

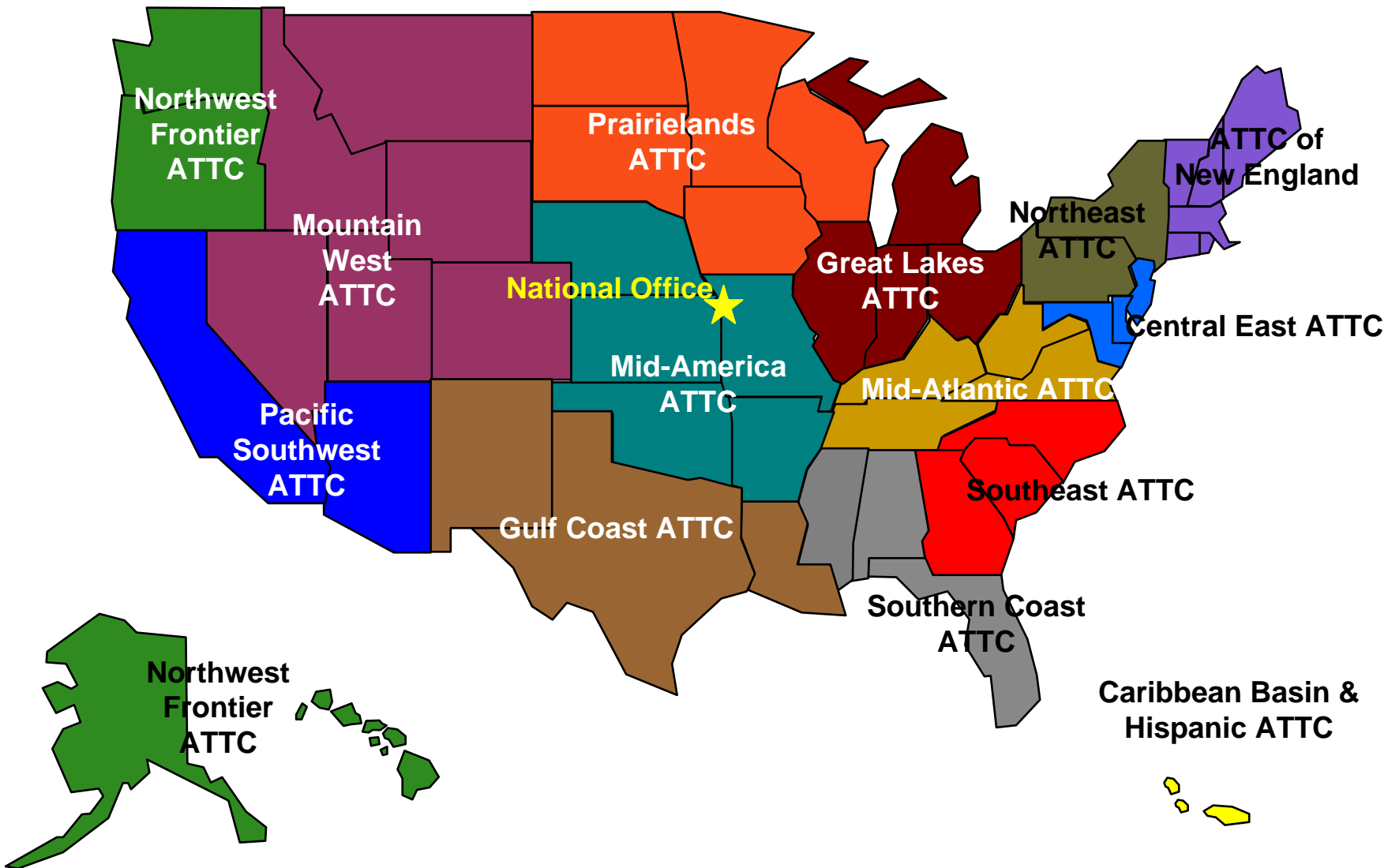


Workforce Development and Leadership

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The ATTC Network Overview

- The ATTC Mission
 - To increase knowledge and skills of addiction treatment practitioners
 - To heighten the awareness, knowledge and skills of ALL professionals
 - To foster regional and national alliances among practitioners, researchers, policy makers, funders and consumers



Why is Clinical Supervision Important?

- It enhances the adoption of empirically supported practices
 - It facilitates the learning of new skills by counselors
 - It increases the development of counselors' clinical skills overall
- It enhances the effectiveness and self-confidence of counselors
 - It increases retention of staff
 - It reduces burn-out
 - It enhances counselors' job satisfaction



Why is Clinical Supervision Important?

(II)

- Signature pedagogies: Profession-specific ways of teaching the trade (Shulman, 2005).
- Gatekeeper of the profession (Bernard & Goodyear, 1998).
- Facilitates adoption of ethical and professional practices (Tromski, 2000)



Challenges facing the clinical supervision practices of today

- Should Administrative and clinical supervision be divided between two professionals within or outside of the organization?
- How should the organization pay for this?
- Are clinical supervisors educated and trained to provide clinical supervision?
- How should clinical supervision be conducted?
- Should clinical supervisors be certified to provide clinical supervision?



Experiences from Iowa: Results from four studies.





Anderson (2000) compared the supervision needs of counselors at various developmental levels.

- **Developmental levels defined by:**
 - the Integrated Developmental Model (IDM: Stoltenberg et al. 1998),
 - recovery status,
 - years of experience
 - level of education.
- **Participants:**
 - 422 Substance abuse counselors certified by the Iowa Board of Substance Abuse Certification
 - 25.9% male, 74.1% female
- **Results:**
 - A majority (54.5%) of certified substance abuse counselors were receiving clinical supervision; 45.5% were not receiving clinical supervision
 - Counselors in clinical supervision were most likely to be receiving a combination of individual and group supervision.
 - The findings provided partial support for the Integrated Developmental Model:
 - Years of experience as a counselor and a supervisor were significant clinically.
 - Recovery status was not found to be significant.



Clinical supervision: Working with co-occurring disorder clients (II),

- Results
 - At pre-training, subjects indicated need for the knowledge and skills, expected training to be useful and beneficial for clients, and expected the training to be a beneficial use of their time
 - At follow-up
 - 60.0% indicated they had acquired new knowledge
 - 42.9% had gained a new perspective
 - 45.7% had acquired skills useful in their work
 - 48.6% had verified existing knowledge.
 - Recommendation: Regular training and clinical supervision should be offered in assessment and treatment of clients with co-occurring substance use and mental health disorders.



Clinical Supervision: Partners in Parenting (II)

- Results
 - 10 of the 11 women receiving clinical supervision were satisfied with ICN training, reporting adequate follow-up support
 - No difference in implementation between the ICN group and the “on demand” group
 - “on demand” group never contacted us
 - When supervision is offered to substance abuse counselors, it is difficult for them to utilize the services provided if the clinical supervision is not part of their daily routine.
 - More structured clinical supervision is necessary for substance abuse counselors to take advantage of the opportunity. Initiating contact with the research team was too difficult practically.



Clinical Supervision: Seeking Safety Program (II)

- Results
 - Evidence-based programs were only partially implemented
 - Lack of fidelity to procedures was attributable to:
 - Perception by clinicians that programs were not appropriate for the unique issues of Iowa women, particularly rural women
 - Inconsistent commitment on the part of treatment center management to faithful program implementation
 - Staff turnover was so high that the staff who received training were not always available to complete or repeat programs



What do we know
about good and
effective clinical
supervision ?



Effective Clinical Supervisors

- Are effective communicators
- Set clear expectations that are understood
- Follow through via observation
- Provide feedback with respect in a timely manner
- Teach needed skills
- Provide a supportive and respectful environment
- Check assumptions about counselors
- Check counselor assumptions about supervision and supervisor
- Understand how people change



Effective Clinical Supervisors (II)

- Create supportive relationships with their supervisees
- Create good working alliances with supervisees
- Combine multiple styles
 - Insight-oriented, feelings-oriented, and didactic-consultative style
- Understand the developmental level of the supervisee



Effective Clinical Supervisors (III)

- Conflict resolution
 - Conflicts over style of supervision were easily adjusted
 - More difficult to resolve was conflict over theoretical style, orientation, and personal style
- Self-disclosure
 - Feedback to the supervisee: Important to adjust to the developmental level of the supervisee
 - Self-disclosure about therapeutic experiences
 - Self-disclosure about personal issues



Effective Clinical Supervisors (IV)

- Address cultural aspects in treatment
- Address gender aspects in treatment
- Facilitates bi-directional communication
- Is enthusiastic and energetic about their work
- Commits and devotes time to the supervisory appointment; sanctity of the time commitment
- *Permits the supervisee to admit to mistakes*
- Models how to provide feedback/confrontations about mistakes in a supportive way; provides regular feedback



Developmental models for clinical supervision and counselor development

Stoltenberg and Delworth (1995) & Maki and Delworth (1995):

Counselor Development in three stages

Skovhold and Ronnestad (1992):

Lifelong learning of counseling/
therapeutic skills



Integrated Developmental Model

Stoltenberg, McNeill, and Delworth (1988)

- Counselors move through three levels of development in a relatively orderly fashion relevant to professional activities
- The model allows for brief regressions when counselors are faced with new or ambiguous tasks.
- Counselors develop in a step-by-step approach.



Levels of Counselor Development

- Level One: Beginners are full of trust and hope
- Level Two: Confusion stage, striving for independence, less imitative, sometimes frozen attitudes, ambivalence, instability
- Level Three: Calm after the storm, able to concentrate, demonstrates development, learning is a life-long process



Three Overriding structures

- Self and Other Awareness
- Motivation
- Autonomy



Conclusions

- Few studies of clinical supervision in substance abuse counseling
- Diverse roles and responsibilities are associated with clinical supervision
- Clinical supervisors need to be supported and educated to do their job effectively



Without Strong Supportive
Leadership
Clinical Supervision is Inhibited
Service Providers Struggle
Client Success is Jeopardized
and the
Helping Profession Fields Decline



Addiction Technology Transfer Center Network

LEADERSHIP INSTITUTE

Unifying science, education and services to transform lives.



A National “Call to Action”

“Addiction treatment’s future hinges on how well we perform leadership development and transitioning”

William White and Russell Hagen. (January 2006). Ten steps to leaving an organization in good hands. *Behavioral Health Management; Jan2006, Vol. 26 Issue 1.*



Why?

- An aging workforce
 - 75% of workforce over 40, with the average age 45-50 (Kaplan, 2003)
- Significant workforce turnover as demonstrated by high turnover rates
 - range from 18.5 - 33% a year
 - significantly higher than 11% (the national average in all disciplines (McLellan & Johnson, et al 2002))



Why Is a Leadership Institute Needed?

- **Few educational opportunities** available for addiction treatment professionals
 - Over Two-Thirds of addiction studies programs are at the associates level (Taleff, 2003)
- **Lack of Diversity** in Workforce
 - 70-90% of workforce is White/Non-Hispanic (Kaplan, 2003)



The Leadership Institute

Center for Substance Abuse Treatment and Partners for Recovery

**A collaboration of
communities and
organizations mobilized
to help Individuals and
families achieve and
maintain recovery, and
lead fulfilling lives**





The Leadership Institute...

... offers a unique leadership preparation program providing a balance of traditional training seminars and field experiences within a six month time frame.



Primary Goal

- Cultivate new leaders within the addiction field through the enhancement of knowledge and development of competencies among mid-level managers.



What is the Leadership Institute?

- An intense leadership program providing professional development through evidenced-based training seminars, distance learning, and the completion of a project within a six-month timeframe.
- **Goal:** To cultivate future leaders in the addiction treatment field



Leadership Institute History

- Developed by the Southern Coast ATTC in partnership with the Graduate School/USDA
 - Began as a pilot program in October 2003, leading to a nationwide effort
 - Now held across all regions of the country
- ATTC and CSAT's **Partners for Recovery** work together to support the program



4-Phase Design

- Phase 1 ~ Assessment
- Phase 2 ~ Immersion Training
 - 5-Day Intensive Training Session
 - Facilitated by USDA Graduate School trainers and Regional Centers
- Phase 3 ~ Experiential Learning
- Phase 4 ~ Recognition Ceremony



Phase I

- Based on assessment that pinpoints individual leadership and management interests, values and skills.
- Assessment instrument completed and formal feedback is solicited from co-workers and supervisors.
- Results from assessment help match the skill sets needed by the Protégé with a mentor.
- Individual Leadership Development Plan created.



Phase II

- Offers training experiences that establish a conceptual framework.
- Program begins with a five-day Immersion training session that offers a logically-sequences foundation in leadership competencies.
 - Protégés benefit from fundamental common learning and allows for the group cohesion process to begin.



Phase III

- Protégés take experiential learning from the “classroom” to relevant settings, including their organization.
- Protégés must complete a Leadership Project that demonstrates mastery of identified leadership competency skills.
 - Mentors and supervisors play a key role in this process



Mentors

- Current leaders in the field guide and assist in the development of leadership skills among trainees.
- Mentors will be individually recruited and selected based on demonstrated leadership and management expertise.
- Mentors help clarify goals and provide guidance on the actions outlined in the Individual Leadership Development Plan



Phase IV

- Involves recognition
- Leadership Projects are presented
- Institute culminates in a special ceremony and formalized certificate of proficiency completes the four-phase process.



Next Leadership Institute

Location: Madison, Wisconsin

Immersion Training: May 5-9, 2008
Enhancement Session: August 21-22, 2008
Graduation: October 23-24, 2008



Protégé Criterion and Expectations?

- Application to the PATTC Leadership Institute is open to persons who work in addiction treatment agencies in Iowa, Minnesota, Wisconsin, North Dakota, and South Dakota.
- Potential candidates must be nominated and are selected for participation by the PATTC Leadership Steering Committee based upon the information contained therein.
- Nominations deadline is February 18, 2008.
- Attendance in “all three” of the training events and continued contact with mentors, protégés, and PATTC staff throughout the six-month experience is mandatory.



How Do I Obtain a Nomination Form?

Contact: Candace Peters, MA, CADC

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Thank you for taking the time out of your very important work to ensure quality service through education to the persons we serve.



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