

Clinical Supervision: A Cornerstone of Developing the Behavioral Health Workforce
Thursday, December 8, 2016, 9 am to 12 noon
Augusta Armory, 179 Western Ave, Augusta, ME 04330

Description:

Clinical supervision is crucial to support the professional development of behavioral healthcare staff through teaching, coaching, consulting and mentoring. As we move to a more integrated health service system, roles are changing and expanding and the work is becoming more complex. The ultimate goal is to ensure that clients are competently served. Additionally staff being adequately supported in their learning and clinical roles is a cornerstone to positive morale, job satisfaction, and retention.

This interactive session examined the challenges and the opportunities that clinical supervision affords or can afford. A panel of experts began the session followed by round table discussions to capture the relevant issues and identify strategies that can be implemented in Maine to support supervisors. The notes from this session are recorded below.

Objectives:

- 1) Discuss how clinical supervision can support, develop and retain a quality behavioral health workforce
- 2) Analyze the challenges and opportunities for clinical supervision models and strategies
- 3) Identify what the MBHWDC can do to support quality clinical supervision in our behavioral health workforce settings

Facilitator: Charles Bernacchio, Associate Professor, University of Southern Maine

Panel:

- Sabra Burdick, Adjunct Faculty, University of Maine Augusta
- Jeffrey Janell, Manager, Outpatient Services, MaineGeneral Counseling
- Garret Oswald, Director, State Workforce Investment Board
- Patricia McKenzie, Administrator, Outpatient and Substance Abuse Services, Kennebec Behavioral Health

Notes:

Charlie Bernacchio: Charlie shared resources and documents and noted that nationally competencies for supervision have been defined by the Association for Counselor Education and Supervision. He also brought attention to trends in the field towards increased telecommunications and tele therapy. These trends will create changes in how we do business.

Sabra Burdick: Sabra began by reflecting that she had been in supervisory roles for 30 years but had never had any supervisory training. When she began teaching at UMA, she realized how much she didn't know.

UMA has a required course in supervision for undergraduates in human services. The course exposes students in what they can expect and how to participate in supervision. There are basic attributes of quality supervisors which includes being a good listener, being creative, being empathetic and being knowledgeable. Supervisors have multiple roles which includes administrative as well as educational or clinical roles. The literature highlights that the quality of the supervisor has a direct impact on the rate of retention.

Jeffrey Janell: Jeff provides supervision of mental health/substance abuse outpatient services within a larger system. He provides supervision and also manages an active caseload. Maintaining a case load and having done direct service, he understands the challenges of being a clinician. This has been helpful for him as a supervisor. He views himself as a filter and translates the expectations of the administration to those he supervises. He was afforded the opportunity to go through the Certified Clinical Supervisor Training by his organization and found it immensely helpful. He recommended that any supervisor, regardless if it for substance abuse service supervision or not, go through the training. He noted that there are basic competencies for all supervisors across the various professions. He also has integrated motivational interviewing in his style. He also noted that supervision actually starts at the hiring process and ensuring the person who is hired fits the job.

Pat Mackenzie has provided supervision to supervisors. She noted that to develop a more capable workforce, supervisors must be clear, concise, and trained in their leadership skills. She spoke to how to create Three Wins: a win for the agency, a win for the supervisors, a win for the supervisees and a win for the clients.

There are multiple challenges on various levels for supervisors. At the agency level there are the challenges of:

- Rapid turnover and many supervisors are hired who lack experience in supervision
- Limited supervisor training
- Lack of a framework at the agency level for supervision
- Lack of flexibility in models and models that don't fit the changes in the field (integrative)
- Difficulty managing multiple and increasing priorities: documentation, meeting client needs, productivity, and ever growing caseloads

There are also opportunities for supervisors:

- Research says, people stay in jobs because of their supervisor. People come to an agency because of its reputation of its supervisors.
- A workplace agency culture is bigger than a one-to-one relationship and supports the workforce (or detracts)
- Trauma informed system of care support wellness of its clients and its staff
- Cost of risk management is high, but managing risk saves agencies money and increases quality; Supporting clinicians is an investment, not an expense

Pat posed various questions, "How do we create a commitment around a shared set of values?" "How would we operationalize it?" "What models and frameworks do we choose?" "How do we develop supervisory skills sets?" "What are different approaches and technology that can be used to assist supervisors?" "What do we need to consider to create integrated, multidisciplinary teams?"

Pat named resources for supervision which included: Best practices from social work practices, TIP 52 (12 core functions), Kendra Smith, Psy.D. who has a good review of models including developmental, integrative, motivational interviewing, etc.

Garret Oswald provided a perspective from outside of behavioral health. There are growing challenges the workforce in Maine faces which include:

- We are the oldest state in the unit
- We have a low immigration rate into the state
- The rate of birth has stopped exceeding the rate of deaths
- There is a skill gap; we will be needing skills that we don't even know we will need.
- The training delivered is disconnected from what the workforce needs.

The good news is that there are ways that can address these challenges which include:

- Align the funding with the need. The Workforce Investment Opportunity Act provides resources for training
- Align the data so we can measure the need
- Use sector strategies to train people by pulling together organizations and industries in collaborative fashions.
- Expand the marketing that it is great to live and work in Maine (see the website <http://www.liveandworkinmaine.com/>); support the development of apprenticeships
- Work to retain the workforce we have as the cost of recruitment is expensive. Help workers develop new skills and the back fill with other workers. WIOA can help pay for training the new workers. Behavioral health agencies haven't yet accessed what the DOL can offer. Joan Dolan is a contact at the DOL.

The group divided into groups and discussed the following questions:

1) What are the challenges facing clinical supervisors? What are the skills that are needed in our changing behavioral health environment?

Group 1 – Supervisors are required to wear many hats and how their roles are split among the agency is murky. Caseloads and the diverse treatment needs of clients are challenges. Other challenges include:

- Trauma
- Dual Relationships
- Geography, Distance, Transportation
- Administrative Burden
- Managing Productivity.

Required skills needed to address the challenges are:

- Flexibility
- Ability to think outside the box
- Experience that builds systemic thinkers

Group 2 – Supervisors getting needed supervision is challenging. There are time constraints which limit supervision and agencies' prioritize billable hours. Supervision is a low priority. Supervisors fill multiple roles within an agency.

Required skills needed to address the challenges are:

- Effective communication with staff
- Time management
- Flexibility and accessibility
- Defining realistic expectations
- Modeling clinical skills

Group 3 – Challenges include having to rely on insurance companies for payments, new supervisors having to undo bad habits of experienced seasoned employees, supervisors who are promoted for their clinical experience, rather than for both their clinical and supervisory experience and supervisors lose selectivity with their hiring options because there is a shortage of clinicians. There is high turnover in clinical staff in a very competitive market. This turnover effects the culture of the agency.

Required skills needed to address the challenges are:

- Work in your area of competency
- Increasing interdisciplinary collaboration
- Train staff to fiscal realities at outset of employment
- Create incentives
- Be transparent about the “why?”
- Bring supervisors into information circle
- Be mindful of generation gaps with staff

2) What are the opportunities, strategies and models to advance and support clinical supervisors/clinician supervision?

Group 1 – SAMHSA – TIP 42 and 52. Take peer supervision to the next level, keep conversations going, sharing information from the supervisee to administration. Develop the workforce by sharing resources, both internally and externally and build access public libraries, educational opportunities offered CCSME, AdCare, Best Practices and partnerships with schools and universities.

Group 2 – Embed supervision within operational structure, get agencies to work collaboratively to promote supervision in practice, adhere to regular set period of time for clinical supervision, include supervision at graduate student level or earlier, provide incentives to clinical staff to get supervision training, instill in management the value/importance of supervision training

Group 3 – did not provide notes

3) What types of training is needed and for whom?

Group 1 – Who needs training? Answer – Everyone

Group 2 - Did not provide notes.

Group 3 – Did not provide notes