

Clinical Supervisory Bibliography

Foundation Area. I -Theories, Roles, & Modalities of Clinical Supervision

The Clinical Supervisor should:

1. Understand the role of clinical supervision as the principal method for monitoring and ensuring the quality of clinical services.
2. Appreciate the systemic role of the clinical supervisor as a primary link between management and direct services.
3. Understand the multiple roles of the clinical supervisor, including consultant, mentor, teacher, team member, evaluator, and administrator.
4. Be able to define the purpose of clinical supervision specific to the organization's clinical and administrative contexts, including supervisory goals and methods.
5. Be familiar with a variety of theoretical models of clinical supervision, including (but not limited to) psychotherapy-based, developmental, multicultural, integrative, and blended models.
6. Be able to articulate one's model of supervision.
7. Be familiar with modalities of clinical supervision, including individual, group, direct observation, and consultation.
8. Be familiar with the current research literature related to recommended practices in both substance use disorder treatment and clinical supervision.
9. Be familiar with the literature regarding multiple learning strategies (e.g., instructions, demonstrations, role plays, critiques).
10. Recognize the importance of establishing with the supervisee a productive, healthy learning alliance focused on improving client services and job performance.
11. Understand and reinforce the complementary roles of members on a multidisciplinary team.
12. Understand the importance of assessing needs and carefully planning and systematically implementing individual and group supervisory activities that promote clinical and program service improvement.

FA I. BIBLIOGRAPHY – Theories, Roles, & Modalities of Clinical Supervision

Bernard, J.M., and Goodyear, R.K. Introduction to clinical supervision. In: *Fundamentals of Clinical Supervision* (3d ed.). Boston: Allyn & Bacon, 2004. pp. 1–18.

Falender, C.A., and Shafranske, E.P. The practice of supervision. In: *Clinical Supervision: A Competency-Based Approach*. Washington, DC: American Psychological Association, 2004. pp. 3–36.

Haynes, R., Corey, G., and Moulton, P. *Clinical Supervision in the Helping Professions: A Practical Guide*. Belmont, CA: Wadsworth Publishing Company, 2002.

Orlans, V., and Edwards, D. Focus and process in supervision. *British Journal of Guidance and Counselling*, 25(3):409–415, 1997.

Pearson, Q.M. Opportunities and challenges in the supervisory relationship: Implications for counselor supervision. *Journal of Mental Health Counseling*, 22(4):283–294, 2000.

Clinical Supervisory Bibliography

Powell, D.J. *Clinical Supervision in Alcohol and Drug Abuse Counseling: Principles, Models, Methods*. San Francisco: Jossey-Bass, 2004.

Stoltenberg, C.D., McNeill, B., and Delworth, U. *IDM Supervision: An Integrated Developmental Model for Supervising Counselors and Therapists*. San Francisco: Jossey-Bass, 1998.

Clinical Supervisory Bibliography

Foundation Area. II – Leadership

Leadership is an important element of clinical supervision. Leadership may be defined as a bidirectional social influence process in which supervisors seek voluntary participation of supervisees to achieve organizational goals, while providing leadership in the management structure of the agency. Leaders mentor, coach, inspire, and motivate. They build teams, provide structure, create cohesion, and resolve conflict. In addition, leaders build organizational culture, facilitate individual and organizational growth and change, and foster a culturally sensitive service delivery system by consistently advocating, at all levels of the organization, the need for high-quality clinical care for all patients or clients of the agency.

The Clinical Supervisor should:

13. Use a leadership style that creates and maintains an environment based on mutual respect, trust, and teamwork.
14. Be a role model by taking full responsibility for one's decisions, supervisory practices, and personal wellness.
15. Seek job performance feedback from supervisees, peers, and managers to improve supervisory practices.
16. Create, regularly assess, and revise a personal leadership plan to provide direction for one's continuing professional development.
17. Seek out and use leadership mentors to assist with one's personal development, knowledge acquisition, and skill development.
18. Understand the historical context of treatment for substance use disorders and use that understanding to participate in developing the agency's guiding vision and its related mission, principles, and sense of purpose.
19. Clarify agency vision, mission, and service goals and objectives for the supervisee.
20. Interpret agency mission, policies, procedures, and critical events. Effectively communicate those interpretations to supervisees and foster an organizational climate that promotes continuous improvement and excellence in client care.
21. Understand, monitor, and ensure compliance with State and Federal regulations and accrediting body (e.g., Commission on Accreditation of Rehabilitation Facilities, Joint Commission on Accreditation of Healthcare Organizations, Council on Accreditation) standards for the delivery of substance use disorder treatment.
22. Recognize the safety and security issues facing the organization and participate in enforcing and enhancing organizational policies that ensure the safety and security of clients, personnel, and facilities.
23. Understand and acknowledge the power differential inherent in the supervisor– supervisee relationship, using power fairly and purposefully avoiding the abuse of power.
24. Proactively structure and schedule clinical supervision activities.
25. Teach, mentor, and coach in the context of the organization's core values.
26. Provide honest feedback—positive, constructive, and corrective.
27. Guide through motivational empowerment rather than control. Facilitate work through team building, training, coaching, and support.
28. Plan and organize for orderly workflow, controlling details without being overbearing.
29. Empower and delegate key duties to others while maintaining goal clarity and commitment.

Clinical Supervisory Bibliography

30. Delegate mindfully, considering both the supervisee's professional development and the agency's needs.
31. Encourage supervisee participation in communicating observations, ideas, and suggestions to agency management.

FA II. BIBLIOGRAPHY – Leadership

Kinicki, A., and Kreitner, R. *Organizational Behavior: Key Concepts, Skills and Best Practices* (2d ed.). New York: McGraw-Hill, 2006.

Maxwell, J.C. *Failing Forward: How to Make the Most of Your Mistakes*. Nashville, TN: Nelson Business, 2000.

Maxwell, J.C. *The 360 Degree Leader: Developing Your Influence From Anywhere in the Organization*. Nashville, TN: Nelson Business, 2006.

Powell, D.J. Leadership principles for supervisors. In: *Clinical Supervision in Alcohol and Drug Abuse Counseling: Principles, Models, Methods*. San Francisco: Jossey-Bass, 2004. pp. 20–39.

Washington State Division of Alcohol and Substance Abuse. *Clinical Supervisor Skill Standards*. Olympia, WA: Washington State Department of Social and Health Services, 2002.

White, W., and Albright, L. Calling a new generation of leaders. *Addiction Professional*, 4(1):12–21, 2006.