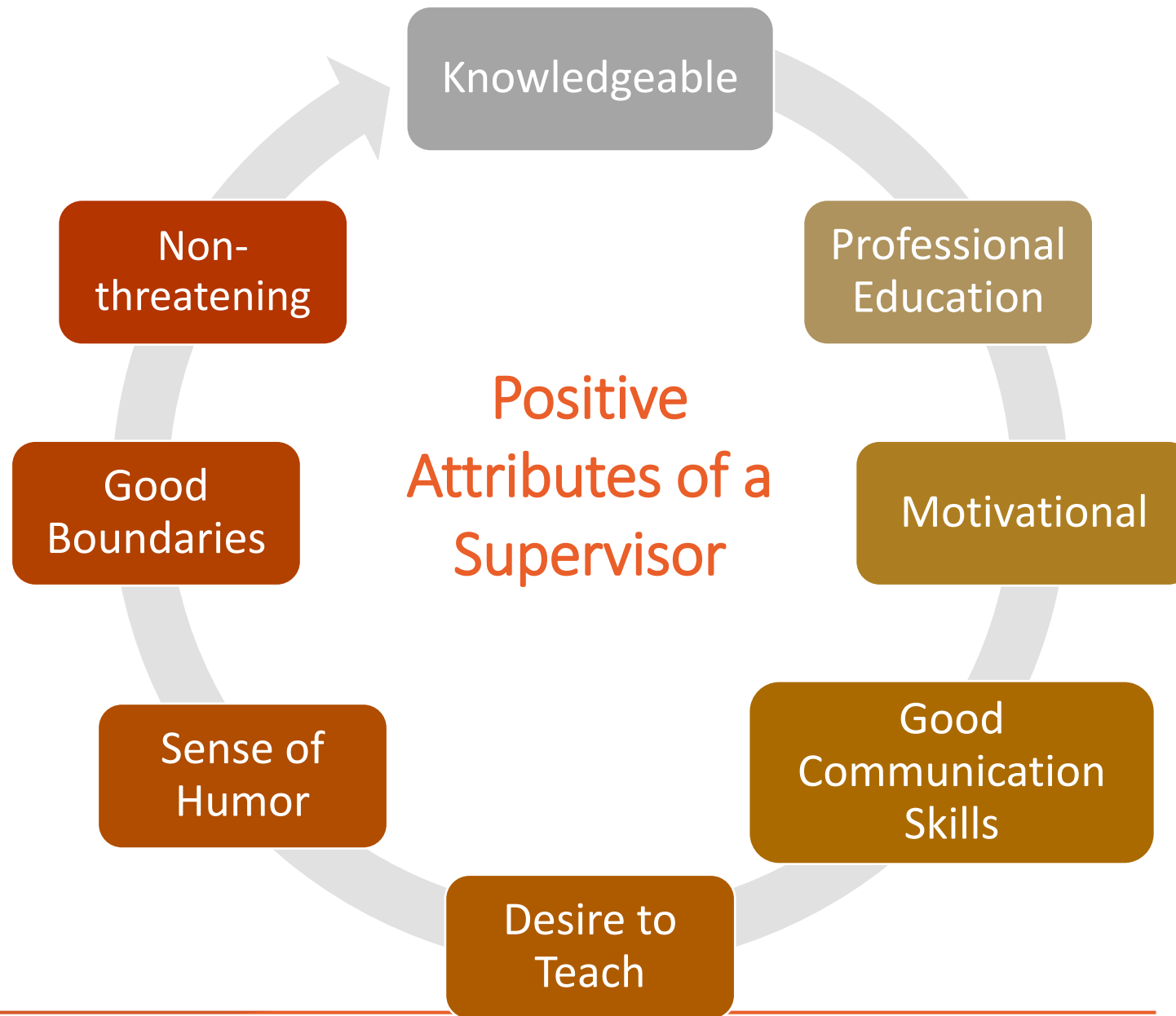
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Why Optimize Supervision?

- Supports the Quadruple Aim
 - Improved patient care
 - Professional development
 - Reduce burnout
 - Accreditation, Regulatory and licensing bodies like and support it





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Change is the context within which supervision happens

- *And...supervision is about the process of change; in your supervisee(s), in the people they serve, and in the system.*

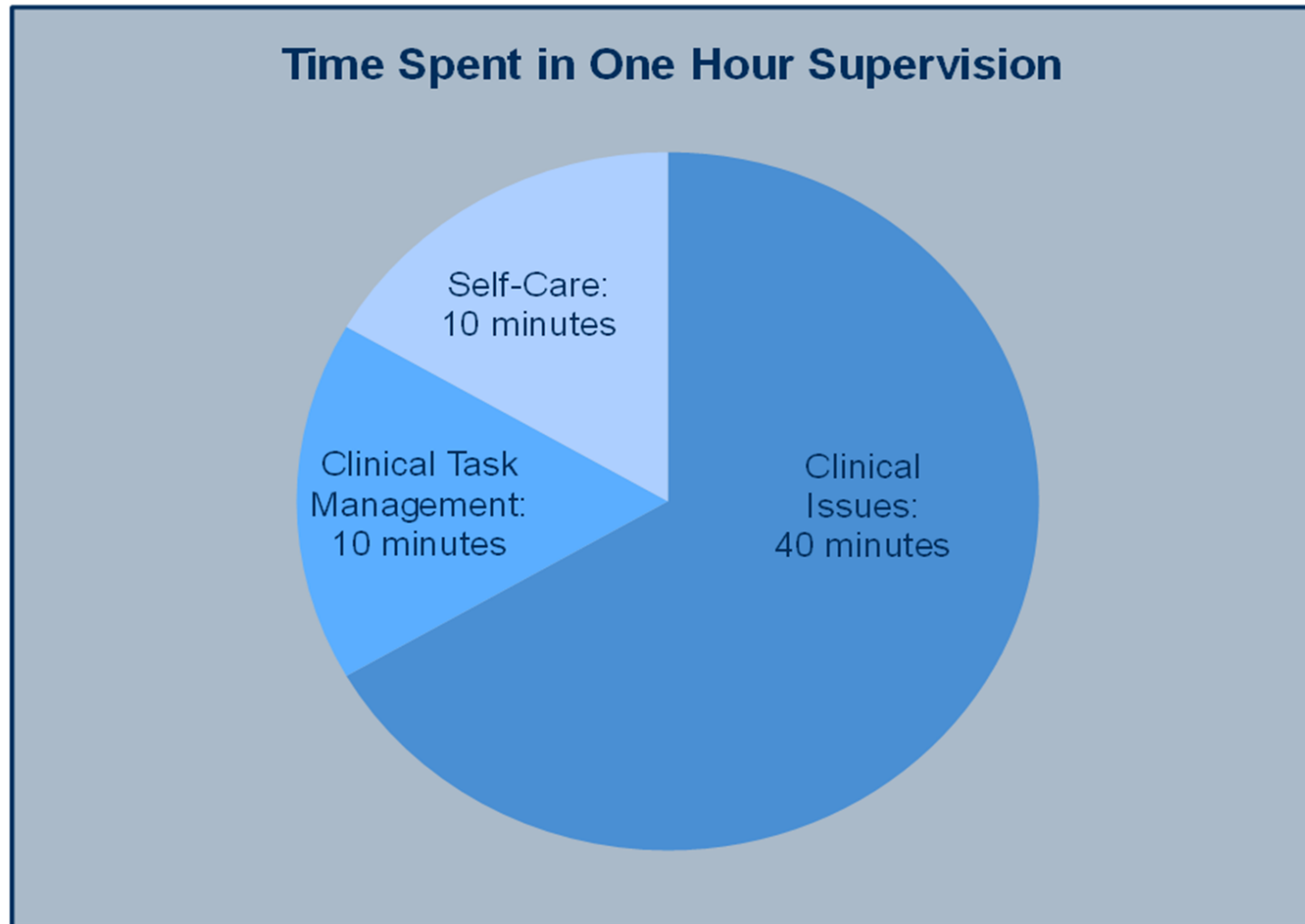


Elements of Effective Supervision

- Regularly scheduled meeting times
- Set and follow an agenda and structure
- Organized caseload review / caseload management
- Access to accurate and reliable clinical information
- Treatment considerations
- Effective documentation/notetaking and communication of recommendations
- Set expectations (virtual vs in-person) and provide feedback about likes/dislikes/style



Supervision Format and Structure



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Sample Supervision Agenda Prompts

- How did it go with your action steps from last supervision?
- What went well since last time (going for the strength)
- What items do you have to discuss under Clinical Issues; under Clinical Task Management; and under Self-Care? (collecting what is important)
- Where can I help, what do we want to brainstorm about?
- What people are particularly challenging for you right now (Clinical Issues)?
- What plans might we make for you to try between now and when we meet? (applying rapid cycle change principles)
- What else do you need from me?
- Appreciations



Format and Structure: Self-Care



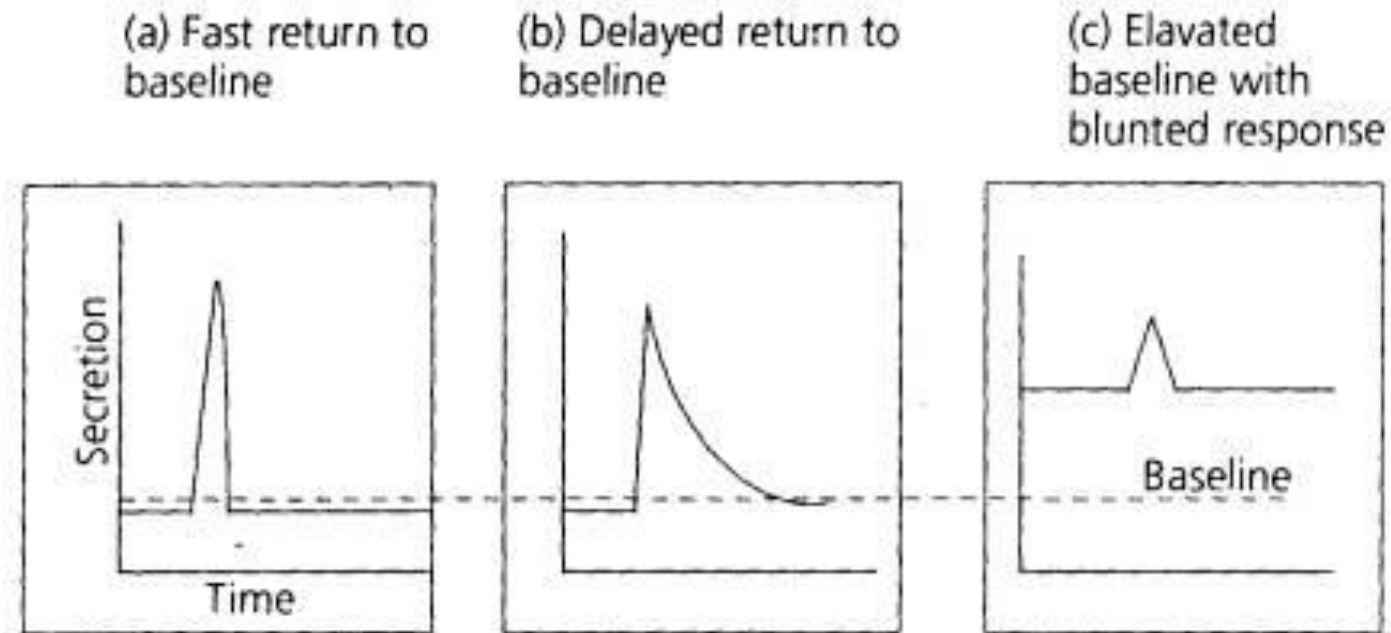
Time Spent in One Hour Supervision



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Stress Response



Supervisees...

- Often have their own traumatic histories, including historical trauma
- Seek to avoid re-experiencing their own emotions
- Respond personally to others' emotional states
- Perceive behavior as personal threat or provocation rather than as re-enactment
- Perceive client's simultaneous need for and fear of closeness as a trigger of their own loss, rejection, and anger



Self-Care: It's Not a Myth!



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Self-care From the Start

- Provide examples
- Model behavior and process
- Help to take a pause and/or refocus from the day



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The ABCs of Self Care

Awareness

- Of your own experiences
- Of your thoughts and feelings
- Of resources and support

Balance

- Professional Boundaries
- Work, play, rest
- Types of work

Connection

- To yourself
- To others
- To a bigger perspective – the bigger picture



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The Benefits of Good Nutrition, Exercise, and Sleep



Everyday Ways to Relax



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Stress Reduction Interventions

- Diaphragmatic / Deep Breathing
- Visualizations / Guided Imagery
- Progressive Muscle relaxation
- Meditation
- Grounding exercises



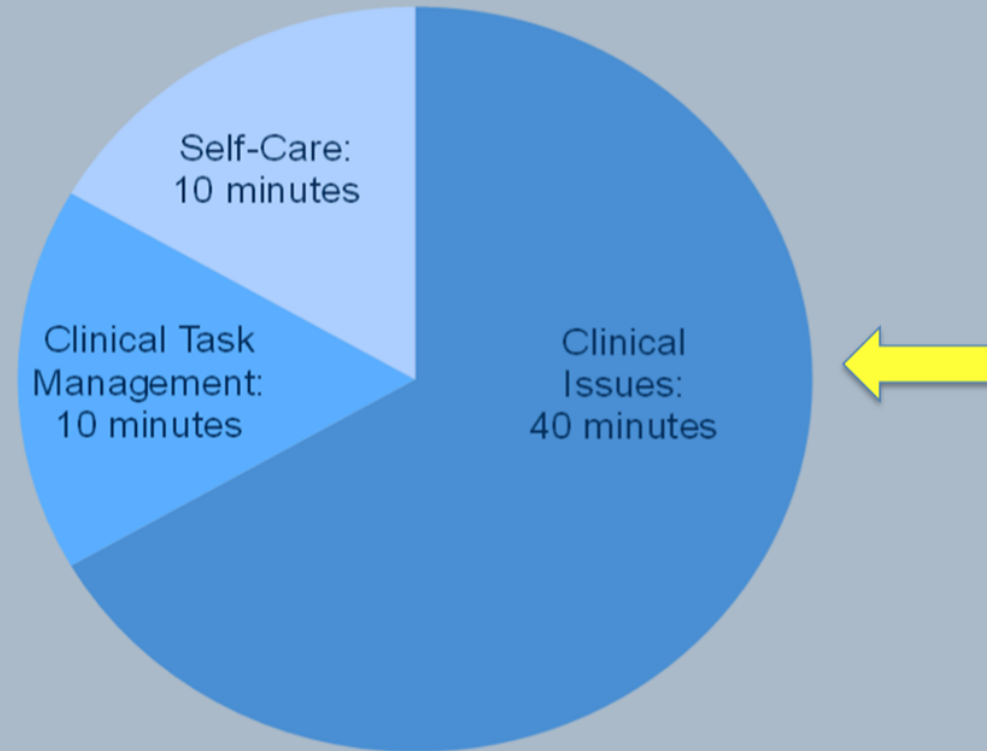
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Format and Structure: Clinical Issues



Time Spent in One Hour Supervision



Caseload Management

- General considerations
- Discussion of high-Risk clients
- Rotation through caseload
- Disengaged or at-risk of disengagement clients



Structured Case Discussion - General

- Goals for treatment
- Current Health needs
 - Symptom Management
 - Screening tools
- Substance use
- Past treatment
- Safety/suicidality/risks
- Psychosocial and Social determinant factors
- Medical problems
- Current medications
- Medication history
- Functional impairments

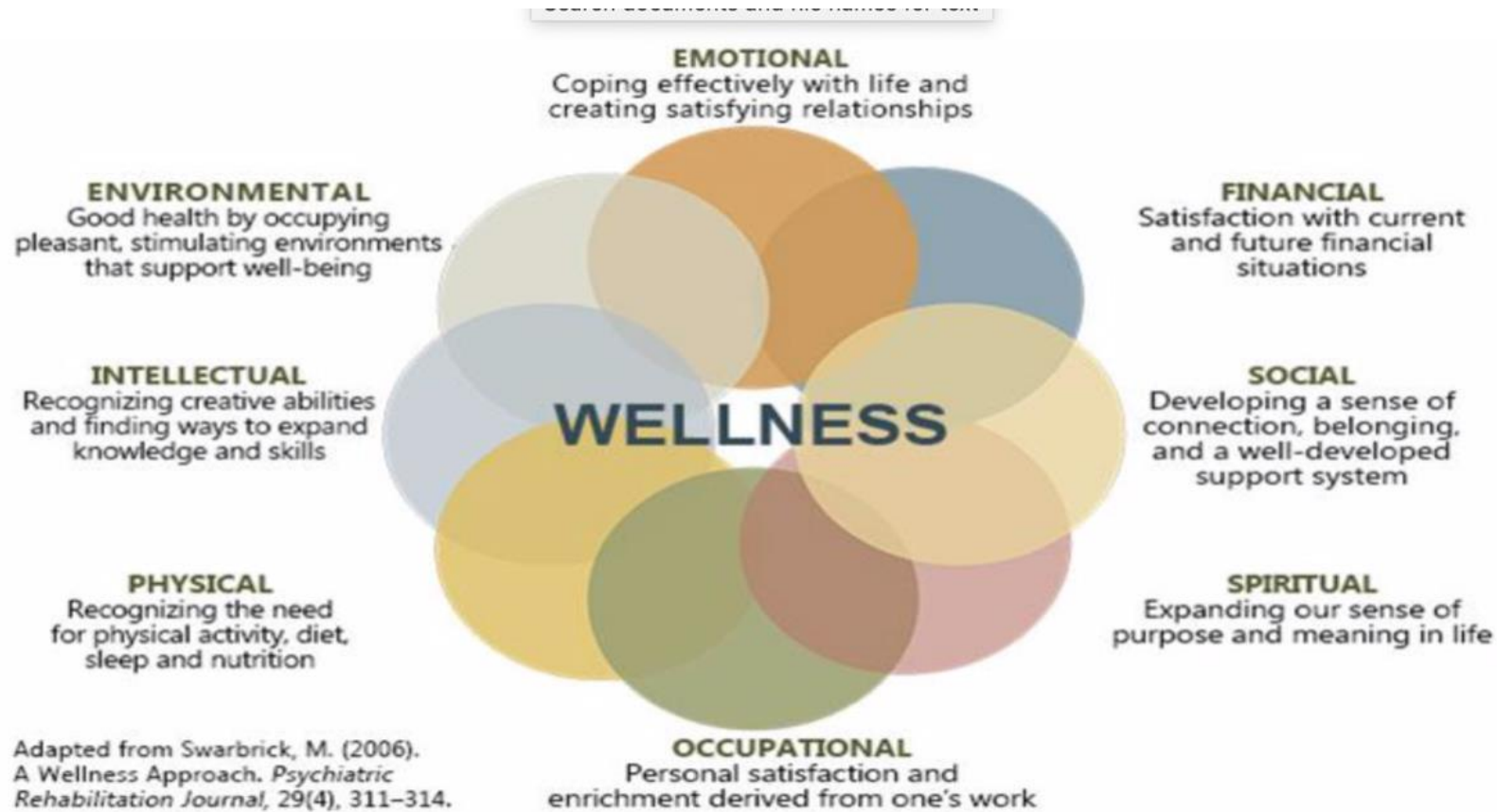


Structured Case Discussion - SBAR Model

- **Situation**
 - identify what is going on with the patient in five to 10 seconds. Include patient identification information and concerns
- **Background**
 - identify what clinical context, objective data and numbers
- **Assessment**
 - what is the problem?
- **Recommendation**
 - what do we do?



How does your care span these dimensions of wellness?



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Specific Talking Points Around Substance Use

- Focus on the use of quality-of-life measures
- Understanding about return to use
- Utilizing harm reduction interventions and service
- Focused efforts of removing stigmatizing language/person first language

What else do your supervisees need to know about substance use and opioid use disorder?



Language Matters

Language is powerful – especially when talking about addictions.
Stigmatizing language perpetuates negative perceptions.

“Person first” language focuses on the person, not the disorder.

When Discussing Addictions...

SAY THIS

Person with a substance use disorder
Person living in recovery
Person living with an addiction
Person arrested for drug violation
Chooses not to at this point
Medication is a treatment tool
Had a setback
Maintained recovery
Positive drug screen



NOT THAT

Addict, junkie, druggie
Ex-addict
Battling/suffering from an addiction
Drug offender
Non-compliant/bombed out
Medication is a crutch
Relapsed
Stayed clean
Dirty drug screen



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Check out the Addictionary
at the Recovery Research
Institute

<https://www.recoveryanswers.org/addiction-ary>

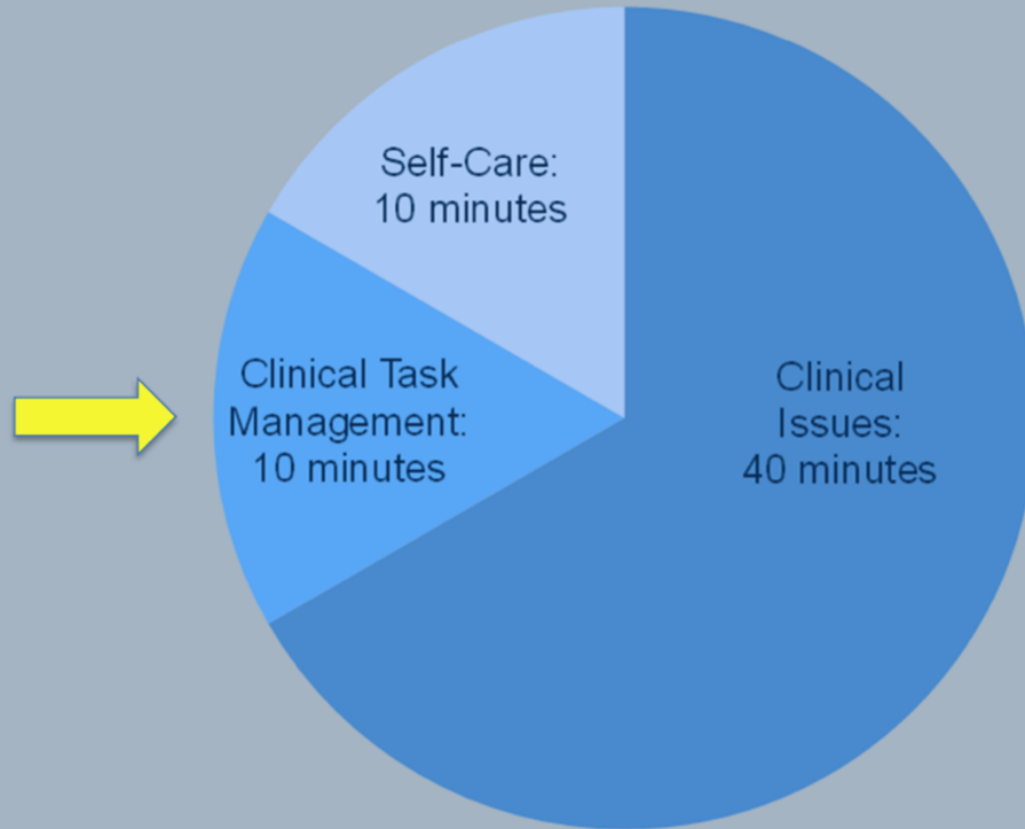
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Format and Structure: Clinical Task Management



Time Spent in One Hour Supervision



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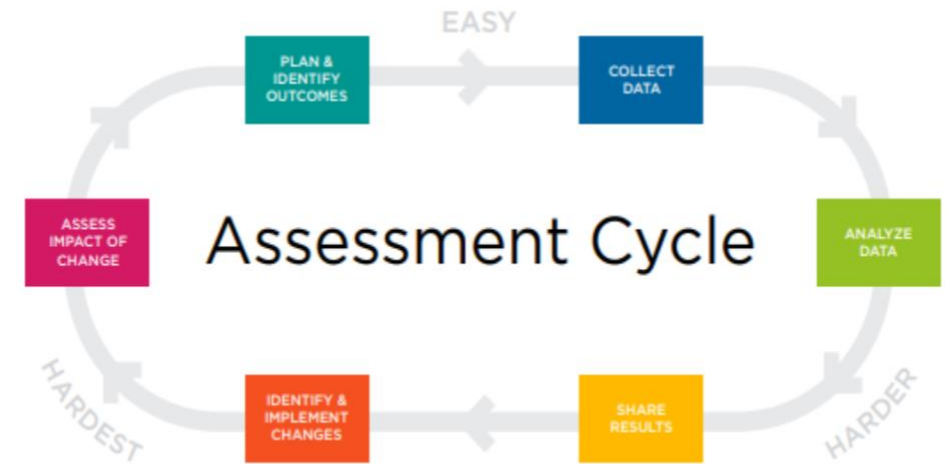
Explore Evidence-Based and Best Practices

- Cognitive Behavioral Therapy (CBT)
- Trauma-Focused CBT
- Motivational Interviewing
- Behavioral Activation
- Problem Solving Treatment
- Interpersonal Therapy
- SBIRT
- Suicide Prevention
- Collaborative Care
- Psychopharmacology
- And more!



Understand Data Driven Care / Data Informed Care

- Leverage your electronic health record
- Standardized screening tools, rescreening in a predictable way
- Clinical pathways: standardize what we can to leave space for what we can't.
- Collaborative documentation
- Shared care planning/treatment planning
- How to Use Decision support
- Risk stratification
- Reporting/dashboards
- Other Considerations for population health



Source: Adapted from Jillian Kinzie, Pat Hutchings, and Natasha Jankowski, "Fostering Greater Use of Assessment Results"

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Supervision Wrap Up and Plan

- Summarize any key points and action steps
- Supervision notes and client case review notes completed
- Follow up if resources to be provided
- Make sure to start next supervision with follow-up on action steps



Thank you!

Laura Leone, DSW, MSSW, LMSW

Consultant

National Council for Behavioral Health

LauraL@TheNationalCouncil.org

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