Outline for Case Presentations

Counselors often need to be taught how to present cases in supervision. The counselor needs to think about the goals he or she would like to achieve for the client and his or her particular concerns about the case. It is possible to use the case presentation format for a variety of purposes: to explore the client’s clinical needs, to aid in case conceptualization, to process relational issues in counseling (transference and countertransference), to identify and plan how to use specific clinical strategies, and to promote self-awareness for the counselor. In the beginning, the supervisor should structure the case presentation procedures to ensure consistency and conformity to agency guidelines. Tool 16 can be adapted to the particular theoretical model of the agency and the specific needs of the supervisee and organization.
Audio- and Videotaping

To ensure competence, the agency should provide instruction on audio- and videotaping to all staff. Instruction should include the overall purpose of taping, how to inform the client about the taping procedure, how to use the recording equipment, the placement of taping devices, how to ensure client confidentiality and obtain signed releases, how to begin the actual session while recording, and how to process the tapes after recording. Tool 17 provides helpful hints for successful audio- and/or videotaping.

<table>
<thead>
<tr>
<th>Tool 17. Instructions for Audio and Videotaping</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Use quality equipment.</strong> Check the sound quality, volume, and clarity. It is best to use equipment with separate clip-on microphones unless you are in a sound studio with a boom microphone. Clip-on microphones are inexpensive and easy to obtain.</td>
</tr>
<tr>
<td>2. <strong>Buy good quality tapes.</strong> It is not necessary to buy top-of-the-line tapes, but avoid the cheapest. Better tapes give better sound and picture and can be reused.</td>
</tr>
<tr>
<td>3. <strong>Placement of equipment matters.</strong> Use a tripod for the video camera. Check the angle of camera, seating, volume, and the stability of the picture.</td>
</tr>
</tbody>
</table>
4. **Check the background sound and volume.** Choose a quiet, private place to do this, both to protect confidentiality and to improve recording quality. Do not use an open space, an office with windows facing the street, or a place subject to interruption. Loud air-conditioning fans, ringing phones and pagers, street noise, and office conversations all disrupt the quality of taping.

5. **Know how to use the equipment.** Conduct a dry run. Be sure to check the placement of chairs, video camera angles, and picture quality before you begin. If the supervisee is especially anxious or unfamiliar with the equipment, have him or her make a practice tape. Be sure those in the picture are the persons agreed on by the supervisor and supervisee.

6. **Protect the confidentiality** of the supervisee and the client. Choose a private, controlled space for taping. Keep the tapes in a locked cabinet and don’t include identifying data on the outside of the tape. When finished with supervision, erase the tape completely before reusing; do not just tape over the previous session.

7. **Process with the supervisee any anxiety** or concern generated by taping. Three areas of potential anxiety are the technical aspects (equipment and room availability), concern for the client (confidentiality), and the effect of taping on the session (critical evaluation of performance by the supervisor).

8. **Explain taping,** its goals, and its purpose to the client at least one session before proceeding. Review with the client any concerns about confidentiality. Remember that the more comfortable and enthusiastic the supervisor and the supervisee are with the value of taping, the more comfortable the client will be. Sometimes just reassuring the client that the tape can be turned off at any point if the client is uncomfortable increases a sense of control and reduces anxiety. Usually after the first few minutes of taping, both the client and counselor forget its presence, and this option is rarely used. If the client appears resistant, a decision should be made as to the appropriateness of using this particular method of supervision in this situation.

9. **Get a written release** from the client. Be sure the release includes a description of the purpose of the tape, limits of confidentiality, identities of those viewing the tape, and assurance of erasure of the tape afterward. If the tape is to be used in group supervision or a staffing seminar, the client should be informed of that fact.

10. Before beginning the actual session, **check the equipment** by making a short practice tape covering background material on the client. Then, rewind the tape and play it to check sound, volume, camera angle, and picture. When satisfied, begin the actual session.

*Source: Adapted from Campbell, 2000.*
Further, it is essential that an organization provide documentation to protect the confidentiality of information and to preserve patients’ rights. This is especially important if direct observation of clinical sessions is to occur using audio or videotaping. Tool 18 explains the benefits and procedures of taping and can be read by the counselor to the client. The consent form, Tool 19, should be signed and dated prior to taping.

**Tool 18. Confidentiality and Audio- or Videotaping**

Video recording of clinical processes will be conducted with the client’s written, informed consent for each taping. Clients understand that no taping will occur without their consent. A process already in place will ensure the security and destruction of DVDs or erasure of VHS tapes.

The purpose of videotaping is to improve counselors’ clinical skills through supervision and teaching.

Counselor benefits of videotaping include:
- Improving therapeutic skills.
- Improving treatment team cohesion.
- Improving assessment, treatment planning, and delivery of services.
- Improving clinical supervision.

Procedure:

The client’s counselor will explain and fully disclose the reason, policy, and procedure for videotaping the client. Both will sign a specific videotaping release form. The counselor should also explain that refusal to be taped will not affect the client’s treatment at the agency.

1. The client must be 18 years old to sign the consent. Those under 18 must have a parent’s signature in addition to their own.
2. Respecting the client’s concerns is always the priority. Should any client or family member show or verbalize concerns about taping, those concerns need to be addressed.
3. All taping devices will be fully visible to clients and staff while in use.
4. A video camera will be set up on a tripod, consistent with safety standards and in full view of each client. Clients will be notified when the camcorder is on or off.
5. The tape will be labeled when the session is completed, and no copies will be made.
6. Clinical review for supervision or training: The treatment team will review the tape and assess clinical skills for the purpose of improving clinical techniques.
7. The tape will be turned over to the Medical Records Department (if available) for sign out.
8. Tapes and DVDs will be stored in a locked drawer in the Medical Records Department. Within 2 weeks of taping, tapes will be erased and DVDs destroyed in the presence of two clinical staff members who attest to this destruction on a form to be kept for 3 years.
9. Tapes and DVDs may not be taken off premises.

**Tool 19. Audio or Video Recording Consent**

I, ________________________________, consent to be recorded or filmed for supervision purposes. I also agree to allow the clinical staff to review the film as a resource to facilitate staff development for the enhancement of clinical procedures. I understand that any film in which I am a participant will be erased within 2 weeks of the date of filming. I understand that no copies will be made of such film.

Patient Signature ___________________________________________________________ Date __________________________

Witness Signature _______________________________________________ Date __________________________
Appendix A: Bibliography


Appendix B: New York State Office of Alcoholism and Substance Abuse Services Clinical Supervision Vision Statement

To position clinical supervision, within the system of prevention, treatment, and recovery-oriented services, as integral to a continuous learning culture that encourages professional development, service improvement, and quality of care, maximizing benefits to the client.

Clinical supervision is defined as “a social influence process that occurs over time in which the supervisor participates with the supervisees to ensure quality clinical care. Effective supervisors observe, mentor, coach, evaluate, inspire, and create an atmosphere that promotes self-motivation, learning, and professional development. They build teams, create cohesion, resolve conflict, and shape agency culture, while attending to ethical and diversity issues in all aspects of the process. Such supervision is key to both quality improvement and the successful implementation of consensus and evidence-based practices” (TAP 21A).

Highlights

• Clinical supervision is a valuable and necessary strategy to ensure continuous staff and program development.

• The supervisory relationship must be supportive and culturally competent, provide direct oversight, and prioritize skill development and counselor wellness.

• Clinical supervision is a formal process that is provided frequently and employs direct observation techniques.

• Clinical supervisors are specifically trained and invest in continuing professional development.

• Fully integrated clinical supervision is expected to result in improved staff retention, counselor skills, and clinical outcomes.
The integration of clinical supervision is both a short-term and long-term strategy for ongoing quality improvement and increased successful client outcomes. The proficiency and integrity of the workforce, and subsequently the caliber of services, are strengthened through gatekeeping functions, direct oversight, teaching, training, infusion of diversity-cultural competence and sensitivity, and the morale-boosting benefits inherent in quality clinical supervision.

Research and expert consensus links clinical supervision with a wide variety of actual and potential outcomes, including improved quality of services to clients, professional development of staff, better adherence to codes of ethical conduct, increased staff retention, improved morale and wellness, fidelity to evidenced-based practices, improved regulatory compliance and risk management, and enhanced perception of recovery-oriented systems of care by consumers, professionals, and the community. Though more empirical work is needed, there is enough reliable evidence to indicate that clinical supervision is a highly efficient practice key to the growth and future of the field.

Skilled clinical supervisors help staff gain advanced competency through both formal training and education supported by ongoing feedback and guidance throughout their professional career.

Values inherent in clinical supervision are articulated in the acronym ASPECT:

- **A**ccountability – upholding the promise to deliver quality services.
- **S**tewardship – mindful use of all available resources.
- **P**rofessionalism – consistent and ethical role modeling and application.
- **E**xcellence – the relentless pursuit to provide the best quality care.
- **C**ontinuous Learning – steadfast commitment to ongoing development.
- **T**eamwork – active support of collective wisdom and energy to achieve great results.

The quality of the relationship between the clinical supervisor and supervisee is critical to a positive learning alliance. Clinical supervisors exercise supervisory responsibilities in a culturally responsive, respectful, fair, and objective manner. They invest in a positive supervisory alliance and endorse the professional development process of supervisees through well-thought-out, documented, and actively supported learning plans. These more experienced and objective professionals also help to mitigate the potentially adverse effects of countertransference, compassion fatigue, and burnout.

Moving the field forward by integrating clinical supervision into all recovery-oriented systems of care requires increasing the value of clinical supervision amongst policy makers, administrators, supervisors, and direct-line staff; retooling staffing patterns to support the provision of clinical supervision as a primary responsibility; and including a clinical supervisor certification. Full integration across the State may require a mechanism to include clinical supervision as a reimbursable service, thereby endorsing the integrity of clinical supervision and staffing needs.

Effective clinical supervisors have available specialized training in clinical supervision inclusive of formal education and direct supervision to supplement their clinical training. Clinical supervisors are recognized through an established credential that certifies their competency.

Individual and group clinical supervision is offered regularly through acceptable methods including direct observation. This can be through live face-to-face supervision, audio/video tapes, and/or other electronic resources. Supervisors use this information to target specific skill enhancement to improve performance.
The clinical supervision hour focuses on the clinical content of the work and how the worker performs as a professional helper. Clinical technique and theory are explored and integrated to empower the supervisee’s conceptual understanding and application of practical skills.

Resources are available for supervisors to receive their own clinical supervision that coaches them in their own professional development and supports effective clinical care.

Adopting clinical supervision may require significant change in agency, local, and State operations. This system-wide investment will yield invaluable gains, including a quality improvement-oriented approach to monitoring and service delivery that is projected to lead to improved staff retention, enhanced counselor skills, and better clinical outcomes.
Appendix C: Advisory Meeting Panel

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# CSAT TIPs and Publications Based on TIPs

## What Is a TIP?
Treatment Improvement Protocols (TIPs) are the products of a systematic and innovative process that brings together clinicians, researchers, program managers, policymakers, and other Federal and non-Federal experts to reach consensus on state-of-the-art treatment practices. TIPs are developed under CSAT's Knowledge Application Program to improve the treatment capabilities of the Nation's alcohol and drug abuse treatment service system.

## What Is a Quick Guide?
A Quick Guide clearly and concisely presents the primary information from a TIP in a pocket-sized booklet. Each Quick Guide is divided into sections to help readers quickly locate relevant material. Some contain glossaries of terms or lists of resources. Page numbers from the original TIP are referenced so providers can refer back to the source document for more information.

## What Are KAP Keys?
Also based on TIPs, KAP Keys are handy, durable tools. Keys may include assessment or screening instruments, checklists, and summaries of treatment phases. Printed on coated paper, each KAP Keys set is fastened together with a key ring and can be kept within a treatment provider's reach and consulted frequently. The Keys allow you—the busy clinician or program administrator—to locate information easily and to use this information to enhance treatment services.

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TIP 48  Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery—(SMA) 08-4353

TIP 49  Incorporating Alcohol Pharmacotherapies Into Medical Practice—(SMA) 09-4380

TIP 50  Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment—(SMA) 09-4381

TIP 52  Clinical Supervision and Professional Development of the Substance Abuse Counselor—(SMA) 09-4435
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*Under revision
+QG = Quick Guide; KK = KAP Keys

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You can either mail this form or fax it to (240) 221-4292. Publications also can be ordered by calling SAMHSA's NCADI at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

**TIPs can also be accessed online at http://www.kap.samhsa.gov.**
Clinical Supervision and Professional Development of the Substance Abuse Counselor

This TIP is divided into three parts that are bound and produced separately.

Clinical Supervision and Professional Development of the Substance Abuse Counselor, Part 1, is for clinical supervisors. It presents basic information about clinical supervision in the substance abuse treatment field. It covers the central principles of clinical supervision and guidelines for new supervisors, including the functions of a clinical supervisor; developmental levels of counselors and clinical supervisors; cultural competence; ethical and legal issues such as direct and vicarious liability, dual relationships and boundary issues, informed consent, confidentiality, and supervisor ethics; monitoring clinical performance of counselors; and practical issues such as balancing one's clinical and administrative duties, finding the time to do clinical supervision, documentation, and structuring clinical supervision sessions. Chapter 2 of Part 1 presents the “how to” of clinical supervision and contains representative vignettes of clinical supervision scenarios, master supervisor notes and comments that help you understand the thinking behind the supervisor’s approach in each vignette, and “how-to” descriptions of specific techniques.

Clinical Supervision and Professional Development of the Substance Abuse Counselor: An Implementation Guide for Administrators, Part 2 will help administrators understand the benefits and rationale behind providing clinical supervision for their programs’ substance abuse counselors. It provides tools for making the tasks associated with implementing a clinical supervision system easier, including how to develop a model for clinical supervision and implement a clinical supervision program; key issues for administrators to consider, including assessing organizational structure and readiness; legal and ethical issues to consider; cultural competence issues; and providing professional development for clinical supervisors.

Clinical Supervision and Professional Development of the Substance Abuse Counselor: A Review of the Literature is for clinical supervisors, interested counselors, and administrators. It consists of three sections: an analysis of the available literature, an annotated bibliography of the literature most central to the topic, and a bibliography of other available literature. It includes literature that addresses both clinical and administrative concerns. Part 3 is available only online at http://www.kap.samhsa.gov.