

SPECIAL TOPICS

Supervision and Social Work: Providing and Utilizing Guidance in the Area of Substance Abuse

Dialogue facilitated by

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A discussion with

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Holleran Steiker: Supervision is critical in effective social work practice. But what makes for effective supervision? How can supervisors guide and oversee the complexities of clinician–client relationships? What are the mechanisms for supervisors to best manage their supervisees’ practice in relation to substance-abusing clients? The literature tends to note similar tenets for effective supervision (Hawkins & Shohet, 1989; Kadushin, 1992) including providing a regular space for the supervisees to reflect on the content and process of their work, room to develop understanding and skills, information and varied perspectives within the work, validation and support both as a person and as a worker, creation of space to explore and express personal issues or stress that might be brought up by the work, effective utilization of personal and professional resources, facilitating movement toward being proactive rather than reactive, and establishment and management of basic standards for quality of work.

I am grateful to have this dialogue with a clinical supervisor with 20 years of experience supervising practitioners. Dr. Malone, first, can you share your roles and experience in relation to the topic of supervision and how your experience lends itself to consideration of drug and alcohol issues in supervisory arrangements?

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Malone: This is a topic of great interest to me especially because over the years colleagues have stated that they do not want to work with clients with drug and alcohol addictions. Then they work with a client and lo and behold, an addiction pops up! I have received numerous phone calls from those very same colleagues asking me how they should work with that client. In the classroom I teach young social workers that they must gain knowledge about the prevention, etiology, and treatment of addictions because they will have clients who are addicted or who have been impacted by someone else's addiction.

I first began work in the addictions field in 1984 compiling data from the 1-800-COCAINE hotline that existed at that time. I led aftercare recovery groups for many years as well as the family week at a couple of rehab hospitals. I also trained and supervised LCDC [licensed chemical dependency counselor] students. In my supervision of social workers, LPCs [licensed professional counselors], and addictions counselors, the focus is on viewing the client as a whole person with strengths and skills, not someone who is deficient or defective. I lead my supervisees through doing a complete life review with their clients to gather as much information as they can about who that person is and what life experiences had an impact on how they came to be who they are at that moment. Drawing genograms and lifelines with a client can be a very empowering and informative exercise for both the client and the practitioner. Of course the focus is always on the recovery process, which includes relapse prevention.

Holleran Steiker: Can you elaborate on what you would consider the key issues in supervision of workers serving addicted populations?

Malone: To begin with, supervision entails a relationship based on mutual respect and the development of rapport between supervisor and supervisee (Shulman, 2005). Supervisors need to begin with where the supervisee is in her or his knowledge base of and experience with addicted populations. An examination of the supervisee's biases and judgments about addicted populations is a necessary starting point and key issue. For example, a supervisee might be experienced working with male alcoholics but is now confronted for the first time with a crack-abusing mother of small children and the supervisee has some preconceived ideas about this person. A discussion about his or her reactions and reflections is important (Deal, 2003).

A second key issue is the supervisee's understanding and openness to the concept of harm reduction (Erickson, 1995; Marlatt, 1998). The majority of practitioners prefer to work with clients who are in some stage of the recovery process, with few willing to work with an active addict. Many practitioners have a zero-tolerance stance where they immediately refer their client out to rehab or another practitioner if he or she has an ongoing addiction or a drug or alcohol relapse. Additionally, practitioners can often

have a client who does not initially present with an addiction concern, yet throughout the course of treatment it becomes evident that there is an ongoing addiction. This is particularly true for functional addicts, those who maintain employment and have no legal problems. I lead supervisees through how to utilize a harm-reduction approach.

A third key issue is that of relapse prevention (Gorski, 1986; Marlatt & George, 1984; Washton, 1989). As a supervisor I work with a supervisee to help clients identify possible relapse triggers. They can be externally or internally generated. Once recognized, the supervisee and his or her client can plan together how best to avoid or constructively confront relapse triggers. Ideas about this are discussed in supervision.

A fourth key issue to impart to a supervisee is that work with an addicted client is a collaborative effort. Supervisees must not want sobriety or a drug-free state for their client more than the client wants it for himself or herself.

A fifth key issue in supervision is helping the supervisee identify any of his or her own issues, concerns, or historical or family of origin experiences that might be triggered in working with an addicted client. Given the fact that one addicted person will have an impact on many people, there is the likelihood that some practitioners will have been affected by substance abuse somewhere in their lives. Helping a supervisee to develop this increased awareness ultimately benefits him or her in working with addicted clients. Awareness of self is crucial.

Additionally, supervisors must be aware of their own limitations. For example, even though I have had many years of experience in social work and the addictions field, every now and then a situation comes along that is completely new or particularly challenging. It is important to admit when you have reached an impasse regarding your knowledge or experience base and seek other professional resources.

Holleran Steiker: In supervision, what are the delineated practices, recommendations, or considerations for those with problematic use or abuse (e.g., when to recommend further screening or referral to treatment)?

Malone: Certainly if a supervisee's client is homicidal or suicidal, whether under the influence of drugs or alcohol or sober, he or she needs hospitalization immediately. This is not an area in which to second guess or wait for the client to level out. There is not room for error in this situation.

When a supervisee is working with a minor who is using substances, a very clear plan of further screening or referral to treatment needs to be put into place from the beginning. Knowing when to implement this is crucial. Some practitioners who work with minors tend to focus on keeping the client's confidences to the point of danger. Parents or guardians must be involved as soon as the minor is a danger to himself or herself or to

others. There are too many overdoses by minors at parties who were initially perceived as “experimenting” by the adults in their lives.

Supervisees who work with clients with cooccurring mental disorders must be mindful of when to refer to treatment for substance abuse. This involves paying attention to medication compliance because substance use and abuse can mimic noncompliance, and conversely noncompliance can lead to substance use and abuse as a method of self-medicating symptoms.

In other cases, if the supervisee is employing methods of harm reduction and relapse prevention and they are not working, then referral to treatment might be the best option at that point. Additionally, if the supervisee recognizes his or her own issues or historical experiences are being triggered by the client and the supervisee cannot maintain objectivity, then a referral to another practitioner is warranted.

Holleran Steiker: What are the resources that supervisors might use to identify, assess, and help supervisees intervene with substance-abusing clients?

Malone: Initially supervisors must know that their supervisee is able to obtain a thorough and efficient assessment and history of a client’s substance use and the impact it is having on the client’s life, both at work and at home. Many good assessment tools exist that a supervisor can guide a supervisee to become familiar with and use successfully.

Supervisors must be aware of the resources available at the city, state, and even national level. Having knowledge about the various existent treatment programs is crucial in guiding supervisees in their intervention and treatment of their substance-abusing clients. They must know which program might work best with a particular client and that client’s specific treatment needs.

Holleran Steiker: Can you describe some specific anecdotes (with deidentified case descriptions) that might illustrate some examples of supervision situations with drugs or alcohol involved? Do you have any particular stories that capture the dilemmas or demonstrate successes?

Malone: A supervisee’s client was a heavy marijuana user yet highly functional, with a high-ranking professional job. In fact, it took a while for the supervisee to become aware that her client was smoking on a daily basis, prior to going to work and upon returning each evening. The client was in fear of his employer’s random drug testing and of the possibility of ultimately losing his job. Because this client was not ready to become drug free, supervision focused on the concept of harm reduction. The supervisee worked with her client to smoke only on weekends, which the client initially translated as Thursday through Monday. So that gave him 2 days of abstinence. He found that he was more alert and more energetic on those days and with encouragement, eventually limited his smoking to

Friday through Sunday. He was still in danger of having a positive drug test should he be randomly selected, but his increase in work functioning led to a desired job promotion. The supervisee was frustrated throughout her work with this client, believing that he should completely abstain especially because he could certainly lose his job if it became known that he was using an illegal substance. She had difficulty understanding that her client was not ready or willing to completely stop his substance use. She was able to accept that in decreasing his substance use, he ultimately reduced the harm it was doing to him.

Holleran Steiker: What do you believe are important areas for related work, research, and interventions with which social workers can help in the future?

Malone: First, it is absolutely crucial that all social workers learn about substance abuse. Schools of social work have a societal obligation to produce social workers who are aware, empathetic, and skilled in substance abuse prevention and intervention.

Second, social workers need to be more involved in articulating what might work with addicted populations. Certainly, many social workers in clinical practice, in school, agency, clinic, and hospital settings are already confronting the effects of substance abuse. There needs to be more written by social workers about their daily work and interventions with substance-abusing clients.

Third, research into prevention is necessary, especially as it relates to children and adolescents. Research in school settings is crucial and social workers are trained and skilled to do this work.

Fourth, more research focused on cultural differences within the addictions field is necessary. Social workers are trained in diversity awareness and sensitivity and are poised to do research in this area. Too many treatment protocols have been modeled on a majority population. There needs to be research done to find what works best with people from diverse backgrounds to include race, ethnicity, culture, class, gender, sexual orientation, religion, physical or mental ability, age, and national origin.

Holleran Steiker: What resources do you suggest for supervisors and social workers who encounter issues regarding substances?

Malone: Know the most recent evidence-based practice and practice-based evidence regarding what works and with whom it works. Read the journals and keep up with legislative changes. Attend continuing education workshops and seminars related to substance abuse. Meet and get to know other practitioners within the field, especially locally. Become familiar with the various 12-step programs to the point of, for example, being able to recommend a specific Alcoholics Anonymous group to a client that might best fit with his or her lifestyle, profession, or value system.

Holleran Steiker: What specific dilemmas arise for supervisors if their supervisee has problematic substance use or abuse? What should supervisors do in such situations? Concurrently, what should supervisees do if they suspect problems of substance use or abuse in their supervisor?

Malone: Honest, clear, and empathic confrontation is the best approach when a supervisor suspects a supervisee has problematic substance use or abuse. The supervisor needs to refer the supervisee for assessment and possible treatment. There are substance abuse treatment facilities that specialize in treating impaired professionals such as practitioners, doctors, and nurses. The supervisor needs to work with the supervisee to make sure that he or she follows through and to inform the supervisee what will happen if he or she does not follow the supervisor's recommendations. If the supervisee does not, then the supervisor needs to make a report to the supervisee's licensing board.

Supervisees can also confront their supervisor and report the impairment to the supervisor's licensing board.

Holleran Steiker: Can our readers contact you if they would like further information? If so, how do you prefer they get in touch?

Malone: Yes, they can best reach me by e-mail at E-mail: pammalone@austin.rr.com.

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