

Training Curriculum on Drug Addiction Counseling



Chapter 9

Clinical Supervision and Support



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TRAINING CURRICULUM ON DRUG ADDICTION COUNSELING

TRAINER MANUAL



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ACKNOWLEDGEMENTS

This drug addiction counseling training curriculum is a result of collaborative effort over three years and we wish to acknowledge the work of others who made this document possible. We are appreciative of the work of Dr. Myat Htoo Razak, former Senior Technical Advisor, FHI Asia Pacific Regional Office and Mr. Umesh Sama, formerly with the Asian Harm Reduction Network, for their preparation and research on the earlier versions of this document. We would also like to thank the following members of the IDU Technical Unit and Strategic Behavioral Communications (SBC) team at the FHI Vietnam Office who provided support and suggestions throughout the development and writing process: Dr. Pham Huy Minh, Ms. Bui Xuan Quynh, Ms. Le Thi Ban, Ms Dinh Thi Minh Thu, Ms. Nguyen Thu Hanh, Ms. Hoang Thi Mo, and to Ms. Vuong Thi Huong Thu and Dr. Nguyen To Nhu for their work in finalizing the working document. We are also grateful for the support and guidance provided by Dr. Stephen Jay Mills and Dr. Rachel Burdon for their critical review and comments on earlier drafts, and Mr. Simon Baldwin for his critical review and comments on the final draft.

We also would like to express our thanks to the President's Emergency Plan for AIDS Relief, the United States Agency for International Development (USAID), and Pact Vietnam for their financial and technical support for the implementation and development of the counseling programs, and the development and completion of this training curriculum. Special thanks to Dr. Karl D. White, former Substance Abuse Advisor, SAMSHA; Ms. Ellen Lynch, Acting Director of the Office of Public Health, USAID; Dr. John Eyres, Senior Technical Advisor for Drug Rehabilitation and HIV Prevention, USAID; and Ms. Nguyen Thi Minh Huong, HIV and Drug Rehabilitation Specialist, USAID.

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Credit also goes to other members of the IDU Program Unit within FHI Vietnam, the drug addiction counselors in the field, and other trainees of training courses since training began in 2006.



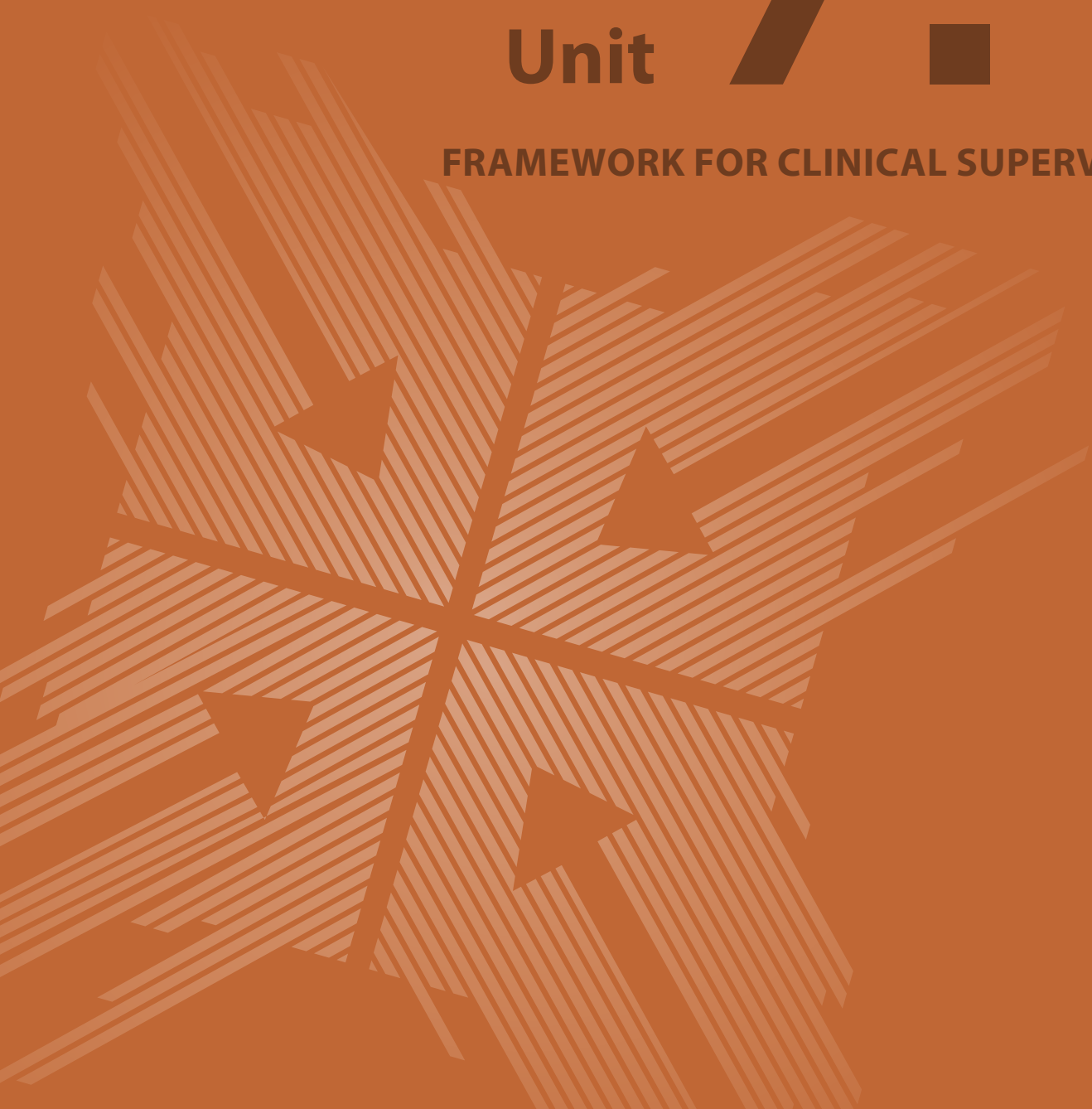
CHAPTER 9

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Unit 9.1

FRAMEWORK FOR CLINICAL SUPERVISION



OVERVIEW

I. Introduction

5 Min

Introduce the unit by explaining that you will discuss the framework for clinical supervision.

II. Presentation

50 Min

Use the PowerPoint slides to present the framework for clinical supervision.

III. Conclusion

5 Min

Review the key points of this unit and answer participants' questions (if any).

Unit 9.1: Framework for Clinical Supervision

Goal: To help participants understand the basic elements of, and the rationale and framework for, clinical supervision.

Time: 60 minutes

Objectives: At the end of this unit, participants will understand:

- the definition of clinical supervision
- how to develop a supervision policy
- the principles of adult learning
- how to pave the way for supervision

Methodology:

- Presentation and discussion
- Small-group exercise

Teaching aids:

- PowerPoint slides
- LCD projector
- Flipchart and paper
- Markers

Slide 1



👤 Say: *The focus of this unit is on the framework for clinical supervision. The information in this unit is based on a resource developed by the National Centre for Education and Training in Addiction, Australia.*

Slide 2

LEARNING OBJECTIVES

At the end of this unit participants will understand:

- the definition of clinical supervision
- how to develop a supervision policy
- the principles of adult learning
- how to pave the way for supervision

Teaching instructions: Use the bullets on the slide to present directly.

Slide 3

SMALL-GROUP EXERCISE

- What is clinical supervision?
- What is managerial supervision?
- What are the differences?

Teaching instructions: Divide the participants into groups of 3-5, depending on the number of participants and the size of the room. Ask each of the groups to take 1 piece of paper and to draw a line down the middle of the page to make 2 columns. They should label 1 column “Clinical supervision” and the other “Managerial supervision”.

Ask each group to take 10 minutes to write down the characteristics of each of the 2 different kinds of supervision, according to their own thoughts.

When they are finished, ask them to brainstorm the key differences between the 2 kinds of supervision, and to record them on the back of the page. Ask the group to summarize and take a few minutes to report back to the group. Proceed to the next slide (the group brainstorms will also provide information for discussion sessions later in this unit).

Slide 4

CLINICAL SUPERVISION – WHAT IS IT?

- In-depth regular exploration of supervisee's work with clients in a systematic & planned way
- Integrates into practice:
 - self-awareness
 - relevant theories
 - up-to-date knowledge
 - skills development

👤 Say: *In your role as a supervisor, it is important for you to understand the elements of clinical supervision and its rationale. Clinical supervision is in-depth, regular exploration of a supervisee's work with clients in a systematic and planned way.*

Clinical supervision integrates into practice: (1) self-awareness, (2) relevant theory, (3) up-to-date knowledge and (4) skills development.

Supervisors need to do more than superficial reviews of their staff's work. A good supervisor should help his/her staff explore new perspectives and advance their knowledge and skills. Unfortunately, some supervisors are hesitant to take on this mentoring role, and tend to be complacent with routine checks on their staff.

Now that we have discussed what clinical supervision is, it is important to discuss what clinical supervision is not.

Slide 5

CLINICAL SUPERVISION IS NOT...

- A measure to meet administrative or managerial goals
 - Strict confidentiality applies (with the usual mandatory reporting requirements re: imminent risk)
 - Ideally the supervisee should not be accountable operationally or professionally to the supervisor
- To emphasize the distinction:
"...clinical supervision focuses on the development of the supervisee specifically as an effective clinician."

Hart 1982

👤 Say: *Managers often conduct clinical supervision in organizations that have limited resources. In some cases, both staff and their managers are comfortable with these dual roles, provided there is a clear distinction of which "hat" is being worn at a given time. Sometimes, however, these distinctions are blurred and supervisors have difficulty distinguishing between managing service provision, and providing support for personal growth. The ideal situation is to employ a clinical supervisor that is either external to the organization, and who has some knowledge of the organization/agency, or someone who is not directly responsible for the line management of the counseling staff.*

While the primary aim of clinical supervision is not to satisfy organizational obligations, adherence to organizational requirements may result as a by-product of improved clinical supervision.

Source: Hart, G.M. (1982). The process of clinical supervision. Baltimore: University Park Press.

Slide 6

BENEFITS OF CLINICAL SUPERVISION

- Improved service to clients
- Higher practitioner job satisfaction
- Less burnout
- Decreased staff turnover
- Lower administration costs
- New skills
- Improved staff communication
- Improved client outcomes? – Needs research

Teaching instructions: Show the title for this slide only, and ask the participants what they think are some of the benefits of clinical supervision. After allowing them a chance to respond, proceed with the below, and reveal the bullets, filling in any gaps.

👤 Say: *Research in the mental health field has yielded a number of well-supported benefits of clinical supervision. These can be generalized to the field of substance use given that clinical supervision is relatively generic.*

Clinical supervision has proven to generate:

- *improved service for clients*
- *higher practitioner job satisfaction*
- *less burnout*
- *decreased staff turnover*
- *lower administrative costs*
- *learning of new skills*
- *improved staff communication*

Given these benefits, there still remain questions about the effect clinical supervision has on client outcomes. More research is needed. Regardless, the benefits listed in the slide are interrelated. It is likely that quality clinical supervision contributes synergistically to a number of positive outcomes. Remember, supervision alone will not cure organizational dysfunction. The other elements of service provision must be monitored for quality as well.

Slide 7

COMMON BARRIERS TO SUPERVISION

- Managers do not understand benefits
- Supervisors not trained/experienced
- Supervision program not institutionalized
- Confusion over clinical & managerial supervision
- Lack of common understanding of concepts & terminology
- Inadequately funded
- Difficulties with access

👤 Say: *Many of the barriers inhibiting clinical supervision relate to a lack of understanding of the value, goals and process of supervision. Therefore, it is important to include orientations for program managers and supervisors to help them develop sound clinical supervision schedules and processes.*

Clinical supervisors in the field of substance use may need to be recruited from other fields and trained to ensure that they are familiar with the nuances of addiction counseling and treatment.

Some of the specific barriers develop when:

- *managers do not understand the benefits of clinical supervision*
- *supervisors are not trained or experienced*
- *the supervision program is not well-articulated or written down*
- *there is confusion between clinical & managerial supervisory roles*
- *there is a lack of common understanding of the concepts and terminology*
- *programs are inadequately funded*
- *access to staff is difficult*

Slide 8

DEVELOPING A SUPERVISION POLICY

Each organization needs to develop a supervision policy in conjunction with its workers to ensure the following:

- Common understanding of the purpose
- Clear structure – how, when, where, how often
- There are no barriers to supervision

👤 Say: *The supervision policy is best incorporated into an organization's clinical procedures manual (or its equivalent), so that it is consistent with all related policies.*

Each organization should develop a supervision policy in conjunction with its workers to ensure:

- *common understanding of the purpose of supervision*
- *clear & consistent goals*
- *the structure for supervision is clearly stated - how, when, where, how often*
- *that there are no barriers to the provision of supervision*

Slide 9

PRINCIPLES OF LEARNING WITH SUPERVISION

Learning optimally:

- is self-directed
- is directed by goals and related tasks

👤 Say: *In your role as a supervisor, you should have at least a basic understanding of how adults learn. Adults tend to learn best when they are in control of the speed at which they learn, when they feel the need to learn, and when they have a sense of responsibility for what, why and how they are learning.*

Common learning models are not mutually exclusive. An eclectic use of models and strategies is appropriate, provided all parties know what is happening and why.

It is interesting that 'adult learning' principles first espoused three decades ago now appear to be incorporated into the education of children: i.e. learners who are highly active participants, and can determine some of the content and process, learn knowledge and skills faster and more thoroughly.

In this session, we will discuss the principles of learning within supervision and specifically explore:


- *adult self-directed learning*
- *goals and related tasks*

Source: (Brookfield, S. D. 1990). Understanding and facilitating adult learning. San Francisco, Jossey-Bass Publishers.

Slide 10

PROBLEM SOLVERS ARE MORE...

- Curious
- Confident in dealing with uncertainty and complexity
- Able to:
 - take initiative
 - reflect critically
 - evaluate their own performance
 - use supervision and resources effectively

 **Say:** *Problem solvers are more:*

- *curious*
- *confident in dealing with uncertainty and complexity*
- *able to:*
 - *take initiative*
 - *reflect critically*
 - *evaluate their own performance*
 - *use supervision and resources effectively*

The benefits of a problem-based learning approach parallel the evidence that problem solving is an effective strategy for equipping clients to initiate and maintain change in their substance use, and to cope better in general. In working with supervisors, counselors may wish to use problems from their current caseload that are particularly challenging. This can provide an excellent opportunity to develop knowledge and skills in those areas.

Slide 11

SELF-DIRECTED PROBLEM-BASED LEARNING

Supervisor acts as a prompt & resource

- Question generating
 - Which intervention(s) work for a particular client and how best to deliver?
 - What is the best way to proceed in investigating?
- Review and refine until a clear plan can be developed

👤 Say: *In the self-directed problem-based approach, the supervisor may initially play a critical role in helping counselors determine the focus of their inquiries in counseling sessions. As the counselors begin to direct their own learning, supervisors can reduce their role.*

There are two steps to the self-directed problem-based approach:

- *Question generation (such as the examples shown on the slide)*
- *Review and refinement of the investigation with clients until enough information is obtained to develop an appropriate plan of action*

Slide 12

SUPERVISION: GOALS & RELATED TASKS

- Learning is more effective when learning objectives coincide with medium-term goals (over several months of supervision)
- Identify tasks that are required to achieve medium-term goals (task-centered approach)

👤 Say: *Another means of learning is via implementing guided, goal-oriented tasks. The goal-oriented approach to supervision provides:*

- *clarity with regard to overall direction*
- *a realistic timeframe*
- *a basis for reviewing progress (or lack thereof)*

Tasks are more focused and generally more productive when they are closely linked to goals. The supervisor and supervisee should collaborate on identifying the goals and tasks and how to achieve them.

Slide 13

GOALS

- Goals and action plans must be negotiated closely with the supervisee
- SMART goals
 - Specific
 - Measurable
 - Achievable (agreeable)
 - Realistic
 - Timely
- Written down, contracted

👤 Say: *It is critical for you to negotiate goals and action plans closely with the people you supervise.*

Goals for supervision directly parallel the framework used with clients, using the SMART method. They should be:

- *Specific*
- *Measurable*
- *Achievable (agreeable to both)*
- *Realistic*
- *Timely*

Goals should also be written down and agreed to by both parties (contracted). Goals are 'contracted' in an informal sense; the term is meant to convey a sense of mutual agreement and obligation to strive towards specified goals. However, goals can be revised at any time as appropriate.

Slide 14

PAVING THE WAY FOR SUPERVISION

- Preparing the supervisee
- Building belief
- 'Match-making' - finding the best fit

👤 Say: *In preparing to provide clinical supervision, supervisors should consider three main components. They include:*

- *preparing the supervisee*
- *building belief*
- *'match-making'*

These will form the basis of a successful clinical supervision relationship. We will talk about each of these components in detail in the next few slides.

Slide 15

WHY MIGHT A SUPERVISEE BE CONCERNED ABOUT SUPERVISION?

- Uncertainty about what is involved
- Loss of independence & autonomy
- Feeling scrutinized, spied on, interrogated
- Potentially open to criticism

Teaching instructions: Show only the title of this slide and proceed with the text and question below.

👤 Say: *In order to develop your supervisory relationship, you will need to address potential reasons for concern among your trainees. Try to anticipate these and discuss them openly.*

Why might a supervisee be concerned about supervision?

Teaching instructions: Facilitate a brainstorm session among the participants. Record their answers on flipchart paper. After conducting a brief brainstorm, reveal the bullets and see if there is general agreement on the issues raised by the participants and in the slide.

👤 Say: *If the trainee is unable to identify any potential concerns, the supervisor may wish to raise these as possible areas of concern to open the possibility of discussion.*

Slide 16

PREPARING THE SUPERVISEE

What will supervisees need to know?

- Why supervision is necessary
- What to expect
- Their work-related goals
- How to contribute to supervision planning
- The range of training & observation techniques
- Procedures for resolving disputes with a supervisor

👤 Say: *By preparing supervisees for supervision well in advance, you can reduce the risk of confusion, frustration and poor productivity. A 'false start' based on a misunderstanding about the purpose and procedures for clinical supervision can be difficult to recover from (akin to therapeutic relationships with clients).*

Prior to the provision of clinical supervision, those under supervision should be introduced to the purpose and procedures in staff meetings, orientations, and training sessions, and provided written information in the form of a clinical procedures manual.

The slide lists a number of essential issues that need to be covered with supervisees in a structured way.

FYI: It is critical to have a shared understanding of the potential benefits of supervision. It is also important that supervisees have an understanding of what to expect in terms of frequency of meetings, content, and expected outcomes. To help prioritize learning opportunities and to stay focused on quality service provision, you should develop short-term and intermediate goals. It is also helpful to review the variety of approaches under which clinical supervision is provided. These include directed (hands-on) learning, opportunities for training, and observation. These approaches will be discussed in more detail in Unit 9.2. Finally, be sure to discuss how to resolve conflicts, should one emerge. It will help substantially if you can agree on a process for resolving conflicts before one arises.

Slide 17

SUPERVISION “MATCH-MAKING”

What are the characteristics of a good supervisor-supervisee relationship?

- Similar ‘world-view’ & shared cultural experiences
- Shared theoretical orientation
- Same profession
(or at least considerable overlap of training and experience)
- Comfortable gender and/or sexual orientation match

👤 Say: *The suggestions in this slide are not immutable. There are many ways to make a supervisor-supervisee relationship work.*

In sharing a common ‘world-view’, two people share beliefs concerning human interaction with nature, social relations, values and ethics, and the meaning of life. A shared cultural experience does not imply the need to belong to the same ethnic background. A supervisor, whose training and life experience has included acquiring an understanding of multicultural issues and exposure to the practices of cultures other than his/her own, might adequately supervise people from diverse backgrounds. However, a supervisee who belongs to a minority group may prefer to have a supervisor from the same group.

Both supervisors and supervisees need to be aware of issues that may lead to an incompatible match. For example, a supervisor may decide that he/she cannot adequately supervise a clinician wedded to an abstinence-only approach with clients (or vice-versa), given tensions in the addiction field between abstinence-only intervention models and ‘controlled use’, risk-reduction, approaches. This incompatibility might even extend to respective drug-using histories.

A supervisee may have a strong preference for a male or female supervisor or for a supervisor of the same sexual orientation.

Slide 18

SUMMARY

Clinical supervision is in-depth, regular exploration of a supervisee's work in a systematic and planned way.

- There are many benefits of clinical supervision, including improved services for clients, higher practitioner job satisfaction, and decreased staff turnover.
- Organizations must have supervisory policies in place.
- There are different ways that supervisees can learn and benefit from clinical supervision.

Teaching instructions: Review the key points of the unit.

👤 Say: *During this session we focused on some of the key features of clinical supervision:*

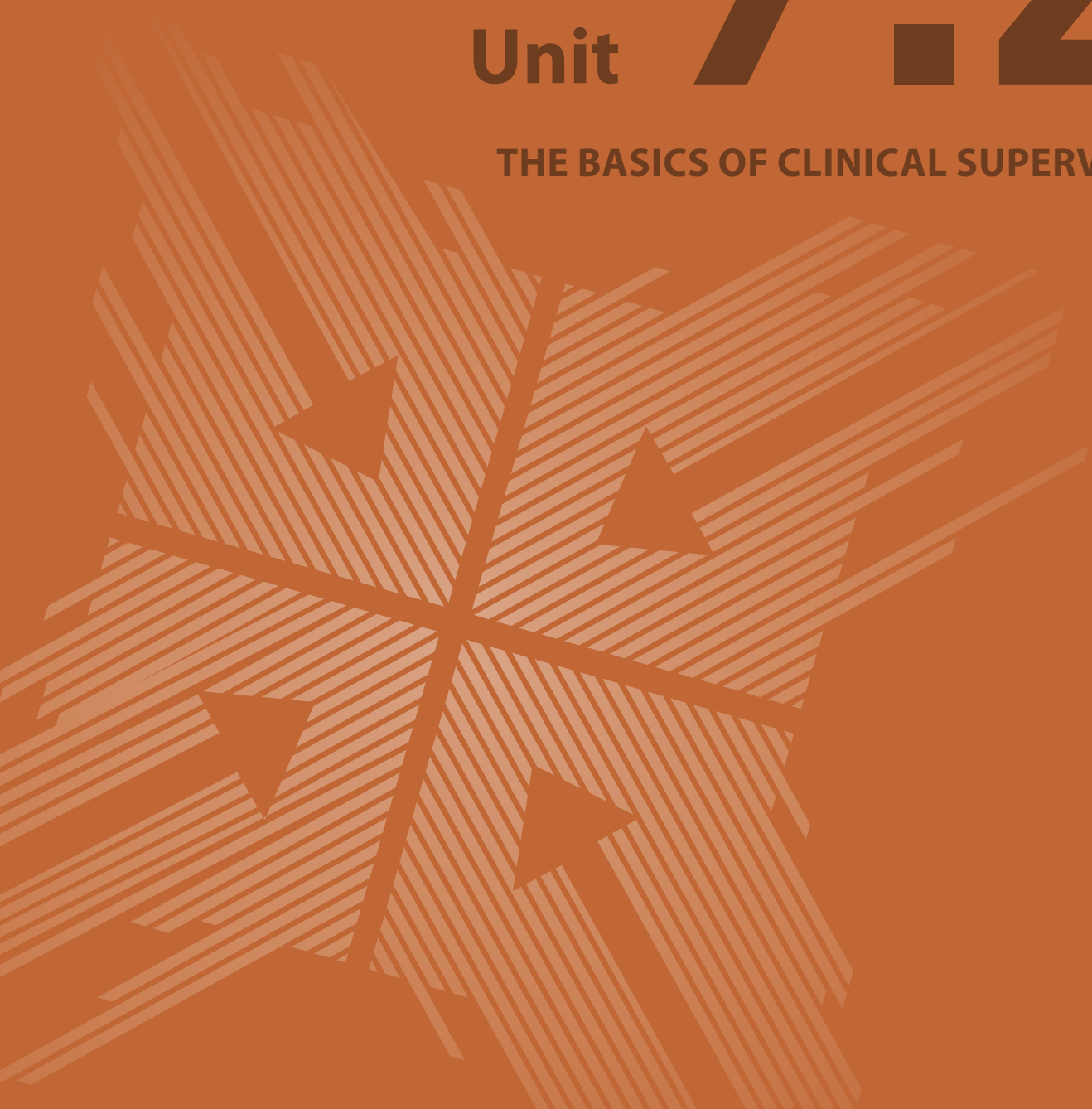
- *Clinical supervision is in-depth, regular exploration of a supervisee's work in a systematic and planned way.*
- *There are many benefits of clinical supervision, including improved services for clients, higher practitioner job satisfaction, and decreased staff turnover.*
- *Organizations must have supervisory policies in place.*
- *There are different ways that supervisees can learn and benefit from clinical supervision.*

Organizations that are committed to their supervision policy, and that have supervisors and supervisees with a shared understanding of the purpose and goals of supervision, have greater opportunities for knowledge acquisition among their staff. It is critical that these staff adhere to the learning principles outlined in this presentation, to ensure that learning takes place.

Teaching instructions: Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

Unit 9.2

THE BASICS OF CLINICAL SUPERVISION



OVERVIEW

I. Introduction	1 Min
Introduce the unit by explaining that you will discuss the basic concepts of clinical supervision.	
II. Presentation	50 Min
Use the PowerPoint slides to present on the basics of clinical supervision.	
III. Conclusion	4 Min
Review the key points of this unit and answer participants' questions (if any).	
IV. Role Play and feedbacks	60 Min
Following participation in both Units 9.1 and 9.2, participants will have the opportunity to practice their skills after observing a counseling session.	

Unit 9.2: The Basics of Clinical Supervision

Goal: To help participants understand the basics in providing clinical supervision.

Time: 115 minutes

Objectives: At the end of this unit, participants will:

- understand the structure and procedures of supervision
- understand the core content of a supervision session
- understand the basics of a case review session

Methodology:

- Presentation and discussion
- Role-play

Teaching aids:

- PowerPoint slides
- LCD projector
- Flipchart and paper
- Markers
- Handout 9.2-1: Supervision and support
- Handout 9.2-2: Supervisor checklist guide

Slide 1



👤 Say: *In this unit, we will discuss the basics of clinical supervision. The material in this unit is based on a resource developed by the National Centre for Education and Training in Addiction in Australia.*

Slide 2

LEARNING OBJECTIVES

At the end of this unit, participants will:

- understand the structure and procedures of supervision
- understand the core content of a supervision session
- understand the basics of a case review session

Teaching instructions: Use the bullets on the slide to present directly.

Slide 3

CLINICAL SUPERVISION

- In-depth regular exploration of a supervisee's work in a systematic & planned way
- Integrates into practice:
 - self-awareness
 - relevant theory
 - up-to-date knowledge
 - skills development

👤 Say: Remember we saw this definition in the previous session on the framework for supervision? It is worth repeating here to be sure we are on the same page before we get into clinical supervision basics.

Clinical supervision is an in-depth, regular exploration of a supervisee's work in a systematic and planned way. Clinical Supervision integrates into practice: (1) self-awareness, (2) relevant theory, (3) up-to-date knowledge and (4) skills development.

A good supervisor assists clinical and counseling staff to explore new perspectives and advance his/her knowledge and skills.

Slide 4

SUPERVISION PROCEDURES (1)

Critical issues:

- Establish confidentiality (and its limits)
- Define clinical supervision
 - for the professional well-being & development of the clinician
 - in contrast to line management/supervision
 - not therapy
- Procedure for disputes & grievances

👤 Say: *There are a number of procedural issues that must be addressed in the provision of clinical supervision. They include confidentiality, defining supervision and the specific procedures for disputes and grievances.*

These issues must be addressed at the outset of a supervisory relationship to:

- *minimize the possibility of misunderstanding and inappropriate expectations*
- *maximize the potential benefits of supervision by initiating it from the outset*

FYI: It is critical to ensure confidentiality between the supervisor and the supervisee. However, clinical supervision carries the same regulations for confidentiality as those for clinical work (i.e. mandatory reporting is required when there is imminent risk of harm, sexual misconduct or other unethical practice, on the part of the supervisee, supervisor, or client).

Operational matters within an agency are the responsibility of management. It is important not to blur the distinct lines of management and clinical supervision. Agencies that do not have sufficient resources to allocate individual clinical supervisors should consider cost-effective alternatives such as group supervision.

Some supervisees will face personal issues that impact their work. While it may be appropriate to address some of these issues in clinical supervision, the supervisor must refrain from delivering therapeutic interventions. The supervisee should seek therapy elsewhere if necessary (the supervisor might help with a referral).


Procedures for disputes and grievances arising from clinical supervision should be detailed in an organization's clinical operations manual. The general principle of resolution through negotiation and mediation should apply, before the issue progresses to an official complaint and/or investigation.

Slide 5

SUPERVISION PROCEDURES (2)

Discuss the nature of the supervisory relationship

- Ensure appropriate matching & supervisee choice
- Mutual obligations (an informal contract)
- More goal-orientated than mentoring

 **Say:** Supervisors should discuss the nature of the supervisory relationship with their staff.

Supervisees have the right to feel comfortable in a supervisory relationship and to choose their supervisor (where possible). These rights parallel those of clients' rights with their counselors. A good 'match' is critical to attaining positive outcomes.

It is essential that both parties clarify their expectations and mutual obligations. It will help substantially to structure supervision around a series of negotiated goals and tasks. A supervisor and supervisee should decide together the extent to which they wish to formalize the supervision procedures and bind the agreement "contractually".

Mentoring is closely related to clinical supervision (and, to a limited degree, can feature in a supervisory relationship). However, mentoring differs in that it is a more fluid, unstructured process that is rooted in the evolving relationship between the mentor and protégé. In contrast, clinical supervision is more anchored in formulated goals designed to advance the supervisee's skills, and to achieve better outcomes rapidly for clients.

Slide 6

BRINGING STRUCTURE TO SUPERVISION

- Negotiate degree of structure
 - Informed by organizational requirements
- Agree on what to do & how to go about it
 - Plans & goals for learning
 - Frequency and timing of sessions
 - Style
 - * Mainly case-review, problem solving, skills development, or a more general, reflective process?
 - Supervisor to set tasks?
 - Frequency and process for reviews

👤 Say: *It is important to ensure that the supervision process has a clear structure. When the supervisee is inexperienced and has much to learn, there should be more regimented structure in supervision. Experienced supervisees may appreciate a more flexible structure with more opportunities to reflect and explore.*

Supervisors and supervisees need to have a shared understanding of what to do and how to go about doing it. As we discussed in a previous session, it is critical to develop short-term and intermediate learning goals. They should be SMART. While general reflective learning can be helpful, learning based on individual cases is particularly helpful. Alternatively, you might utilize a problem-solving or skills-development approach. There are also options of direct and indirect observation. These will be covered in greater detail later in the unit.

All supervisees will benefit from some flexibility in their supervision 'program' so they can respond to pressing clinical issues.


Before proceeding to the details of alternative approaches to supervision, let's discuss the role of the supervisor in more detail.

FYI: There are different styles for bringing structure to clinical supervision. It is possible to use a variety of these approaches with different supervisees, but the supervisor and supervisee should collaborate to determine the most appropriate style. Styles include case note review, problem-solving approaches, skills development through identified skills deficits, and a more general reflective process that involves personal audit and review of knowledge, attitudes, and skills towards drug addiction counseling. For new counsellors, it may be helpful for the supervisor to set the style. As the counselor becomes more competent in his/her approach, he/she may wish to take on this responsibility. The frequency and process for reviews needs to be agreed upon by both parties.

Slide 7

THE SUPERVISOR'S ROLE

- Skills development
- Provision of support
- Administrative
- Evaluative

 **Say:** *In this next part of the unit, we will discuss the supervisor's role, specifically in the areas of skills development, provision of support, and administrative and evaluative responsibilities.*

Slide 8

THE SUPERVISOR'S ROLE: SKILLS DEVELOPMENT

- Evaluates clinical interactions
- Identifies and reinforces effective actions
- Teaches and demonstrates counseling techniques
- Explains the rationale for strategies and interventions
- Interprets significant events

👤 Say: *Clinical supervision comes with broad - ranging and diverse responsibilities, and requires skill. Excellent clinicians are not necessarily excellent supervisors.*

The role of the clinical supervisor is to:

- *evaluate clinical interactions*
- *identify and reinforce effective courses of action*
- *demonstrate and train on counseling techniques*
- *explain the rationale for strategies and interventions*
- *interpret significant events*

All of these roles are required in clinical supervision for addictions counseling and treatment. Implementation of the responsibilities can be done through discussions of specific cases, or problem solving of issues raised by the supervisee. It can also be through direct observation or training. People new to drug addiction counseling often do not recognize the signposts of recovery. It is important for supervisors to help trainees recognize these significant events or milestones in clinical progress to boost their confidence and to help them understand how to recognize what works.


Slide 9

THE SUPERVISOR'S ROLE: SUPPORT

- Encourages; reduces feelings of isolation; normalizes the difficulty of AOD work and feelings of professional uncertainty

"The supportive functions of clinical supervision include handholding, cheerleading, coaching, morale building, burnout prevention, and encouragement of personal growth. In certain respects the supervisor may be said to befriend the supervisee, although the boundaries of the professional situation make a close personal relationship between the two inappropriate."

Powell 1980

 **Say:** Supervisors give support to their staff in ways that resemble the support counselors give to clients. What do you think are some of the similarities?

Teaching instructions: Facilitate a brief large-group discussion about the possible similarities. It may be helpful for participants to hear from other participants some of the difficulties they have faced in counseling, and some supportive measures their supervisors took.

Source: Powell, D.J. (1980). Clinical supervision: Skills for substance abuse counselors (Trainee's Workbook). New York: Human Sciences Press.

Slide 10

THE SUPERVISOR'S ROLE: ADMINISTRATIVE

- Keeps (confidential) notes relating to the sessions
- Confirms to management that supervision took place according to schedule, and that supervision has conformed to agency guidelines
- Notifies relevant authorities of potential for imminent harm and unethical conduct as per mandatory reporting requirements


👤 Say: *Supervisors also have administrative functions. They need to keep supervision session records. The note taking need not be lengthy or detailed, but rather a memory aid of the issues that were covered, and those that were flagged for further consideration. The notes must be stored securely and only released to management with the supervisee's consent.*

Supervisors should also keep a log of attendance, especially in the case where clinical supervisors are contracted out. Agencies that pay for supervision of their staff have a right to know that the contract is being fulfilled.

Slide 11

THE SUPERVISOR'S ROLES: EVALUATION

- Assesses & monitors skills & development
- Clarifies clinical performance standards
- Negotiates goals & monitors achievement
- Provides clear & constructive feedback
 - Focuses on strengths unless behavior is dangerous/unethical
 - Tries to empower supervisees to make decisions on their own about how to improve


 **Say:** *Supervisor assessments of staff must remain confidential, and should only be released to managers with supervisees' consent.*

Supervisors should be sensitive while providing evaluation and feedback. It helps greatly to have a strong and trusting relationship before providing detailed, constructive criticism. Try to focus on the positive performance first, and then provide constructive advice on areas or opportunities for improvement.

Slide 12

SUPERVISION: ELEMENTS FOR STAFF DEVELOPMENT

- Topics
- Competencies
- Issues

 **Say:** Supervisors can structure staff development around three core elements in their supervisory sessions: topics to be covered, competencies, and specific issues. We will now discuss these in detail.

Slide 13

STAFF DEVELOPMENT: TOPICS

A few examples:

- Risk - factors & related harm
- Use of multiple drugs
- Comorbid conditions

👤 Say: *Let us start with a few sample topics that you may want to cover with your staff in supporting their professional development. These are just some general examples; there are many from which you can choose.*

You can determine which topics are most relevant by using the principles of adult learning, where trainees identify topics that they would like to explore in more detail. They can choose to learn about those issues on their own and report back to the supervisor on what they have learned and what they think. Some topics may be determined by the particular type of work they do, and the type of clients they support.


These sample topics are central to constructing effective clinical practice in the substance use field.

Slide 14

STAFF DEVELOPMENT: COMPETENCIES

A few examples:

- Generic counseling skills
(e.g. empathy, reflective listening, paraphrasing, motivational interviewing, closure skills)
- Assessment skills
- Case planning & management skills
(e.g. liaison, referral, client sharing, reports & records)


 **Say:** Supervisors and supervisees can identify competencies collaboratively that reflect a particular theoretical orientation or therapeutic approach. Those provided in the slide are considered minimal requirements for effective alcohol and other drugs (AOD) work.

Slide 15

STAFF DEVELOPMENT: ISSUES

A few examples:

- Legal & ethical issues
- Addiction treatment issues:
 - mode of delivery (e.g. community-based brief interventions, outpatient counseling, residential)
 - cross-cultural concerns
 - needs of disadvantaged populations

 **Say:** *The list of issues on this slide is not comprehensive, but it does include prominent examples. Specific agencies and environments have their own issues based on cultural context, resources and other factors (determining additional issues of relevance could be the basis of a specific training exercise).*

Slide 16

METHODS FOR TRAINING & OBSERVATION

👤 Say: *At this point, I would like to shift our focus to specific methods for training and observation. These include:*

- *case review & analysis*
- *role-playing/modeling*
- *co-facilitation of clinical sessions*
- *indirect observation*

All of these are appropriate means for a supervisor to understand and assess the quality of his/her staff and to support skills and professional development.

Slide 17

CASE REVIEW & ANALYSIS

- Mostly by case presentation
 - Counselors should identify key client information, problems and potential solutions
 - Supervisors should use reflective listening to assist counselors to produce a prognosis and suggested treatment plan
- Supervisors can model/demonstrate a case presentation

👤 Say: *The case-centered approach to supervision is particularly useful for inexperienced supervisees. It provides a context for rapid acquisition of skills and allows for direct impact on existing cases.*

“The supervisee should present information about their client which includes a structured presentation of relevant clinical information leading to the identification of the client’s current problems. The supervisee can then identify their consideration of plausible solutions for the best way forward for managing the client. The supervisor in turn can provide reflective listening on these solutions and interact with the supervisee in terms of client prognosis and a possible treatment plan.”

Source: Powell, D.J., & Brodsky, A. (1998). *Clinical supervision in alcohol and drug abuse counseling: Principles, models, methods.* San Francisco: Jossey-Bass.

Slide 18

SKILL REHEARSAL & ROLE MODELING

Skill rehearsal via role-play

- Establish a clear & realistic clinical scenario
- Do not construct extreme scenarios/emotions
- Swap roles so the supervisee has turns at being a client & counselor
- Always debrief & give feedback
- End with summary statement of concepts covered

👤 Say: *It is best to use a current case when employing skill rehearsal and role-playing to support staff.*

When constructing a hypothetical case, it is important not to characterize “the client from hell”. This should also apply to training sessions, where it is common for one or more participants to play extreme cases (sometimes reflecting a past client). Getting stuck with a resistant, ‘game-playing’ or aggressive client is not conducive to learning. However, you might want to practice communication skills with challenging clients when necessary, by isolating a brief exchange.

Debriefing is vital to:

- *maximize the benefits of the role-play (much is learned through collective debriefing when training)*
- *relieve any anxieties that resulted from the role-play*
- *ensure that roles are fully shed before moving on*

Role-play sessions should not end abruptly, but rather be fully integrated within a conceptual training framework, with clear introductions of the purpose, and clear debriefing at the end.

Slide 19

CO-FACILITATION

Supervisor attends & contributes to (but does not take over) a counseling session

- Powerful learning technique
- Particularly useful in early stages of a supervisory relationship & when the supervisee is acquiring new skills
- Choose a client who seems robust enough to cope with two counselors (obtain informed client consent)

👤 Say: *Co-facilitation is a potentially powerful technique to be used sparingly, and only when the supervisor is confident that both the supervisee and client will cope well with this unusual form of counseling.*

It is not to be used if a client appears to relish the prospect of having more than one counselor on his/her case, or is likely to try and manipulate the complex dynamics inherent in a co-facilitated session.

Use this technique when you are in the early stages of a supervisory relationship or when the supervisee is acquiring new skills.

Slide 20

DIRECT OBSERVATION (1)

Choose the client:

- Client should trust the counselor (counselor contacted client at least two times)

Steps for observation:

1. Greet and ask if observation is OK
 - Tell the client the purpose of the observation
 - Emphasize CONFIDENTIALITY
 - Ask about taking notes
 - Conduct observation after the client has agreed:
2. Observing:
 - Position of the observer:
 - Convenient for observing behaviors, facial features of counselor
 - Sit at 30° angle and ~1m away from back of client Key
 - Points for observation:
 - Counseling procedures
 - Counseling content
 - Skills, techniques applied

Teaching instructions: Note that the slide content continues on the next slide.

👤 Say: *In this supervision technique, the clinical supervisor undertakes direct observation of a counseling session. There are several important steps that must be observed as people have a tendency to change their behavior when they know they are being observed. This is true for both counselors and clients. Follow these steps:*

1. Choose an appropriate client for the observation

- a. *The client needs to trust the counselor*
- b. *The counselor has to have made two contacts with the client prior to the observation to confirm*

2. Observation


- a. *Greet the client and ask if it is OK for you to observe the session*
 - i. *Tell the client the purpose of the observation*
 - ii. *Emphasize that the session will be kept confidential*
 - iii. *Ask if it is OK to take notes*
- b. *Position yourself appropriately*
 - i. *It must be convenient for observing behaviors, counselor facial features, etc.*
 - ii. *Sit at a 30 degree angle and about 1 meter away from the client (behind him/her)*
- c. *Be sure to look for the following:*
 - i. *Appropriate counseling procedures*
 - ii. *Appropriate counseling contents*
 - iii. *Appropriate skills and techniques applied*

Slide 21

DIRECT OBSERVATION (2)

3. Feedback:

- When: After counseling session
- Where: In private
- How:
 - Assure confidentiality
 - Give positive feedback on areas done well
 - DO NOT be critical or judgmental

 **Say:** *The feedback session following your observation is of equal importance as the observation.*

Supervisors must pay critical attention to when it is done, where it is done and how it is done.

Supervisors should also let their staff know clearly their expectations following the feedback session.

The rules for receiving feedback are:

- *Be open to receiving feedback*
- *Do not personalize the observer's feedback*
- *Talk to the observer about feedback that is unclear*

Slide 22

OBSERVATION TWO-WAY FEEDBACK

1. First ask the counselor the following:
 - How they felt the counseling session went
 - What they did well and what they would do differentlyAsk about:
 - counseling procedures
 - skills and techniques
 - contents/ plans of action
2. Then do the following:
 - Comment on specific techniques and skills done well (give examples)
 - Comment on what needs improvement
 - Discuss solutions for improvement

👤 Say: *Regardless of the method of supervision, there should always be a two-way process for feedback.*

After a session, the supervisor should ask the counselor:

- *how he/she felt the counseling session went*
- *what he/she did well and what he/she would do differently in terms of:*
 - *the counseling procedures*
 - *the skills and techniques*
 - *content of the session and action plans*

Then the supervisor should:

- *comment on specific things that went well (give examples)*
- *comment on what needs improvement*
- *discuss potential solutions for improvement*

Slide 23

INDIRECT OBSERVATION – RECORDING THE SESSION

- Can be video or audio
- Goals of session established before recording session
- Supervisee describes to client the purpose
- Supervisee selects segments for viewing/listening
- Tape erased/discarded after review session (as indicated to the client)

👤 Say: *This is a powerful learning aid that must be used carefully. Scrutiny of every exchange between the supervisee and client could be overwhelming, taxing, and possibly counterproductive. It is usually best to establish loose parameters of inquiry before recording the session with the client. This may also help to structure that particular session (although flexibility to deviate needs to be retained, as a clinical session must never become secondary to a learning exercise).*

The viewing of/listening to the recording with the supervisor should not approximate an examination. It will help for the supervisee to remain in control by selecting parts of the session that he/she wishes to critique.

It is very easy for recordings to be lost. They should be well secured and disposed of after the review (to ensure client confidentiality).

Slide 24

SUMMARY

- Adult learning principles apply to clinical supervision
- Key elements for staff development in supervision are:
 - topics
 - competencies
 - issues
- The supervision strategies include:
 - case review and analysis
 - role-play
 - observation
 - co-facilitation
- Feedback must be clear, appropriate and two-way


Teaching instructions: Review the key points of the unit. Use the bullets on the slide to present directly. .

👤 Say: *The purpose of clinical supervision is for counselors to improve the quality of their counseling techniques and skills, and become more effective therapists. It takes time and commitment, but there are significant and enduring benefits from maintaining a commitment to the clinical supervision principles and procedures.*

Teaching instructions: Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

Slide 25

1 HOUR SUPERVISION PRACTICE SESSION

 **Say:** *Now we are going to spend some time practicing supervision.*

Teaching instructions: Ask the participants to form pairs (one in the role of counselor and one in the role of clinical supervisor). Explain that they will be conducting a supervision session and that you would like them to utilize the elements and techniques you discussed in this unit. Remind them of what was covered:

- The importance of raising counselor awareness that supervision is necessary and desirable
- Preparing the supervisee for the style and content of supervision
- Developing short-term supervision goals
- Discussing the supervision procedures
- Confidentiality
- The role of the supervisor
- The role of the supervisee
- Grievance resolution procedures
- Discussing the educational priorities with respect to:
 - topics
 - competencies
 - issues
- Direct supervision strategies (strengths, limitations and opportunities):
 - Case review and analysis
 - Role-play

Slide 25 (cont.)

- Guided skills development
- Observation
- Co-facilitation

Allow the participants 30 minutes to conduct the supervision session.

While the participants role-play, you should move around the room and observe their interactions, noting if there are specific things going well and if they are utilizing the information from the training. **DO NOT CORRECT THEM - OBSERVE ONLY.**

When the role-play is finished:

Ask what worked well and what needed to be improved.

Draw the participants' attention to the Observation and Feedback Checklist (Handout 9.2-2). This checklist can be useful for supervisors when they are involved in direct observation in a counseling session.

Summarize the practice session. Indicate your observations. **PUT THEM IN A POSITIVE FRAME** with recommendations as appropriate.

Ask participants what they learned from the practice session and how will it help them as future supervisors.

Handout 9.2 - 1

Definition of counseling supervision

A working relationship between a supervisor and a supervisee — the supervisee offers an account or record of his/her work to reflect on and receive feedback and/ or guidance

The objective of this alliance is to enable the supervisee to improve confidence, competence, and creativity in order to provide quality service to his/her clients. Supervision helps to ensure on-going accountability and professional development of professional staff. Supervision also provides an opportunity to prevent burnout by supporting staff with difficult situations.

The supervisor can only work with what the counselor brings. Supervision works best when counselors know how best to use it to their advantage. It may help to train counselors as supervisors so that they can better understand this relationship. The supervisory relationship is educational by nature. The supervisor is there to challenge and support. In many ways, the supervisor-supervisee relationship is like the client-counselor relationship.

The supervisory relationship:

- is purposeful
- ensures that the supervisee's concerns are explored
- facilitates change
- is confidential

Autonomy is promoted in terms of:

- choices
- decisions
- responsibilities
- actions

The supervisory relationship ensures:

- trust
- honesty

Handout 9.2 - 1 (cont.)

Purpose of supervision:

1. Ethical

Supervision is an ethical requirement for practicing counselors. Drug addiction counseling is new to many countries in the world and further discussion is required in order to regulate and make it professional. Supervision is a way of maintaining accountability among those who offer their services as counselors to the public. This is the way to ensure that counselors are working responsibly and to the best of their abilities.

2. A necessary resource

Supervision is a requirement for all counselors, no matter how experienced or talented. Counseling is often highly personal and taxing because the counselor may:

- be working with people when they are at their most vulnerable, distressed and needy
- become hardened or burned out without realizing it, which will reflect on their work
- work with clients who leave the session puzzled and confused
- need to be encouraged to continue their professional development
- exploit his/her clients without realizing it

Supervision provides an opportunity for counselors to:

- explore the way they work
- obtain different perspectives on their clients
- become more aware of the way they affect and are affected by their clients - discharge their emotions and recharge their energy and ideals
- feel supported in terms of their professional competence
- receive feedback and challenge the quality of their practices
- monitor and develop ethical decision making

Propositions:

- The success of counseling supervision is dependent on the active and responsible participation of the counselor.
- A supervisor should usually have professional experience and expertise at least equal to the counselor.

In this respect he/she will bring knowledge, understanding and intuition to the relationship. However, in situations where there are no counselors of greater experience, it is possible for an experienced counselor to use a less experienced counselor as supervisor.

Handout 9.2 - 1 (cont.)

Assumptions that relate to the “best practices” in counseling:

- Ongoing supervision helps to enable, and as far as possible, ensure the optimum service for a client (or clients collectively).
- Supervisees are able to engage actively and effectively in the supervision relationship according to their level of skill, experience, assertiveness and self-awareness.
- The counselor is also a facilitator. As such, she/he has a responsibility to foster the conditions that encourage her/his supervisor to provide his/her best effort.
- A working agreement between the supervisor and supervisee is mutually and individually contracted with respect to roles, rights and responsibilities.

It is the supervisor’s responsibility to offer appropriate:

- information
- skills
- support
- challenge

Where a supervisor lacks the skills or resources to provide any of the above, he/she should provide the appropriate resources for his/her staff.

Many difficulties in supervision spring from supervisors and supervisees lack of appreciation of the risks and vulnerabilities that come with honest reflection and “adult learning” in a personal context, and therefore not talking openly about them.

There are some situations where a counselor may be stressed or distressed due to life or work pressure. This may affect his/her skill and sensitivity during counseling. In these situations, counselors will need support from their supervisors. This may also necessitate the need to terminate counseling practice for a given period of time.

Supervisors should have a mutually respectful, empathic and genuine relationship with their staff. This will facilitate the optimum environment for counselors to learn, discover and develop. Supervisors should create a safe environment with mutual trust that will encourage counselors to do the same with their clients.

Handout 9.2 - 1 (cont.)

Responsibilities of supervisors and supervisees

1. Supporting, enabling, ensuring

The supervisor must create a working relationship through which the counselor is supported to:

- work with clients who may be challenging
- work with clients in distress
- work in situations which may be confusing
- develop his/her skills
- affirm the importance of monitoring the ethics of his/her practice and who will act within contracted boundaries to ensure the protection of the client

2. Bringing, reflecting, using

Counselors should:

- be able to bring their work to their supervisors and share it freely and accessibly
- be clear about your needs from supervision
- be open to feedback, and be prepared to monitor their practices
- use the supervision to the best of their ability to improve services for clients
- monitor their use of supervision and take responsibility for giving feedback to their supervisors about its efficacy in improving services

Group supervision

Group supervision is a working alliance between a supervisor and several counselors. In group supervision, each counselor regularly offers an account or recording of his/her work, reflects on it, and receives feedback and guidance from his/her supervisor and colleagues (as appropriate). Group supervision should enable each counselor to improve in competence, confidence and creativity to serve his/her clients with quality services.

Advantages and disadvantages of group supervision

Advantages:

- There is richness in having access to and hearing other people's work
- Provides interaction with colleagues and a sense of belonging for people working in isolation
- Allows fuller feedback and reflection for counselors

Handout 9.2 - 1 (cont.)

- If safe, it is a place where counselors can be authentic, take risks and disclose failure or vulnerability and receive help to do something about it
- Provides an opportunity to receive support and challenge at the same time
- Counselors can rest as well as be active
- Provides an opportunity to learn to supervise others, and practice
- Provides a venue for facilitated, multi-dimensional feedback (more than 2 ways)

Disadvantages:

- Some may feel cautious to be authentic - this may invite competition
- There is less time for individual presentation
- Different people will experience different emotions and ideas with the same stimulus
- Family patterns often surface in groups — rivalry, etc.
- Dynamics can get messy
- Issues of confidentiality can be tricky (with regard to client, counselor and agency)

Handout 9.2 - 2

OBSERVATION AND FEEDBACK CHECKLIST

Counselor:

Observer/supervisor:.....

Date: Start time: : End time:..... :

BASIC PRINCIPLES IN DRUG ADDICTION TREATMENT COUNSELING	Good	Can be done better	Note/comments
1. Participation is totally voluntary			
2. Counselor follows confidentiality principles			
3. Counselor develops trust with patients			
4. Counselor is neutral and not judgmental			
5. Counselor is respectful to clients			
6. Safety for both clients and counselors is observed			
7. Counselor links client to other services and makes necessary referrals (if applicable)			

Handout 9.2 - 2 (cont.)

COUNSELING TECHNIQUES AND SKILLS	Good	Can be done better	Note/comments
8. Demonstrates responsive listening skills: attentive listening, receives verbal information, nonverbal contact appropriate, short verbal responses			
9. Applies questioning skills: uses open and closed-ended questions appropriately. Open-ended questions are used more frequently			
10. Able to interpret client's information			
11. Appropriate responses to different emotions of the client			
12. Probing skills: uses probing skills appropriately, explores in-depth information from client, stops and stresses points at the right time			
13. Silence skills: knows how to keep silent when client is thinking of appropriate answer or confused			
14. Able to help client become confident in confronting difficulties and challenges			
15. Affirms clients' progress and encourages them			
16. Rolls with resistance, nonconfronting: able to change client mis perceptions about drugs and drug use			

Handout 9.2 - 2 (cont.)

17. Summarization skills: summarizes after major parts of a counseling session and able to link pieces of information during the session			
18. Uses nonverbal language appropriately			
19. Uses common language to communicate with clients			
20. Analysis skills: uses clients' information to support them to develop effective problem-solving skills and short-term goals			
21. Supports clients in identifying difficulties and challenges during the implementation of problem solving and goal setting			
22. Applies appropriate counseling techniques (relapse prevention, time management, anger management, stress management etc...)			

COUNSELING PROCEDURES	Good	Can be done better	Note/comments
23. Introduces the counseling content with new clients; reviews what had been done since the previous counseling session with established clients			
24. Introduces counseling objectives (orients the counseling content)			

Handout 9.2 - 2 (cont.)

25. Provides orientation of counseling time frame			
26. Content of the counseling session focuses on a specific problem/ content/technique			
27. Summarizes main content of the counseling session and ends counseling session appropriately. Client knows next steps (action plan)			
28. Adequate documentation during and following the counseling session			
29. Determines the client's commitment to implement plan			
30. Determines the client's confidence to implement the plan			
31. Makes an appointment for a following session with specific time and place			

Other comments:

.....

.....

.....

.....

.....

Observer

Counselor

Handout 9.2 - 2 (cont.)

HOW TO USE THE OBSERVATION AND FEEDBACK CHECKLIST

1. Observers

- Counselors
- Clinical supervisors at district/provincial level
- Non-government organization program officers
- Independent observers

2. People being observed

- Counselors

3. Observation frequency

- New counselors: at least 1 time/week for the first 6 months
- After 6 months, at least 2 times/year

4. Observation steps

- Ask for client's consent: Counselor needs to explain that the purpose of the observation session is to improve the quality of counseling services provided by the counselor.
- Observer can only observe the counseling session when the client voluntarily agrees.
- Confidentiality commitment: Counselor and observer need to explain to client that they are committed to keeping client's information confidential.
- Selection of observation position: The observer observes the counselor (not the client) so the observer needs to choose a position where he/she can observe counselor's behavior, speech, and body language. Choose a distance that is neither too far nor too close (observer must be able to hear and observe without disturbing the session). Observer should not be visible to the client.
- The best position to observe is behind client (roughly 1m with on a 30 degree angle to the line of communication between counselor and client).
- Observation implementation: Observer (a) observes counselor's nonverbal language during the counseling session, (b) listens to the story between counselor and client, and (c) takes notes on the checklist. Special comments should be written down in the "comments" column. During observation, the observer should be silent to avoid distracting the client or embarrassing the counselor.
- Even when counselor provides wrong information or uses strategy to which observer is opposed, remain silent and neutral unless there are concerns about safety and well being. All cell phones should be turned off.

Handout 9.2 - 2 (cont.)

5. How to provide positive two-way feedback

- When giving feedback: Observer should give feedback as soon as possible after the counseling session. If feedback is given too late, both counselor and observer may forget important details.
- Where to provide feedback: Feedback should be provided in a private place to ensure that other people cannot hear the discussion between the observer and counselor.
- Principles of feedback: Observers need to show a respectful attitude toward counselors and commit to keeping the observations and feedback confidential.
- Feedback content should be constructive: Praise specific things that counselor has done well and provide solutions that help counselor improve the specific things that he/she needs to do better. Do not judge or criticize. Do not give non-specific feedback. Try to remain objective and do not include personal feelings when giving feedback. At the end of the feedback session, the observer should give the checklist to the counselor.
- Feedback order: 1) ask counselor what he/she things was done well and what he/she feels he/she could have done better during the counseling session; 2) recognize strengths and counseling skills that were been done well; 3) discuss what could have been done better; and 4) identify solutions to improve the things that could have been done better.
- Principles of receiving feedback: Counselor should be open-minded when he/she receives feedback. Do not be defensive. If there is any feedback that is unclear or confusing, it should be clarified with the observer. Do not personalize the feedback.

Unit 9.3

CASE CONFERENCING



OVERVIEW

I. Introduction	1 Min
Introduce the unit by explaining that you will discuss the key concepts of case conferencing.	
II. Presentation	30 Min
Use the PowerPoint slides to present the key concepts of case conferencing.	
III. Conclusion	4 Min
Review the key points of this unit and answer participants' questions (if any).	

Unit 9.3: Case Conferencing

Goal: To help participants understand the rationale and procedures for group consultation through clinical case conferencing.

Time: 35 minutes

Objectives:

At the end of this unit, participants will be able to:

- discuss group consultation through clinical case conferencing and the pitfalls of this approach
- describe one approach for implementing clinical case conferencing

Methodology:


- Presentation and discussion

Teaching aids:

- PowerPoint slides
- LCD projector
- Flipchart and paper
- Markers

Slide 1



 **Say:** *In this unit, we will discuss case conferencing.*

Slide 2

LEARNING OBJECTIVES

At the end of this unit, participants will be able to:

- discuss group consultation through clinical case conferencing and the pitfalls of this approach
- describe one approach for implementing clinical case conferencing

Teaching instructions: Use the bullets on the slide to present directly.

Slide 3

CASE CONFERENCING GROUP DISCUSSION

- Small-group discussion
 - 4-8 members for 1.5 – 2 hrs
- Benefits:
 - Counselors learn from each other's experiences
 - Cost-effective
 - Supportive

👤 Say: *While there are advantages to case conferencing, you also need to anticipate and prevent the potential problems associated with this approach. We will discuss these problems on the following slide. Small-group discussions are an optimal way to integrate case conferencing into routine clinical practice.*

Ideally, a small team of 4 to 8 members should spend no more than 1.5 to 2 hours discussing cases that are presented by individual counselors. This will allow the group to review 3 or 4 cases in a typical session. You need an experienced and confident facilitator to run effective case conferencing groups.

The ideal size for a clinical group meeting is between 4 and 8 members, as more than 8 members will lead to somewhat unwieldy dynamics in such an intensive context. (However, a well-bonded group of 8 to 12 members could work adequately together). An hour will not be enough to cover pressing issues; more than 2 hours of intensive work would be too taxing. However, experienced teams can manage up to three hours' duration. The group should discuss each case for no more than 30 minutes.

There are several benefits to this process. Importantly, counselors can learn from each other's capacity and experience, and it is a very cost-effective mechanism for providing good support and evaluation. Also, experienced counselors can support their colleagues who are having difficulties in managing complex cases.

Vietnam proverb: One tree cannot do anything but three trees can make a mountain.

Slide 4

GROUP DISCUSSION: POTENTIAL DISADVANTAGES

- Finding time
- One or more members may dominate
- One or more members may be passive
- Destructive criticism by fellow workers
- Competitiveness may arise
- Counselor may resist the group's attempt to change/improve his/her case management

**Skilled facilitation may avert
many of these possibilities**

👤 Say: *Only very experienced, skilled and confident facilitators should attempt to oversee a group. If a member continues to subvert the group after attempts have been made to modify his/her behavior, it might be appropriate to terminate his/her involvement rather than for the group to suffer continued disruption.*

As we will discuss later, it is important that counselors have an opportunity to consider the suggestions and recommendations of the group. However, some members may be resistant to the group's suggestions. It is important to discuss that resistance with the counselor to determine whether it is because they have additional information about the client, or if there is some other reason. If the group cannot reach a satisfactory conclusion, the supervisor should discuss it with the counselor outside of the group setting.

FYI: In a busy clinic, it can be difficult to find time for case conferencing. There can be many other pressures that will seem more important than clinical case discussions. However, there are very good reasons for finding the time. The overall benefits for counsellors and clients is substantial.

Slide 5

GROUP DISCUSSION: OPTIONS

- Group focus
(Supervisor attends to all members simultaneously)
- Peer-led (no supervisor)
- Cooperative
(Supervisor facilitates the group to supervise itself)
 - Peer-led & cooperative formats are an option for experienced workers and cohesive groups

👤 Say: *The group discussion should usually be lead by a facilitator or supervisor. This person is responsible for enabling the counselors to present their cases and then to open up and guide the discussion amongst the members of the group. This approach is particularly relevant and appropriate for new counselors.*

If the group does not have an obvious leader, it is possible for the group to act in a cooperative way and supervise itself. By default this is generally peer-led. Both cooperative formats and peer-led formats are best done with experienced staff, as there is a risk that the group will lose focus and direction.

Teaching instructions: You may wish to use a simple game to demonstrate the 3 different styles of group discussion. Get participants to stand in a circle. Throw the ball to each of the participants in turn and ask them to return the ball to you. This is reflective of the first style of group discussion (group focus). Then have participants throw the ball randomly between them. This is representative of the second type of group discussion (peer-led). Finally, allow the ball to be thrown between all members including yourself. This is representative of the third style of group discussion (cooperative).

Slide 6

OUTLINE OF CASE PRESENTATION

- Basic demographic information
- Living arrangements
- Relationship with family and partner
- Employment and education status
- Drug consumption;
 - Quantity, frequency, route of administration
 - Severity of addiction
 - Duration of current drug use
 - Duration of current treatment
 - Aged commenced use
 - Previous treatment episodes
 - Other drug use
- Health, social, physiological, legal, financial, vocational or spiritual problems
- Summary;
 - Review of current situation
 - Assessment of individual strengths and needs
 - Assessment of constraints and opportunities
 - Assessment of support needed

Teaching instructions: Use the bullets to present on this slide directly.

FYI: A counselor will usually provide a brief psychosocial snapshot of the client, followed by his/her drug use history and current drug use patterns. The counselor will then concentrate on an identified problem list, and describe any health, social, psychological, legal, financial, vocational or spiritual problems the individual may have, and present a current or proposed treatment plan.

Slide 7

PROCEDURES

Treatment plans should contain:

- a review of the individual's current situation
- an assessment of the individual's strengths and needs
- an assessment of the constraints and opportunities for meeting needs and practical strategies for achieving these
- an assessment of the support needs for the individual to achieve desired objectives
- methods for evaluating outcomes

👤 Say: *Adhering to a case conferencing template will increase the likelihood of good outcomes, without denying the group an opportunity to negotiate their preferred method. It is important to establish rules for interaction between the members and procedures group discussion. Typically, each member will take turns to present a case. Each of the counselor's cases should be presented to the group every 6 months, on average. If members present their cases in rotation, there is less fatigue and all of the group members will be engaged in the process.*

Treatment plans should contain:

- *a review of the individual's current situation*
- *an assessment of the individual's strengths and needs*
- *an assessment of the constraints and opportunities for meeting needs and practical strategies for achieving these*
- *an assessment of the support needs for the individual to achieve desired objectives*
- *methods for evaluating outcomes*

FYI: The facilitator should elicit questions and discussion from the group. Group members may seek additional information about the client or seek further information about the pathway forward for treatment. A skilled facilitator will then enable the group to discuss alternative interpretations of the problem, or suggestions for treatment intervention.

It is important that the counselor take responsibility for documentation of the discussion in the case notes. This then provides a permanent record of the peer review discussion and will provide a focus for review at the next 6-month follow-up.

Slide 8

SUMMARY

- Regular small-group case conferences of client progress are important
- Setting ground rules for the discussion is critical
- Each case should be reviewed by its counselor on a six-monthly basis
- Major outcomes of case conferences should be documented in case notes

Teaching instructions: Review the key points of the unit.

👤 Say: *In summary, you should all now understand that:*

- *regular, small-group case conferences on client progress are important*
- *you need to set ground rules for the discussion*
- *counselors should review each of their cases every six months*
- *you should document the major outcomes of the case conference in the case notes*

The purpose of case conferencing is for counselors to improve the quality of their drug addiction counseling and to become more effective therapists. It takes time and commitment to undertake case conferencing, but there are significant and enduring benefits from maintaining a commitment to this process.

Teaching instructions: Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

Unit 9.4

**PREVENTING AND
MANAGING BURNOUT**



OVERVIEW

I. Introduction

1 Min

Introduce the unit by explaining that you will discuss how to prevent and manage burnout.

II. Presentation

50 Min

Use the PowerPoint slides to present on prevention and management of burnout.

III. Conclusion

4 Min

Review the key points of this unit and answer participants' questions (if any).

Unit 9.4: Preventing and Managing Burnout

Goal: To help participants understand how to prevent and manage burnout.

Time: 55 minutes

Objectives: At the end of this unit, participants will be able to:

- recognize the differences between stress and burnout
- identify the main features of burnout
- develop strategies to address stress and prevent burnout

Methodology:

- Presentation and discussion

Teaching aids:

- PowerPoint slides
- LCD projector
- Flipchart and paper
- Markers
- Handout 9.4-1: Counseling supervision and support
- Handout 9.4-2: Self-care and self-inventory for burnout

Slide 1



👤 Say: *In this unit, we will focus on how you can prevent burnout, and manage it in case you are unable to prevent it.*

Slide 2

LEARNING OBJECTIVES

At the end of this unit, participants will:

- recognize the differences between stress and burnout
- be able to identify the main features of burnout
- know how to develop strategies for addressing stress and preventing burnout

Teaching instructions: Use the bullets in the slide to present directly.

Slide 3

WHAT IS BURNOUT?

- *“A syndrome of depersonalization, emotional exhaustion and a sense of low personal accomplishment that leads to decreased effectiveness at work” (Shanafelt 2002).*
- A state of mental and/or physical exhaustion caused by excessive and prolonged stress

👤 Say: *Burnout is a state of emotional, mental and physical exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed and unable to meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a counseling role in the first place. Burnout reduces your productivity and saps your energy, leaving you feeling increasingly helpless, hopeless, cynical and resentful. Eventually, you may feel like you have nothing more to give. Most of us have days when we feel bored, overloaded or unappreciated, but if you feel like this most of the time, you may be close to burnout.*

You may be on the road to burnout if:

- *everyday is a bad day*
- *caring about your work or home life seems like a total waste of energy*
- *you are exhausted all the time*
- *the majority of your day is spent on tasks that you find to be either mind-numbingly dull or overwhelming*
- *you feel as though nothing you do makes a difference or is appreciated*

The negative effects of burnout spill over into every area of life — including your home and social life. Because of its many consequences, it is important to deal with burnout right away.

When workers experience strain they may resign, become physically ill, or experience burnout. Burnout is particularly important in the counseling profession as it seriously affects the counselor’s ability to continue to deliver a quality service. Burned-out counselors may feel emotionally exhausted, lose their human touch with clients, and become cynical about the power of their work.

Slide 4

BURNOUT VS. STRESS


- Stress is a subjective feeling, based on an individual perspective
- What one person finds stressful, another may not
- Burnout is not simply excessive stress, but a complex human reaction to stress

👤 Say: *Burnout may be the result of unrelenting stress, but it is not the same as too much stress. Stress, by and large, involves too much: too many pressures that demand too much of you, physically and psychologically. However, stressed people can still imagine that if they can just get everything under control they'll feel better.*

Burnout, on the other hand, is about not enough. Being burned out means feeling empty, devoid of motivation and beyond caring. People experiencing burnout often do not see any hope of positive change in their situation. If excessive stress is like drowning in responsibilities, burnout is being all dried up. One other difference between stress and burnout is that while you are usually aware of being under a lot of stress, you do not always notice when burnout happens.

Slide 5

STRESS	BURNOUT
■ Characterized by over engagement	■ Characterized by disengagement
■ Emotions over-reactive	■ Emotions blunted
■ Produces urgency and hyperactivity	■ Produces helplessness and hopelessness
■ Loss of energy	■ Loss of motivation, ideals and hope
■ Leads to anxiety disorders	■ Leads to detachment and depression

 **Say:** *These are the common features that differentiate stress from burnout.*

Teaching instructions: Facilitate a brief discussion with the participants about the meaning of each of these features.

Slide 6

WHAT CAUSES STRESS & BURNOUT?

Brainstorm:

- What are the causes of stress/burnout...
 - at work?
 - because of lifestyle choices?
 - because of personality?
- How might this lead to possible "burnout"?

👤 Say: *Anyone who feels overworked and undervalued is at risk of burning out. However, burnout is not caused solely by stressful work or too many responsibilities. Other factors contribute to burnout, including your lifestyle and certain personality traits. What you do in your downtime and how you look at the world can play just as big of a role in causing burnout as work demands.*

Teaching instructions: Randomly divide the group into 4 small groups to facilitate a 10-minute discussion. Ask each group to choose a reporter to report back to the larger group.

Ask each of the groups to discuss the questions on the slide, and let everyone know that there are no right or wrong answers. They should just say whatever comes to mind. Allow 10 minutes for small-group brainstorm, then 10 minutes for reporting back.

Slide 7

WORKPLACE CAUSES OF BURNOUT

- Excessive workload
- Lack of support/recognition
- Little or no control over your work
- Roles not clearly defined
- Reduced advancement opportunities
- Poor leadership
- Conflict

👤 Say: *Some of the most common causes of burnout in the workplace are the following:*

- *Excessive workload: When workers feel that they have excessive amounts of work that they have to manage on a daily basis, without any “downtime”, workers end up feeling overwhelmed. They feel that they are “chasing their tail”.*
- *Lack of personal control: When workers feel that they have little autonomy to decide what needs to be done in their work. They have limited flexibility to perform their work tasks the way they’d prefer. People in this situation often feel “micro-managed”.*
- *Lack of recognition: When workers feel their work contribution is not adequately recognized, valued or acknowledged. They may not be getting adequate positive or constructive feedback from their supervisors. Sometimes the only time they hear anything from their supervisors is when they may have done something wrong.*
- *Role ambiguity: When employees are unclear about what is expected from them. The expectations of their role keeps changing all of the time.*
- *Reduced career advancement opportunities: Employees feel they have limited options to advance within the organization due to limited career opportunities.*
- *Poor leadership: Employees receive inadequate or poor leadership from supervisors or managers, as there is no cohesive vision of where the department or organization is going.*
- *Conflict: Conflict with managers and/or colleagues can cause a significant amount of stress, which can also contribute to burnout.*

Slide 8

LIFESTYLE CAUSES OF BURNOUT


- Working too much, without enough time for relaxing and socializing
- When expected to be too many things to too many people
- Taking on too many responsibilities, without enough help from others
- Not getting enough sleep
- Lack of close, supportive relationships

Teaching instructions: Use the bullets on the slide to present directly.

Slide 9

PERSONALITY-RELATED CAUSES OF BURNOUT

- Perfectionism
- Need for control
- Exaggerated sense of responsibility
- Difficulty asking for help
- Excessive, unrealistic guilt
- Suppression of feelings
- Difficulty taking vacations and enjoying leisure time

 **Say:** *Some of the most common causes of personality-related burnout are:*

- *perfectionism*
- *need for control*
- *exaggerated sense of responsibility*
- *difficulty asking for help*
- *excessive, unrealistic guilt*
- *uppressions of feeling*
- *difficulty taking vacations and enjoying leisure time*

Slide 10

BURNOUT – STAGE 1

- Initial belief that new position will satisfy your expectations
- You have boundless energy and enthusiasm
- You have a positive outlook on your new position and believe that anything is possible and achievable

👤 Say: *Burnout is a gradual process that occurs over an extended period of time. It does not happen overnight. The signs and symptoms of burnout are subtle at first, but they get worse and worse as time goes on. Think of the early symptoms of burnout as warning signs or red flags that something is wrong and needs to be addressed. If you pay attention to these early-warning signs, you can prevent a major breakdown. If you ignore them, you will eventually burn out.*

Teaching instructions: As you discuss this slide and the next three slides, elicit feedback from the participants as to how each stage will affect drug counseling performance.

Slide 11

BURNOUT – STAGE 2

- Awareness that expectations were unrealistic
- Needs are not satisfied
- Rewards and recognitions are scarce
- Disillusionment and disappointment grow

Slide 12

BURNOUT – STAGE 3

- Early enthusiasm and energy give way to chronic fatigue, irritability and other burnout symptoms (physical, psychological and social)

Slide 13

BURNOUT – STAGE 4

- Despair is dominant
- Pessimistic attitude
- Exhaustion - both physical and mental
- Life seems pointless

Slide 14

SMALL-GROUP EXERCISE

- What are some strategies that you currently use to reduce stress and prevent burnout?
- What are other strategies that you could use?

Teaching instructions: Divide the group into 4 smaller groups. Ask each group to choose a reporter who can report back to the larger group.

Ask each of the groups to discuss the questions on the slide. Let everyone know that there are no right or wrong answers, and that they should just say whatever comes to mind. Allow the groups 10 minutes to brainstorm, and 10 minutes total to report back.


👤 Say: *Stress-management approaches for clients will also work for staff! The next four slides outline some common approaches.*

FYI: Stress management approaches can be categorised into 4 different approaches. They are personal inventory, physical health management, mental health management, and peer support. As the participants provide feedback on their approaches from the small-group exercise, you may wish to categorize their responses under these 4 headings, and then compare them to the approaches that are identified on the following 4 slides.

Slide 15

PERSONAL INVENTORY

- Maintain awareness of stress and burnout “early warning signs”
- Believe you can change your behavior
- Develop a personal “stress and burnout” management plan

 **Say:** *Stress management approaches can be categorized into 4 different approaches. The first approach is the personal inventory approach. If you can recognize the warning signs of an impending burnout, you can prevent it from becoming a full-blown breakdown. It also helps to have a positive attitude that you can alter things. A written plan of action is essential.*

Slide 16

PHYSICAL HEALTH MANAGEMENT


- Rest - helps your body to regenerate
- Proper nutrition
- Exercise
- Deep breathing - calms you
- Relaxation
- Good posture - helps circulation

👤 Say: *The second approach is physical health management. It is even better to put structures in place to prevent burnout from occurring in the first place. Become aware of potential dangers to your physical and mental health, and put some mechanisms in place to alleviate the pressure. Make sure that you take regular breaks during the day, such as tea and lunch breaks and so on. Eat properly, and get adequate amounts of sleep and exercise regularly. Take the time to participate in external workshops, seminars and further your education. Take regular holiday breaks during the year to re-energize.*

Slide 17

MENTAL HEALTH MANAGEMENT

- Take responsibility for your own thoughts and attitudes
- Nurture friendships
- Maintain a balanced life
- Rely on your sense of humor

 **Say:** *Develop and maintain warm, nurturing, professional and personal relationships. Obtain appropriate peer and family support, both formally and informally. Keep in touch with friends in your own environment. Develop very clear boundaries between work and your personal life. Be honest with yourself and your management team about how much is possible to achieve during a working day.*

Slide 18

PEER SUPPORT


- Get involved with a network of counselors who share both their stress and successes

Teaching instructions: Use the bullet in this slide to present directly.

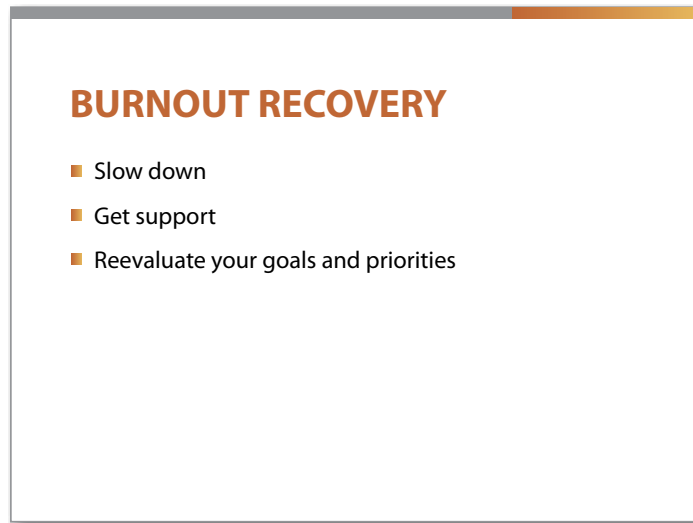
Slide 19

SIGNS & SYMPTOMS OF BURNOUT

- Negative outlooks (work and personal life)
- Inability to express empathy towards clients
- Physical and emotional exhaustion
- Detached from colleagues
- Aggressive towards staff and clients
- Overall job dissatisfaction
- Excessive mistakes
- Feeling hopeless and disempowered
- Easily frustrated
- Feel you accomplish little no matter how hard you work
- Excessive sick leave


 **Say:** *Sometimes it is too late to prevent burnout — you are already past the breaking point. If that is the case, it is important to take your burnout seriously. Trying to push through the exhaustion will only cause further emotional and physical damage. While the tips for preventing burnout are still helpful, at this stage, recovery requires additional steps.*

Slide 20



BURNOUT RECOVERY

- Slow down
- Get support
- Reevaluate your goals and priorities

 **Say:** *If you have reached the burnout stage, there are three steps you can take to recovery.*

1. Slow down

When you have reached the end stage of burnout, adjusting your attitude or looking after your health is not going to solve the problem. You need to force yourself to slow down or take a break. Cut back on whatever commitments and activities you can. Give yourself time to rest, reflect and heal.

2. Get support

When you are burned out, your natural tendency is to protect what little energy you have left by isolating yourself. However, your friends and family are more important than ever during these difficult times. Turn to your loved ones for support. Simply sharing your feelings with another person can relieve some of the burden.

3. Reevaluate your goals and priorities


Burnout is an undeniable sign that something important in your life is not working. Take time to think about your hopes, goals and dreams. Are you neglecting something that is truly important to you? Burnout can be an opportunity to rediscover what really makes you happy and to change course accordingly.

Slide 21

SUMMARY

- Burnout is a state of mental and/or physical exhaustion caused by excessive and prolonged stress
- Burnout is influenced by:
 - stress at work
 - your lifestyle
 - your personality
- There are things you can do to reduce the risk of burnout
- There are things you can do if burnout occurs

Teaching instructions: Review the key points of the unit.

 **Say:** *In summary, you have learned that:*

- *burnout is a state of mental and/or physical exhaustion caused by excessive and prolonged stress*
- *burnout is influenced by:*
 - *stress at work*
 - *your lifestyle*
 - *your personality*
- *there are things you can do to reduce the risk of burnout*
- *there are things you can do when burnout occurs*

Burnout is a serious issue, and preventing it is easier than trying to cure it. This manual includes handouts on self-care and a self-assessment tool. Take some time to read them and complete the questionnaire. See how good your prevention measures are.

Teaching instructions: Thank the participants for their participation in the discussions and ask them if they have any questions. Answer the questions that pertain to this or previous units. If participants ask questions about material that will be covered in a later unit, request that they save their questions for that unit.

Handout 9.4 - 1

Counseling supervision and support

It is important to acknowledge that drug counseling can be stressful and entails giving a lot of yourself, not just time and energy, but compassion, understanding and hope. Drug counselors, as well as other service providers, encounter many life-and-death issues when attending to their clients that can affect them physically, mentally and spiritually. It is necessary to find a balance, personally and professionally, to sustain your own health and continue working in this field. Be sure to encourage counselors to be aware of signs that they are overworking or not coping well.

Consider the whole person when using the personal approach to take care of yourself. The "whole person" is the body, the mind and the spirit. Providers often only consider one aspect of their "whole" person. They might focus on the body aspect, which is their physical health; or the "mind" aspect, which can be their attitude, or the "spiritual" aspect, which is their sense of peace. These three entities — body, mind and spirit — are connected to each other. There needs to be a balance between these entities: all parts need to be equally nourished. For example, a physically well-nourished person should not neglect his/her spiritual and mental needs. Counselors must also be aware that they are not expected to help clients deal with all of their needs. It is important to establish clear boundaries between our understanding of who we are, who the client is, and what needs both bring to the interaction. When assessing the client's needs, it is important for the provider to consider, "What can I accomplish here?" and "What am I not able to accomplish?" Counselors can refer their clients to other agencies in the community, and it is important that counselors are familiar with these resources.

If we are clear about our own roles and expectations as counselors, we can help the client to establish clarity as well. In many situations, the combination of a provider's sense of high commitment, the stress of the job, the lack of adequate support, and the isolation they might feel, can lead to "burnout". To maintain a sense of balance and establish continuity or longevity in this field, it is important for a counselor to:

- ask for help when they need it
- know his/her personal limits and be able to say "no"
- be able to separate the personal from the professional
- use supervision or client support to discuss their concerns about the work
- be aware of his/her own biases and stereotypes
- learn to be assertive and to set limits with other staff and boundaries with clients
- continue learning new skills and requesting feedback on his/her work

Handout 9.4 - 1 (cont.)

Counselor support

Counselors should think about their network of colleagues, friends, family, supervisors etc. to see how they can meet these following needs:

- Sharing their work issues in a confidential manner
- Obtaining feedback/guidance
- Developing professional skills, ideas, information
- Venting emotions if they are angry, fed up, and discouraged
- Acknowledging feelings of distress, pleasure, failure and so on
- Feeling valued by those they count as colleagues
- Increasing their physical, emotional or spiritual wellbeing

Some sources for support and recreation include your co-workers, boss, partner, friend, husband, wife, uncle, aunt, cousin, grandmother, weekend workshops, counseling, massage, work team, consultant, religious leader, staff meetings, pets, students, in-service training, television, radio, sport, prayer, meditation, music, dance, literature and so on.

Personal inventory

- How do I know when I am under stress? (This can include physical, emotional and behavioral signs.)
- What are the signs of stress that others recognize in me?
- What are the most frequent sources of stress for me at work? (This can include clinical and administrative issues).
- What are some strategies that I currently use to decrease stress?
- What are some other strategies that I would like to use to decrease stress?

Counseling is a discipline that requires ongoing practice as well as monitoring of the use of such skills by a competent supervisor. The counselor who wishes to provide a therapeutic outcome for clients can only do so after much self-examination, practice of counseling skills, and an understanding of counseling theory.

Please do not provide counseling services while you are under stress, crisis or in a difficult emotional situation. Unless the situation is under control, it is difficult for you in such situations to provide professional counseling. If it is hard for you to make a wise decision yourself, it will be even harder when you are in the role of a counselor.

Handout 9.4 - 1 (cont.)

Self-care

Counselors and case managers can adversely affect their clients if they do not take responsibility for managing their stress levels. Absenteeism, work avoidance and chronic illness may all be manifestations of counselor stress.

There are two types of stress release:

- Active: Physical release through intense physical activity. This is particularly useful for reducing anger and frustration.
- Passive: Meditation and other relaxation techniques that can assist with nervousness, fatigue or sleep difficulties

Other strategies for managing work-related stress:

- Debrief with a colleague or supervisor (while maintaining client confidentiality)
- Success recording: Challenge yourself to record what you have achieved
- Journal writing
- Other personal self-care strategies

Handout 9.4 - 2

SELF-ASSESSMENT TOOL: SELF-CARE TO PREVENT BURNOUT

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve

Rate yourself, using the numerical scale below, to fill in the empty boxes:

5 = Frequently, 4 = Occasionally, 3 = Sometimes, 2 = Never, 1 = It never even occurred to me

How often do you do the following activities?

Physical self-care

- Eat regularly (breakfast, lunch and dinner)
- Eat healthfully
- Exercise
- Lift weights
- Practice martial arts
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when you are sick
- Get massages or other body work
- Do physical activity that is fun for you
- Get enough sleep
- Wear clothes you like
- Other:

Psychological self-care

- Make time for self-reflection
- Go to see a counselor when needed
- Write in a journal
- Read literature unrelated to work
- Do something at which you are a beginner
- Take a step to decrease stress in your life
- Notice your inner experience - your dreams, thoughts, imagery, and feelings
- Let others know different aspects of you
- Engage your intelligence in a new area - go to an art museum, performance, sports event, exhibit or other cultural event
- Practice receiving from others
- Be curious
- Say no to extra responsibilities (when needed)
- Spend time outdoors
- Take vacations

Handout 9.4 - 2 (cont.)

- Take day trips or mini-vacations
- Get away from stressful technology such as mobile phones, email, internet
- Other: _____

Emotional self-care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Treat yourself kindly (for example, by using supportive inner dialogue or self-talk)
- Feel proud of yourself
- Reread favorite books and see favorite movies again
- Identify comforting activities, objects, people, relationships, and places, and seek them out
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in a constructive way
- Play with children
- Other: _____

Spiritual self-care

- Make time for prayer, meditation, and or personal reflection
- Spend time in nature
- Participate in a spiritual gathering, community, or group
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of intangible (immaterial) aspects of life
- Be open to mystery and not-knowing
- Identify what is meaningful to you and notice its place in your life
- Sing
- Express gratitude
- Celebrate milestones with rituals that are meaningful to you
- Remember and memorialize loved ones who have passed away
- Nurture others
- Contribute to or participate in the causes you believe in
- Read inspirational literature
- Listen to inspiring music
- Other: _____

Handout 9.4 - 2 (cont.)

Workplace/Professional self-care

- Take time to eat lunch with co-workers
- Take time to chat with co-workers
- Make time to complete tasks
- Identify projects or tasks that are exciting, growth promoting, and rewarding for you
- Set limits with clients and colleagues
- Balance your workload so that no particular day is 'too much!'
- Arrange your workspace to make it comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs, such as benefits and pay raises
- Have a peer support group
- Other: _____

This handout was adapted from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Karen Saakvitne and Laurie Anne Pearlman, published in 1996 by TSI Staff.

FHI Addictions Counseling Training Manual - Glossary of Terms

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
abstract thinking	thinking that is not based on a particular instance; theoretical	the ability to think about something from a range of different perspectives
addiction		the overpowering physical or emotional urge to continue alcohol/drug use in spite of an awareness of adverse consequences; there is an increase in tolerance for the drug and withdrawal symptoms sometimes occur if the drug is discontinued; the drug becomes the central focus of life
addiction counseling		professional and ethical application of basic tasks and responsibilities which include clinical evaluation; treatment planning; referral; service coordination; client, family, and community education; client, family, and group counseling; and documentation
affirmation	the act of stating something as a fact; asserting strongly	agreeing with what a client is saying in a supportive way
ambivalence	the state of having mixed feelings or contradictory ideas about something or someone	
arguing	exchanging or expressive diverging or opposite views, typically in a heated or angry way	
attending		listening to verbal content, observing non-verbal cues, and providing feedback that assures you are listening
autonomy	freedom from external control; independence	respecting a client's ability to think, act and make decisions for him/herself
behavior modification	the application of conditioning techniques (rewards or punishments) to reduce or eliminate problematic behavior, or to teach people new responses	

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
behavioral counseling	counseling that is based on the premise that primary learning comes from experience	an approach that views counseling and therapy in learning terms and focuses on altering specific behaviors
big deep moments		moments in a conversation that have significant impact on a person's thinking and commitment for change
burnout	physical or mental collapse caused by overwork or mental stress	depletion of motivation, interest, energy, resilience and often effectiveness of counselors caused by overwork or mental stress
case conferencing		a structured meeting between professionals to discuss relevant clinical aspects of a client
cliché	a phrase or expression that is overused and betrays a lack of original thought	
client		individuals, significant others, or community agents who present for alcohol and drug use education, prevention, intervention, treatment, and consultation service
client-centered	conducted in an interactive manner responsive to individual client needs	an approach to counseling that allows clients to retain ownership of their issues and building on their abilities to change behavior
closed question	question with more than one possible answer from which one or more answers must be selected	
cognitive counseling	counseling that is based on the belief that our thoughts are directly connected to how we feel	an approach to counseling which focuses on improving clients' ability to test the accuracy and reality of their perceptions
collusion	secret or illegal cooperation or conspiracy	clinical collusion: conspiring with another individual against a client's interest; remaining silent/not intervening when a client says or does something that (the counselor) knows is morally/legally wrong
competency		the requisite knowledge, skills, and attitudes to perform tasks and responsibilities essential to addiction counseling
confidential	intended to be kept secret	intended to be kept secret for the protection and safety of the client

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
confronting	compelling (someone) to face or consider something	expanding (or challenging) a client's awareness via reflections and questions focused on actual and potential inconsistent and illogical ways of thinking and communicating
continuum of care		the full array of alcohol and drug use services responsive to the unique needs of clients throughout the course of treatment and recovery
corrective feedback	information about reactions to a person's performance/ behavior intended to modify or improve the behavior	
counseling	provision of advice, especially formally	an interactive exchange process between counselor and clients to help clients confidentially explore their problems and enhance their capacity to solve their own problems
counselor	a person trained to give guidance on personal, social or psychological problems	counselors are similar to therapists in that they use a variety of techniques to help clients achieve stronger mental health. (one of the most commonly understood methods involves a one-on-one exploration of a client's inner beliefs and background (psychotherapy) or a similar exploration in a group setting (group therapy).)
craving	a powerful desire for something	
denial	the action of declaring something to be untrue	failure to accept an unacceptable truth or emotion or to admit it into consciousness; used as a defense mechanism
directive	involving the management or guidance of something	
disagreeing	having or expressing a different opinion	
discrimination	the unjust or prejudicial treatment of different categories of people or things, usually based on race, sex, gender...etc	
double-sided reflection		reflecting both the current, resistant statement, and a previous, contradictory statement that the client has made

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
empathy	the ability to understand and share the feelings of another	
exploration	thorough analysis of a subject or theme	
extrinsic	not part of the essential nature of someone or something; coming or operating from outside	something that comes from the outside; an outside feeling or point of view
goal	the object of a person's ambition or effort; an aim or desired result	
goal-centered	based on the short-, intermediate- and/or long-term goals of an individual or group	working toward achieving specific implicit or explicit objectives of counseling
harm	physical injury (especially that which is deliberately inflicted)	any event or stimulus that causes a negative outcome
harmful use		patterns of use of alcohol or other drugs for non-medical reasons that result in health consequences and some degree of impairment in social, psychological, and occupational functioning for the user
interpreting	understanding an action, mood or way of behaving as having a particular meaning or significance	
intervention	action taken to improve a situation	
intoxication	of alcohol or a drug, the state of losing one's control over one's faculties/ behaviors	
jargon	special words or expressions that are used by a particular profession or group and are difficult for others to understand	
judging	forming an opinion or conclusion about something	forming an opinion about something and projecting it on to other people

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
lapse	a temporary failure of concentration, memory or judgement	the reuse of drugs after a period of stopping
moaralizing	commenting on issues of right and wrong, typically with an unfounded air of superiority	
motivational interviewing	a client-centered, semi-directive method of engaging intrinsic motivation to change behavior by developing discrepancy and exploring and resolving ambivalence within the client	
nonjudgmental	avoidal moral arguments	
open-ended question	question whose answers have no determined limit or boundary	
ordering	commanding or giving instruction authoritatively	
over interpreting		placing too much emphasis on a specific client response (verbal or nonverbal)
paraphrasing	expressing the meaning of something someone has written/said using different words, especially to achieve greater clarity	
personal resilience	ability to withstand or recover from difficult situations on one's own	
prevention		the theory and means for delaying or denying uptake of drug use in specific populations. prevention objectives are to protect individuals prior to signs or symptoms of substance use problems; to identify persons in the early stages of substance abuse and intervene; and to end compulsive use of psychoactive substances through treatment
principle	a fundamental source or basis of something	

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
probing		asking for more information and/or clarification about a point that you think is important
procedure	an established or official way of doing something	
psychoactive substance		a pharmacological agent that can change mood, behavior, and cognition process
rapprochement	a close and harmonious relationship in which the people or groups concerned understand each others feelings or ideas and communicate well	
reflective listening		to listen carefully to what the client has said and repeat back what was said in a directive way
reframing	framing or expressing words, concepts or plans differently	
relapse	to suffer deterioration after a period of improvement	the return to the pattern of substance abuse as well as the process during which indicators appear prior to the client's resumption of substance use
reliability	the degree to which something is consistently good in quality or performance	
resistance	the refusal to accept or comply with something	any feeling thought and communications on part of the clients that prevent them from participating effectively in counseling.
resourcefulness	having the ability to find quick and clever ways to overcome difficulties	
respect	a feeling of deep admiration for someone or something elicited by their qualities, abilities or achievements	
risk	a situation involving exposure to danger	
rolling with resistance		meeting resistance to change from a client by moving in the direction he/she is headed with a response that is intended to diffuse the resistance

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
self-efficacy		belief in a client's own ability to undertake a task(s) and/or fulfill goals
self-responsibility	(responsibility for one's self) - the state or fact of having the duty to deal with one's self	
significant others		sexual partner, family member, or others on whom an individual is dependent for meeting all or part of his or her needs
simple reflection		to repeat or rephrase what the client has said
skill	the ability to do something well; expertise	
sobriety		the quality or condition of abstinence from psychoactive substance abuse
stage of change theory	a theory that espouses that behavior change does not happen in one step, rather, people tend to progress through different stages on their way to successful change; each progresses through the stages at his/her own rate	
substance use		consumption of low and/or infrequent doses of alcohol and other drugs, sometimes called "experimental," "casual," or "social" use, such that damaging consequences may be rare or minor
summarizing	giving a brief statement of the main points of (something)	
supervision	observation and direction execution of a task, project or activity	the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance
sympathizing	agreeing with a sentiment or opinion	
sympathy	understanding between people; a common feeling because you have experienced the same or similar event.	

FHI Addictions Counseling Training Manual - Glossary of Terms (cont.)

TERM	DICTIONARY DEFINITION	ADDICTIONS COUNSELING DEFINITION
technique	a way of carrying out a particular task	
therapeutic alliance		the relationship between a mental health professional and a client it is the means by which the professional hopes to engage with, and effect change in, a client
threatening	causing someone to be vulnerable or at risk	
voluntary	done, given or acting of one's own free will	

