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Clinical Supervisor and Counselor Perceptions of Clinical Supervision in Addiction Treatment

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Abstract

Little is empirically known about clinical supervision in addiction treatment. This study describes multiple domains of clinical supervision in addiction treatment from the perspectives of clinical supervisors and their counselors. Survey data were obtained from 484 matched clinical supervisor-counselor dyads working in diverse addiction treatment programs across the U.S. Supervisors report wide-ranging experience and training in supervision. Counselors' generally perceive their supervisors' job performance as effective. Supervisors and their counselors largely differ in their perceptions of supervision practices with supervisors reporting greater supervision given and their counselors reporting less supervision received. Implications are discussed.

Keywords

clinical supervision; addiction counselors; job performance; supervisor-counselor dyad

Introduction

Research in various health care disciplines suggests that clinical supervision is essential in supervisees' professional development, skill building, and patient outcomes.¹⁻⁶ Clinical supervisors are expected to mentor, train, and educate supervisees, promote the development of counseling skills, foster professional development, and pass on knowledge to their supervisees.¹⁻⁶ Culbreth argued that clinical supervisors and counselors working in addiction treatment programs are faced with issues that are distinctive to the addiction treatment field,⁷ which sets the needs and skills for clinical supervision apart from other health care fields. Yet, little is empirically known about clinical supervision in addiction treatment.⁷⁻⁸ The purpose of the current study is to take an in-depth descriptive look at multiple domains of clinical supervision in addiction treatment programs from the perspectives of clinical supervisors and their counselors.

The Unique Context of Clinical Supervision in Addiction Treatment

An over-riding difference between the addiction field and other health care fields is that state and federal funding for addiction treatment is lower than that allocated to health care in general, and mental health in particular.⁹⁻¹⁰ Financial cut-backs and failure to keep funding on par with demand is associated with organizational instability such as downsizing and closing of treatment programs.¹¹ As a result, remaining addiction treatment staff, for instance, has to manage increasing caseloads with limited financial resources and more counselors are assigned to fewer clinical supervisors.

In keeping with differences in funding across segments of the health care sector, salaries are lower in the addiction field than other health care areas.¹² Low salaries are compounded by the fact that addiction staff enters the field with varying degrees of education and training.¹³ Even though more individuals today are entering the field with bachelor and master degrees,⁸ few educational programs integrate addictions and treatment into their curriculum, leaving many new entrants unprepared for the unique and myriad challenges associated with treating patients with addictions (e.g., co-occurring disorders, HIV positive status, need for additional services such as housing, financial assistance, navigation through the criminal justice system).^{14,15} The frequent lack of training in addictions and lack of standardized licensing or credentialing requirements for addiction professionals in most states^{7,16} makes clinical supervision more imperative as a way to help counselors develop professional skills compared to entrants into other health care settings.

To better understand clinical supervision in addiction treatment, the current study describes clinical supervisors' perceptions of their experience and training in clinical supervision and counselors' ratings of their supervisors' job performance effectiveness. It also examines supervisors and their counselors' perceptions of supervision practices within their dyad. The matched clinical supervisor-counselor dyad data provide a more accurate picture of clinical supervision because it represents the views of both parties involved and allows for an examination of over- and under-reporting of particular supervision practices. We pose the following research questions (RQs): *(1) How do clinical supervisors perceive their experience and training in clinical supervision? (2) How do counselors perceive their clinical supervisors' job performance effectiveness? (3) How do clinical supervisors and their counselors perceive clinical supervision practices?*

Method

Sample and Study Design

The sample consists of matched data from 484 clinical supervisor-counselor dyads (181 clinical supervisors and 484 counselors under their supervision) who participated in the Managing Effective Relationships in Treatment Services (MERITS I) project. MERITS I is a national longitudinal project funded by the National Institute on Drug Abuse (NIDA) that uses NIDA's Clinical Trials Network (CTN) as a platform to identify work experiences of employees working in addiction treatment programs. Importantly, addiction professionals working in CTN-affiliated programs are generally similar in demographic and professional characteristics compared to addiction professionals in large national samples.¹⁷⁻¹⁹

Twenty-seven community-based treatment organizations participated in Project MERITS I in 2007. Clinical supervisors completed surveys about their unique supervisory relationship with each of their counselors whereas counselors answered questions about their clinical supervisor. In order to be eligible for participation in the study, clinical supervisors had to engage in written and/or face-to-face supervision with their counselors and counselors had to have direct contact with patients in a therapeutic relationship. The response rate was 88% for supervisors and 80% for counselors. All procedures were approved by the Institutional Review Board at [authors' anonymity]. Counselor and supervisor characteristics are shown in Table 1.

Measures

Clinical supervisor perceptions of their experience and training in clinical supervision—Supervisors reported on their experience with clinical supervision including the total number of counselors they currently supervise and have supervised over their entire career, the number of years they have worked as clinical supervisors, the percentage of time

they spend in clinical supervision, and the percentage of time they would like to spend in clinical supervision (see Table 2). In addition, supervisors noted the amount of training in hours that they received in clinical supervision and the extent to which their formal educational training included coursework related to clinical supervision (1 = *not at all* to 3 = *great extent*) (see Table 2).

Counselor perceptions of their clinical supervisors' job performance

effectiveness—Counselors rated their supervisors' job performance effectiveness using a 14-item scale developed for this study following guidelines for the development of performance rating instruments^{20,21} (see Table 3 for individual items; $\alpha = .97$). Items are based on a thorough review of their job tasks using the Department of Labor's O*Net system (<http://online.onetcenter.org/>) and research on clinical supervisor job requirements and competencies.^{2,22,23} Finally, an advisory board panel of 9 experts in the field of addiction treatment reviewed the instrument and provided feedback on the appropriateness and comprehensiveness of the supervisor job tasks. Responses ranged from 1 = *very ineffective* to 4 = *very effective*.

Clinical supervisor and counselor perceptions of clinical supervision

practices—Both clinical supervisors and counselors noted the number of hours per week that the supervisor spends interacting with the counselor and the number of hours per week that the supervisor spends providing feedback to the counselor. In addition, both supervisors and counselors reported whether or not (0 = *no*, 1 = *yes*) the supervisor used any of six modes of interaction and any of six feedback mediums (see Table 4).

Data Analysis

Descriptive statistics were used to determine clinical supervisor and counselor characteristics (see Table 1) and answer RQ1 and RQ2. For RQ3, we used paired t-tests for continuous variables and chi-square analysis for categorical variables.

Results

RQ1: How Do Clinical Supervisors Perceive Their Experience and Training in Clinical Supervision?

As shown in Table 2, supervisors worked an average of 7.43 years as clinical supervisors, currently supervised an average of 7.64 counselors, and had experience supervising an average of 28.89 counselors over their careers. They spent an average of 28.71% of their time in supervision but would really want to spend an average of 39.65% of their time providing clinical supervision. On average, supervisors had received 90.61 hours of clinical supervision training and noted an average of 1.68 *extent of supervisor training* that was included in their coursework.

RQ2: How Do Counselors Perceive Their Clinical Supervisors' Job Performance Effectiveness?

Table 3 shows that counselors rated their supervisors' overall job performance an average of 3.09 on a 4-point scale, indicating an overall *effective* job performance. Similarly, on the individual item level, 12 of the 14 job performance items were considered between *effective* to *very effective* (mean range between 3.00 and 3.30) and 2 items were rated closer to *effective* than *ineffective* (mean range between 2.83 and 2.94).

RQ3: How Do Clinical Supervisors and Their Counselors Perceive Clinical Supervision Practices?

Table 4 indicates that clinical supervisors and their counselors are more different than similar in their perceptions of clinical supervision practices, despite the fact that they are reporting on supervision within their dyad. Clinical supervisors reported supervising their counselors an average of 1.82 years, which is slightly but significantly lower than that reported by their respective counselors (1.97 years). Supervisors also reported significantly greater amounts of time spent interacting with their counselors ($M = 8.78$ hours per week) compared to counselors' reports ($M = 5.42$ hours per week). Clinical supervisors further reported using a significantly greater variety of modes of interaction—4 out of 6 and significantly more diverse methods of providing feedback—5 out of 6.

Discussion

Four main conclusions can be drawn from the results of this study. First, supervisors have wide-ranging experience and training in supervision. Second, supervisors are generally viewed as *effective* in their job performance by counselors. Third, supervisors report significantly more time interacting with their counselors than counselors report spending with their supervisors. Fourth, a wide variety of methods are used to interact with and deliver feedback to counselors, although supervisors report greater use of these diverse methods than do their counselors.

Clinical Supervisor Perceptions of Their Experience and Training in Clinical Supervision

Clinical supervisors report good supervisor experience and sufficient clinical training to provide qualified supervision. This is an important finding considering that many new counselors are in need of developing skills in addiction counseling and supervisors are their main source of support and resource for professional development.¹⁻⁶ Supervisors also indicate that they would like to spend more time supervising counselors. This shows that supervision is an integral and satisfying part of supervisors' jobs. Supervisors might want to consider establishing group supervision that promotes common skill development, enables counselors to be validated by other counselors, and facilitates teamwork in diverse groups.²⁴

Counselor Perceptions of Their Clinical Supervisors' Job Performance Effectiveness

The majority of counselors consider their supervisors to be *effective* in their supervision job performance. However, considering that clinical supervision is vital for counselors' skill development and delivery of evidence-based practices,¹⁻⁶ the goal of clinical supervision in addiction treatment should be to reach *very effective* ratings among the majority of counselors in all areas of supervision. This can be achieved by providing on-going training to current supervisors and in-depth training for addiction counselors who are promoted to the status of clinical supervisors without formal education and training.

Clinical Supervisors and Their Counselors' Perceptions of Clinical Supervision Practices

Compared to supervisors, counselors report that their supervisors are engaged in fewer hours and fewer modes of interaction as well as fewer modes of feedback. Either supervisors overestimate how much time and energy they invest in their counselors or counselors underestimate their supervisors' efforts. In order to bring counselor and supervisor perceptions more in line, it may be beneficial to implement a formal clinical supervision program that outlines specific elements of supervision.

Limitations and Conclusion

One limitation of this study is the cross-sectional design that did not allow for the examination of changes in supervisors' and counselors' perceptions of clinical supervision over time. Different supervision modes may be utilized as counselors become more effective over time. As their competence increases, counselors generally require less supervision and feedback. Another limitation is that our sample consisted of only CTN-affiliated addiction professionals. Thus, the generalizability of our findings to other populations may be limited although studies using large, nationally representative samples have shown similar demographic and professional characteristics to addiction professionals in our study.¹⁸⁻²⁰

In conclusion, this study described clinical supervision practices in the unique context of the addiction field, examining counselor and supervisor perceptions, and whether supervision is deemed as effective. While supervision seems to be effective, there is still room for improvement. Supervisors should devote more energy to their interactions with counselors, particularly because these interactions foster professional growth and competence.

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Table 1

Clinical Supervisor (N = 181) and Counselor (N = 484) Characteristics

	Supervisors	Counselors
Female (<i>n</i> , %)	116 (64)	290 (63)
Highest education level (<i>n</i> , %)		
High school	17 (9)	82 (18)
College degree	31 (17)	139 (31)
Master's or higher	132 (73)	233 (51)
Race/ethnicity (<i>n</i> , %)		
Caucasian	131 (74)	284 (63)
African American	22 (12)	83 (18)
Hispanic	13 (7)	59 (13)
Multiracial/other	12 (7)	26 (6)
Certified addiction professional (<i>n</i> , %)	131 (74)	239 (53)
In recovery (<i>n</i> , %)	51 (29)	171 (39)
Tenure as addiction counselor/yrs (<i>M</i> , <i>SD</i>)	12.14 (7.89)	7.11 (6.97)
Tenure in behavioral health/yrs (<i>M</i> , <i>SD</i>)	16.95 (8.94)	10.02 (7.87)
Tenure in current center/yrs (<i>M</i> , <i>SD</i>)	8.33 (6.88)	4.61 (5.15)
Age (<i>M</i> , <i>SD</i>)	47.24 (10.62)	43.73 (11.99)
Work hours per week (<i>M</i> , <i>SD</i>)	46.46 (8.49)	43.97 (7.78)
Annual salary (<i>M</i> , <i>SD</i>)	51,353 (15,470)	33,807 (9,690)

Table 2**Clinical Supervisor Perceptions of Their Experience and Training in Clinical Supervision**

	<i>M</i>	<i>SD</i>
Years of experience as supervisor	7.43	7.08
Number of counselors currently supervised	7.62	4.77
Number of counselors supervised over career	28.89	25.36
% of time spent in supervision	28.71	21.21
% of time would like to spend in supervision	39.65	23.60
Hours of supervisor training received	90.61	441.29
Extent of supervisor training included in coursework ^I	1.68	.57

Note.

^I₁ = *not at all*, 2 = *some extent*, 3 = *great extent*.

Table 3**Counselor Perceptions of Their Clinical Supervisors' Job Performance Effectiveness^a**

	<i>M</i>	<i>SD</i>
Composite Supervisor Job Performance (items 1-14)	3.09	.70
1. Provides feedback on my clinical work with individual patients.	3.07	.78
2. Provides feedback on my clinical work with treatment groups.	3.00	.80
3. Helps me improve my skills as a counselor.	2.94	.87
4. Demonstrates clinical knowledge.	3.30	.82
5. Shares relevant professional experiences.	3.14	.87
6. Encourages me to take time to understand what the patient is saying.	3.05	.88
7. Suggests alternative ways of intervening with patients.	3.08	.77
8. Assists me with approaching unique problems I encounter with patients.	3.14	.81
9. Listens carefully to my perspectives on clinical issues.	3.07	.89
10. Helps me design, implement, and assess treatment plans for patients	2.83	.88
11. Provides me with guidance when it is requested.	3.24	.79
12. Solicits my explanations about the patient's behavior.	3.04	.80
13. Encourages me to formulate my own interventions with the patient.	3.06	.84
14. Treats me like a colleague in our supervisory sessions.	3.12	.90

Note.

^a1 = *very ineffective*, 2 = *ineffective*, 3 = *effective*, 4 = *very effective*.

Table 4
Clinical Supervisor and Counselor Perceptions of Clinical Supervision Practices (N = 484)

	Supervisors	Counselors	Paired <i>t</i> -test	χ^2 test
Years supervised by/supervising [<i>M</i> (<i>SD</i>)]	1.82 (2.31)	1.97 (2.37)	3.10**	
Hours spent interacting/wk [<i>M</i> (<i>SD</i>)]	8.78 (9.60)	5.42 (7.35)	-6.48***	
Hours spent providing feedback/wk [<i>M</i> (<i>SD</i>)]	2.57 (3.26)	2.94 (5.57)	.70	
Modes of interaction: Supervisor/I ... [<i>n</i> (%)]				
...review(s) case notes	432 (89)	321 (69)		58.43***
...listen(s) to case presentations	394 (81)	315 (68)		22.96***
...sit(s) in on group sessions	228 (47)	134 (29)		33.35***
...sit(s) in on individual counseling sessions	176 (36)	75 (16)		49.65***
...review(s) video/audio taped sessions	59 (12)	45 (10)		1.51
...use(s) other mode of interaction	154 (32)	156 (34)		.35
Modes of feedback: Supervisor/I use(s) ... [<i>n</i> (%)]				
...one-on-one discussion	478 (99)	421 (91)		31.14***
...group discussion	386 (80)	283 (61)		40.15***
...e-mail	317 (66)	257 (55)		10.13**
...telephone	302 (62)	226 (49)		17.99***
...written messages	271 (56)	182 (39)		26.69***
...other modes of feedback	15 (3)	22 (5)		1.70

**
 $p < .01$;

 $p < .001$.