



The Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

University of Missouri-Kansas City  
Addiction Technology Transfer Center  
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# attc Networker

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The Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

*Unifying science, education and services to transform lives.*

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**Networker**

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**CLINICAL SUPERVISION**

*This issue of The ATTC Networker is devoted to clinical supervision. You'll find information about trainings, trends, resources and publications. Complete a survey on page 11 and receive a free publication on alcoholism.*

**CSAT To Develop Clinical Supervision Competencies**

The Center for Substance Abuse Treatment (CSAT) is proposing to develop a set of clinical supervision competencies for the treatment field. A panel of nationally recognized clinical supervision experts will be convened later this year to make suggestions and reach consensus about the competencies that are most important. "Our intention is to develop a document that will give treatment agencies, educational and academic institutions, and state-wide systems a foundation from which to cultivate, educate and employ effective clinical supervisors," says Karl White, EdD, CSAT Public Health Analyst.

Steve Gallon, PhD, Northwest Frontier ATTC Director, will serve as chair of the panel. White will participate as the ATTC Network's Project Officer. "There are currently no comprehensive national standards for clinical supervision in the treatment field," White explains. "Yet there is increasing pressure on treatment agencies to use evidence-based practices (EBPs). To use EBPs with fidelity requires that counselors be appropriately trained in these methods, and that they receive ongoing supervision from others who are also appropriately trained. Ultimately, clinical supervision is a key to improving outcomes with clients."

- continued on page 10

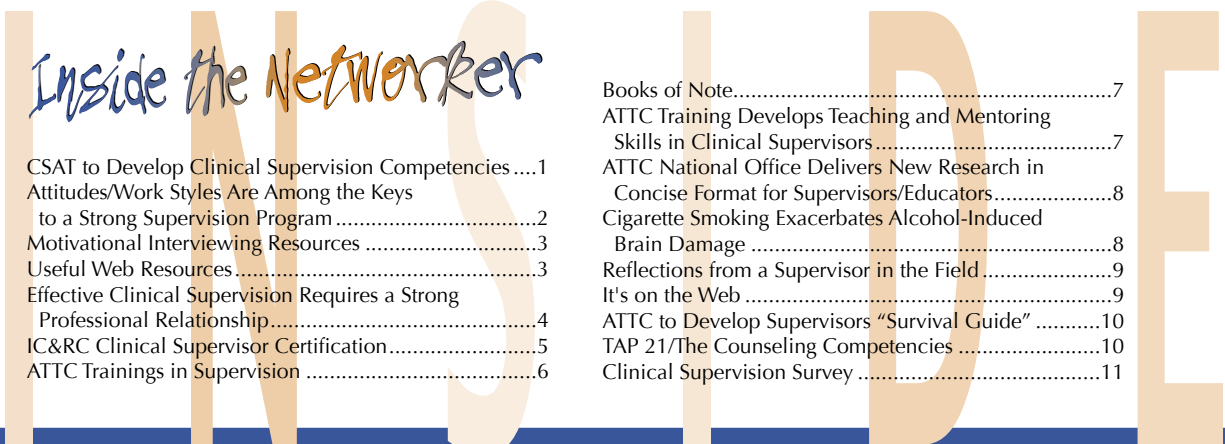
**Clinical supervision is a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical and supportive.**

Powell, D. & Brodsky, A. (2004). *Clinical supervision in alcohol and drug abuse counseling: principles, models, methods.* San Francisco: Jossey-Bass.

*Inside the Networker*

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# Attitudes/Work Styles Are Among the Keys to a Strong Supervision Program

*“Staff in the successful agencies I worked with viewed clinical supervision as a key to enhancing counseling, rather than something that had to be done to meet compliance regulations.”*

*They purposefully changed their language from ‘we have to do this’ to ‘the client is the most important reason we are here.’”*

*- Pamela Mattel,  
LCSW, CASAC*

There appear to be many factors that contribute to the success of implementing clinical supervision in treatment settings according to Pamela Mattel, LCSW, CASAC, Behavioral Healthcare Consultant/Trainer. Mattel has worked with numerous treatment agencies and systems around the country to introduce clinical supervision. This work has led her to wonder why some agencies were more successful than others in instituting strong clinical supervision initiatives. What made select agencies rise above the challenges that occurred? Upon further reflection, Mattel has begun to see trends that may contribute to some agencies succeeding and others falling short.

“First, it is crucial for the primary clinical director to strongly value clinical supervision,” she says. “This person must be a ‘champion’ for the process. The successful agencies I saw had clinical directors who really wanted a clinical supervision program. They were grateful to have outside consultants to help steer the process,

provide encouragement and affirmation, and hold their staff accountable.”

A system-wide belief in learning and an openness to change also appear to be important. “The organization as a whole must deeply believe in ongoing learning to create positive change. The agencies that flourished weren’t afraid of losing employees who did not sign on to this vision. From top to bottom, learning needs to be perceived as an essential component of developing staff,” Mattel explains.

The clinical director’s leadership style may also have an impact. “One of the most successful directors I worked with is a staunch advocate for the principles and skills of motivational counseling,” states Mattel. “She purposefully takes time to ‘talk things out’ with staff instead of giving directives.”

Helping practitioners to value clinical supervision is another significant factor says Mattel. “The substance abuse treatment field ‘grew up’ without requiring clinical supervision. Because of this, some counselors see clinical supervision as an insult; that they aren’t being trusted to do their jobs correctly. It is especially important to present supervision as a way to improve skills and ultimately create better care for clients. Staff in the successful agencies I worked with viewed clinical supervision as a key to enhancing counseling, rather than something that had to be done to meet compliance regulations. They purposefully changed their language from ‘we have to do this’ to ‘the client is the most important reason we are here.’”

Clear evaluation criteria should be established up-front as well. “Often, learning plans or clinical supervision contracts are only reviewed once a year. Objectives are written and then filed away. Without a working plan, clinical supervision can lose its focus, and counselors and supervisors are more likely to stray from their goals. These plans should be reviewed and adjusted frequently. This will help counselors ‘push the envelope’ and move through developmental skill levels,” explains Mattel.

## The Change Book:

### *A Blueprint for Technology Transfer*

The ATTC National Office recently made enhancements to its acclaimed publication, *The Change Book: A Blueprint for Technology Transfer*. It now includes a separate workbook so users can more easily create their own step-by-step plan for creating change within an organization. See for yourself why so many people are using this valuable tool. Download it at [www.nattc.org/thechangebook](http://www.nattc.org/thechangebook), or call 816-482-1200 to order a hard copy.

*New Enhanced Edition with Workbook*



Formal training for clinical supervisors is very important she says. "New, untrained supervisors often try to use their counseling skills, or they try to replicate the supervision they received. Supervisors need to have very different skills than counselors do. Ongoing training will help them develop strong supervisory competencies."

Clinical supervisors must also understand their own styles of work. "Just as counselors should be introspective, supervisors must identify their professional weaknesses and strengths, and develop their own learning plans," states Mattel. "Ethically, we must not ask supervisors to work outside their own areas of competence. They need to be fully trained in all of the counseling modalities their supervisees are using. Being well versed in counseling theory will also help when conflicts occur due to theoretical differences in style."

Mattel also says that clinical supervision should be strengths-based and solution-oriented. "Especially in the beginning, the supervisor must catch counselors doing things correctly. This will help build trust. Once good rapport is established, counselors will ask how they can improve their counseling skills. It can also be effective to work with counselors who volunteer for supervision rather than those who are mandated to participate – especially when an agency is first implementing supervision. A volunteer counselor is more likely to become a change agent for the rest of the agency."

Finally, staff in the more successful agencies took a "no time like the present" approach.

"They decided to 'just do it,' and moved forward with planning, training and implementation strategies," Mattel explains. To help agencies get started, she is developing a guide to assist agencies in designing and implementing a new clinical supervision program. For more information, contact her at pmattel@optonline.net.

## Motivational Interviewing

Motivational Interviewing (MI) is a client-centered, directive method of counseling designed to enhance a person's intrinsic motivation to change by exploring and resolving ambivalence. Some of the concepts of MI can be useful when supervising counselors.

**www.motivationalinterview.org**  
This site includes information about MI, pertinent links, training resources, recent research and publications.

**www.mid-attc.org/mi.htm**  
The Mid-Atlantic ATTC has a Center of Excellence in Motivational Interviewing. Their Web page provides information about MI resources, online courses, training programs and research.

## Useful Web Resources

### Clinical Supervision Resources

Distance Learning Center for Addiction Studies (offers a course from David Powell).....www.dlccas.com  
EricDigests.org (short reports on a variety of topics for educators, policymakers, practitioners) ..... www.ericdigests.org  
Supervision & Training Special Interest Group (American Psychological Association) ..... www.lehigh.edu/~nil3/stsig  
Supervisors' Toolbox (supplement to a book by Janine Bernard and Rod Goodyear) .....www.ablongman.com/bernard3e

### Federal Resources

National Institute on Alcohol Abuse and Alcoholism (NIAAA) .....www.niaaa.nih.gov  
National Institute on Drug Abuse (NIDA) ..... www.drugabuse.gov  
Center for Mental Health Services (CMHS) ..... mentalhealth.samhsa.gov  
Center for Substance Abuse Prevention (CSAP)..... prevention.samhsa.gov  
Center for Substance Abuse Treatment (CSAT) ..... csat.samhsa.gov  
Substance Abuse and Mental Health Services Administration (SAMHSA).....www.samhsa.gov



# Effective Clinical Supervision Requires a Strong Professional Relationship

For many years, Thomas Durham, PhD, has been a leader in clinical supervision for the substance abuse treatment field. Currently, as project director of the Clinical Preceptorship Program at Danya International, Durham coordinates a worldwide program of clinical supervision for approximately 200 drug and alcohol counselors in the U.S. Navy and Marine Corps. In addition, he has assisted a number of states with developing clinical supervision training programs, has written extensively about clinical supervision and has conducted research on clinical supervision. Durham recently discussed the elements of effective clinical supervision and some of the challenges facing the treatment field today.

## What elements do you think create effective clinical supervision?

“A good clinical supervisor should have a high degree of self-comfort and self-awareness. He or she should also be a skilled teacher, something often attained through formal training in clinical supervision. But most importantly, a clinical supervisor must be able to form a strong professional relationship with the counselors he or she is supervising. I often find myself pointing to the theories of Carl Rogers, who long ago noted that growth and change can only occur in a relationship. There is no one therapeutic or supervisory theory that has been deemed most effective in supervision. However, there is one dynamic that has the potential to be most impactful – the relationship!

In many ways the counselor/supervisor relationship mirrors the client/counselor relationship. Individual development plans are important in both cases. In each, the supervisor and counselor must understand his or her role, what philosophy or approach he or she will utilize, and the dynamics of the relationship at hand.

Individualized supervision is a must. Clinical supervisors must know about different supervision philosophies and techniques, and then should tailor these approaches for each person being supervised. It is important to look at the level of training and experience each supervisee has. It is also very important for the clinical supervisor to understand the supervisee’s learning style and gear supervision to that style. Issues such as culture, gender, age, ethnicity, etc., should be addressed in ways that allow staff

members to learn, and feel open and accepting of each other. It is important to acknowledge these differences, and to discuss the ways these issues may impact the dynamics of the clinical supervision relationship.

Creating an effective learning environment is also a vital component of successful clinical supervision. The supervisor must work to develop an atmosphere that is non-threatening and conducive to self-motivation.

Finally, an effective supervisor must understand legal and ethical issues involved with counseling, and should always promote good ethics to his/her supervisees.”

*“In many ways the counselor/supervisor relationship mirrors the client/counselor relationship.*

*Individual development plans are important in both cases.*

*In each, the supervisor and counselor must understand his or her role, what philosophy or approach he or she will utilize, and the dynamics of the relationship at hand.”*

*– Thomas Durham,  
PhD*

## Eye on the Field

### Your Monthly Guide to News, Research, Funding, Training and Online Resources

Each month, the ATTC National Office creates and delivers an online magazine for practitioners, educators and researchers in the addiction treatment and prevention fields. Anyone with e-mail can subscribe for free. The publication will be delivered to your inbox as an e-mail. To subscribe, visit [www.nattc.org/eyonthefield](http://www.nattc.org/eyonthefield).

### *How important is direct observation to the success of clinical supervision?*

"I believe that direct observation is crucial. I have found that having the supervisor and counselor work as co-therapists in individual or group sessions tends to create less anxiety for the supervisee. As a co-therapist, the supervisor is given the opportunity to model techniques and interventions, thus utilizing a highly effective teaching tool. A bond is often created through live supervision that helps develop clinical confidence within counselors. The interaction between the supervisor and supervisee assists counselors in gaining insight into their own skills and motivations."

### *Why do you think clinical supervision is so important for the treatment field?*

"In some ways the substance abuse treatment field is at a crossroads. There are many issues impacting its progress. Agency staff members are underpaid. There is little money for training. The counseling workforce is aging. Younger counselors are not receiving the clinical supervision they need.

The greatest barrier to the field moving forward is a lack of funding. The lack of parity is a huge concern. Ultimately, the stigma surrounding addiction is the real problem. Because addiction still isn't viewed by many in our society as a medical issue, funding isn't available like it is for other diseases. Fighting this stigma is our biggest challenge.

I see clinical supervision as an important element in 'raising the bar' for our field. Substance abuse counseling is often viewed as a paraprofession, but now there is a push to raise professional standards to remove the 'para' from the title. Clinical supervision is now often required for program accreditation, and thus the need for consistent and effective training of clinical supervisors will increasingly be more important. I believe clinical supervision is a vital piece of the training and education that is necessary to develop effective counselors and move our field forward professionally."

## IC&RC Clinical Supervisor Certification

*The International Certification & Reciprocity Consortium (IC&RC) offers a clinical supervisor certification in many states. The following standards were taken from the IC&RC Web site at [www.icrcaoda.org](http://www.icrcaoda.org).*

### **Prerequisites:**

The prerequisite for certification as a clinical supervisor is certification as an AODA or AAODA counselor at the IC&RC reciprocal level, or an individual holding a specialty substance abuse credential in another professional discipline in the human services field at the master's level or higher.

### **Experience:**

The experience requirement is the verification of five (5) years (10,000 hours) of counseling experience as an AODA counselor. Degree substitutions as outlined in the IC&RC AODA counselor standards shall apply. The experience requirement is verification of two (2) years (4000 hours) of clinical supervisory experience in the AODA field. These two (2) years may be included in the five (5) years of counseling experience and must include the provision of 200 contact hours of face-to-face clinical supervision.

### **Education:**

The education requirement is the verification of thirty (30) hours of education in clinical supervision. This must include a minimum of six (6) hours of education in each of the performance domains of the current IC&RC/AODA role delineation study. One hour of education is equal to 50 minutes of continuous instruction. Education must be specifically related to the knowledge and skills necessary to perform tasks of the IC&RC/AODA performance domains from the current role delineation study.

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# 6 ATTC Trainings in Supervision

## Mid-Atlantic ATTC Online Course Series in Clinical Supervision

The Mid-Atlantic ATTC (Mid-Atlantic) offers a series of online courses in clinical supervision. The first is called *Theories of Clinical Supervision*, and provides an overview of the models and theories of clinical supervision. Supervision theory, developmental supervision models, the tasks and dimensions of supervision, the Stoltenberg model and David Powell's model are explored.

The second course is called *Advanced Issues in Clinical Supervision*. It covers supervisor development, and the ethical, legal, and clinical issues often experienced by seasoned clinical supervisors.

The third course is called *Management of Substance Abuse Programs*. It explores issues such as recruitment, performance evaluations, legal statutes and risk reduction. In addition, roles and attitudes, communication, conflict, time/stress management, co-worker/supervisor issues and change are all reviewed.

*Evidence-Based Practice for Supervisors and Managers* is a course under development. It will include information about evidence-based practices in treatment settings, organizational change and an overview of supervising the implementation of evidence-based practices.

For information about these courses, visit the Mid-Atlantic Web site at [www.mid-atcc.org](http://www.mid-atcc.org) or call 804-828-9910.

## Web-Based Clinical Supervision: Mental Health/Chemical Dependence Curriculum from Gulf Coast ATTC

This curriculum from Gulf Coast ATTC (Gulf Coast) is designed to help supervisors balance the complexities of supervisory roles, relationships and processes. For more information, contact Gulf Coast at 512-232-0616 or visit [www.utattc.net](http://www.utattc.net)

## Clinical Supervision Training Platforms from Great Lakes ATTC

The Great Lakes ATTC (Great Lakes) provides three "training platforms" in clinical supervision which include Powerpoint presentations with references. Great Lakes uses these platforms to deliver workshops to audiences in their region. They also encourage others to use these platforms to develop their own presentations, or to enhance their own education. Clinical supervisors might use these platforms to further their own knowledge about clinical supervision.

The first platform is called *Clinical Supervision*. It presents an overview of the diverse responsibilities a clinical supervisor may have. The second, *Clinical Supervision: Ethics*, explores the ethical issues that can arise during a supervisory relationship. The third, *The Clinical Supervisor's Role in Implementing Evidence-Supported Practices*, examines the role of the clinical supervisor in learning, assessing, modeling, implementing and monitoring evidence-supported practices. Great Lakes will deliver this workshop in May in Wisconsin.

For more information, contact Dr. Joe Rosenfeld at 847-429-1875 or e-mail him at [jrosenfeld8250@wideopenwest.com](mailto:jrosenfeld8250@wideopenwest.com). Great Lake's phone number is 312-996-1373 and their Web site is [www.glattc.org](http://www.glattc.org).

## Three-Credit Hour Academic Course from Mountain West ATTC

The Mountain West ATTC (Mountain West) recently announced the development of a three credit-hour academic course in clinical supervision. The course will be piloted in the fall of 2005 at the University of Nevada, Reno. In addition, an online version of this course will be available in the fall of 2006. For more information, contact Jennifer Norland at 775-784-1174 x2264. Mountain West's phone number is 775-784-6265 and their Web site is [www.mwattc.org](http://www.mwattc.org).

## Books of Note

Bernard, J. & Goodyear, R. (2004). *Fundamentals of clinical supervision (3rd ed.)*. Boston: Allyn & Bacon.

Powell, D. & Brodsky, A. (2004). *Clinical supervision in alcohol and drug abuse counseling: principles, models, methods*. San Francisco: Jossey-Bass.

Stoltenberg, C. & Delworth, U. (1987). *Supervising counselors and therapists: A developmental approach*. San Francisco: Jossey-Bass.

# ATTC Training Develops Teaching and Mentoring Skills in Clinical Supervisors

The Northwest Frontier ATTC (Northwest Frontier), in cooperation with Lewis and Clark University, developed a three-day training for clinical supervisors that is now being delivered around the country. *Clinical Supervision – Building Chemical Dependency Counselor Skills* is a three-day workshop, which focuses on the teaching and mentoring aspects of clinical supervision. It was designed to meet the needs of both experienced and relatively new supervisors.

Steve Gallon, PhD, director of Northwest Frontier, explains how this project began. "Several years ago we polled the single state agency directors in our region about training needs. All of the directors indicated that there was a strong need to improve clinical supervision in their states. So we began developing a training program that would help build effective clinical supervisors. Idaho now requires all of its clinical supervisors to attend this training program, and Washington is delivering the training statewide."

The curriculum purposefully has a narrow focus. "This course concentrates only on the teaching and mentoring functions that help supervisors work with counselors more effectively," explains Gallon. "It doesn't focus on supervision models or the administrative functions of clinical

supervision. It does, however, provide supervisors with a strong foundation in the counseling competencies and will help them provide effective feedback, structure an interview, assess counselor proficiency and develop a learning plan to improve counselor performance."

A number of ATTC Regional Centers have delivered this training recently. Southern Coast ATTC conducted a training of trainers and three other sessions in Florida. They intend to deliver the course three more times in Florida and twice in Alabama in the coming months.

In addition, the Mid-America ATTC conducted a training of trainers in the Midwest in 2004, and is now working with Kansas Social Rehabilitative Services to deliver this training throughout the state. They plan to conduct additional training of trainers workshops in Arkansas and Oklahoma.

Now in its third edition, this course will be one in a series on supervision from Northwest Frontier. "We are in the process of developing a second course on ethical issues in clinical supervision," says Gallon. "Next we intend to create a third course that will focus on models of supervision." To learn more, contact Northwest Frontier at 503-373-1322.

**\*Success in supervision is measured by the quality of the counselor's performance.**

\*Gallon, S. (2005). *Clinical supervision – Building chemical dependency counselor skills (3rd ed.)*. Northwest Frontier ATTC.

**For information about upcoming trainings, contact the ATTC nearest you.**

**Northwest Frontier**  
503-373-1322  
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[www.mattc.org](http://www.mattc.org)

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## ATTC National Office Delivers New Research in Concise Format for Supervisors/Educators

Each month, the ATTC National Office partners with the Research Society on Alcoholism (RSA) to translate current research into concise, easy-to-read articles.

*Addiction Science Made Easy (ASME)* articles are posted on the ATTC Web site, and are searchable by key word. This ongoing series is an easy way for clinical supervisors to access current research. Information from these articles can be used to create science-based handouts and presentations for counseling staff and clients.

In addition, the ATTC National Office and RSA recently released a publication called *Alcoholism: The Science Made Easy*. This book is a compilation of approximately 100 ASME articles from the last three years. Supervisors who complete a survey about clinical supervision on page 11 can receive a free copy of this publication.

Below is an excerpt from a recent ASME article. You can access the complete collection of ASME articles online at [www.nattc.org/asme](http://www.nattc.org/asme).

## Cigarette Smoking Exacerbates Alcohol-Induced Brain Damage

The substances most frequently used by alcohol-dependent individuals are tobacco products; roughly 80 percent of alcohol-dependent individuals report smoking regularly. A study in the December issue of *Alcoholism: Clinical and Experimental Research* has found that cigarette smoking can both exacerbate alcohol-induced damage as well as cause brain damage.

Researchers compared 24, one-week-abstinent alcoholics (14 smokers, 10 nonsmokers) in treatment with 26 light-drinking "controls" (7 smokers, 19 nonsmokers) on magnetic resonance spectroscopic imaging measures of common brain metabolites in gray and white matter of the major lobes, basal ganglia, midbrain and cerebellar vermis.

"Results indicate that chronic cigarette smoking increases the severity of brain damage associated with alcohol dependence," said Timothy C. Durazzo, a neuropsychologist and neuroscience researcher at the San Francisco Veterans Administration Medical Center and corresponding author for the study. "That is, the combined effects of alcohol dependence and

chronic smoking are associated with greater regional brain damage than chronic alcoholic drinking or smoking alone.

Our studies show that this exacerbation of the alcohol-induced brain damage is most prominent in the frontal lobes of individuals studied early in treatment."

Durazzo noted that frontal-lobe functions are applied in multiple contexts of everyday life. "Therefore, exacerbation of alcohol-induced damage to the tissue of the frontal lobes by chronic cigarette smoking may further compromise recovering alcoholics' ability to successfully execute more challenging activities of daily living, or accurately judge or anticipate the consequences of their actions, particularly with increasing age," he said.

Durazzo said, "At this point, it is unclear if the brain injury and cognitive compromise associated with chronic smoking shows recovery during a sustained period of smoking cessation, or if continued smoking during abstinence from alcohol affects recovery from alcohol-induced impairment. These are important topics that need to be investigated in the future."

*Addiction Science Made Easy*

*This excerpt was written based on the following published research:*

*Durazzo, T.C., Gazdzinski, S., Banys, P. & Meyerhoff, D.J. (December 2004).*

*Cigarette smoking exacerbates chronic alcohol-induced brain damage: A preliminary metabolite imaging study.*

*Alcoholism: Clinical and Experimental Research, 28(12): 1849-1860.*

*To view the complete article, visit [www.nattc.org/asme](http://www.nattc.org/asme).*



# Reflections from a Supervisor in the Field

Dan Carzoli, MA, CAP, NCAC-II, ICADC, is the TC (Therapeutic Community) Manager of River Region Matrix House, a 135-bed therapeutic inpatient facility in the Duval County Jail in Jacksonville, Florida. As the clinical supervisor for this program, Carzoli supervises nine counselors and two counselor assistants. This role is not always easy, he says, but it is very rewarding.

"A good clinical supervisor must have a lot of patience," he notes. "In many ways, I see myself as an orchestra leader. Each member of my orchestra has his or her own talent. It is my job to make all of our strengths blend together at the right time and in the right way."

Carzoli thinks that not knowing what to expect is one of the hardest parts of being a clinical supervisor. "Most of the time when working with clients, you know what to expect: how they will probably act, what most of their circumstances will be. As a clinical supervisor, there is more uncertainty. All of my counselors are very different and in different stages of professional development. I have learned that I must remain flexible."

"Mentoring is a critical part of good supervision," says Carzoli. "I have received training in clinical supervision and I have a great deal of leadership experience, but I think the mentors in my own life have taught me the most about how to be an effective supervisor. My mentors weren't afraid to tell me about my mistakes and to require more of me. I know that is my role as a supervisor. I try to do this in a positive, encouraging way."

Taking time to know and understand the people he supervises is also very important to Carzoli. "If I am going to help my counselors develop professionally, I have to know where they are coming from and let them speak their minds. I am really a process person. I try to find out where their questions come from and what they want to know. Spending time is the key."

Carzoli doesn't typically carry a caseload. When he does work with clients directly, how-

ever, he says it helps to remind him what his counselors go through. This in turn helps him learn how to be a better supervisor. "I really learn from clients and from the counselors as well. Learning always goes both ways."

Carzoli has begun using competency-rating forms as part of his clinical supervision program. He has each counselor self-rate the forms first. Then, he and each counselor complete the forms together. "We use these forms to help us create plans of development. They also help identify where additional training is needed. The forms have really helped us be more focused," he notes.

Carzoli believes direct observation is important, but he uses this tool of supervision in different ways. He explains, "It depends on the counselor and the situation as to whether or not I directly observe my counselors. Each person I work with has a different level of training and skills."

- continued on page 10



Dan Carzoli

*"In many ways, I see myself as an orchestra leader.*

*Each member of my orchestra has his or her own talent.*

*It is my job to make all of our strengths blend together at the right time and in the right way."*

- Dan Carzoli, MA, CAP, NCAC-II, ICADC

## It's on the Web

The ATTC National Office has created an area on the ATTC Network Web site ([www.nattc.org/supervision](http://www.nattc.org/supervision)) for supervision resources. An extensive annotated bibliography, links to Web sites and counselor competency rating forms are all available.

The *Southern Coast Beacon* is a quarterly publication of the Southern Coast ATTC. The February 2004 edition focused on models of supervision and the role of clinical supervisors in implementing evidence-based treatment practices. Download this publication for free at [www.scattc.org](http://www.scattc.org).



## CSAT . . . Competencies – from page 1

Gallon notes, “Although we are in the beginning stages, our intention is that the new competencies will be adopted by states, educators, policymakers, treatment agencies and individual counselors as ‘the gold standard’ for what constitutes an effective clinical supervisor. It will be designed as a companion to the *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice – CSAT Technical Assistance Publication #21 (TAP 21 – The Counseling Competencies)*.”

Clinical supervision hasn’t been strongly recognized as an important area of emphasis for the treatment field notes White. “We have primarily concentrated on reaching frontline counselors with training and education. It is really to the credit of the ATTC Network which began developing curricula and offering clinical supervision training across the country that this topic began being recognized as an important area of concentration.”

White emphasizes that for clinical supervisors to make an impact within agencies, system-wide changes may need to occur. “Many clinical supervisors carry large caseloads due to state reimbursement policies. Effective supervision requires more than paper/pencil reviews of counselors, however. Direct observation by clinical supervisors is critical to enhancing the counseling skills of treatment clinicians.”

See the ATTC Network Web site at [www.nattc.org/supervision](http://www.nattc.org/supervision) for additional information as this project moves forward.

### ***Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice – CSAT Technical Assistance Publication #21***

This publication was a landmark document developed by the ATTC Curriculum Committee in 1998 and published by CSAT. It has become a benchmark by which treatment counseling curricula, educational programs and professional standards are assessed. It is accepted by many as a definitive reference in the study and practice of addiction treatment. To download a free copy, visit [www.nattc.org/thecompetencies](http://www.nattc.org/thecompetencies).

## **ATTC to Develop Supervisors “Survival Guide”**

The ATTC Service Improvement Committee intends to develop a “survival guide” for new clinical supervisors. The publication will include information about the roles and responsibilities of clinical supervisors, the fundamentals of supervision, coaching/mentoring, education, evaluation and balancing multiple roles. Look for more information in the coming months at [www.nattc.org/supervision](http://www.nattc.org/supervision).

## **Reflections – from page 9**

“I try to be aware of that. I generally don’t experience resistance to direct observation, however. I see it as a way I can serve my staff, and I try to approach it that way. I ask them how I can help them.”

Carzoli enjoys his role, but says that clinical supervision isn’t for everyone. “My message to new clinical supervisors is that if you don’t really love the role, then don’t do it. Client needs are much different than those of counselors. Before somebody completely leaves the direct service role, they really need to make sure that supervision is a good fit. Many times the supervisory role is not what people think it will be.”

Finally, an open mind and a willingness to learn are the two most important things for clinical supervisors to have says Carzoli. “I believe you always have to be willing to learn more. Your learning should never be finished. You must also have an open-mind. Teach your counselors these things too. These are critical steps in helping your orchestra make great music.”

# Clinical Supervision Survey

**Clinical Supervisors:**  
Receive a Free Publication  
on Alcoholism for  
Completing this  
Survey!

Later this year, the ATTC Service Improvement Committee will develop a "survival guide" for new clinical supervisors. If you are a clinical supervisor, please help us create a maximally useful document by filling-out the survey below. \*Each clinical supervisor who returns a survey will receive a FREE copy of a new ATTC publication called *Alcoholism: The Science Made Easy*. (See page 8 for information about this book.) **You may also complete this survey online at [www.nattc.org/supervision](http://www.nattc.org/supervision).**

**1. In which type of agency are you employed? (Check all that apply)**

- Substance abuse treatment facility
- Inpatient facility
- Outpatient facility
- Community mental health center
- Residential facility
- Health agency/hospital
- Therapeutic community
- Other \_\_\_\_\_

**2. How many direct service treatment staff work in your agency?**

\_\_\_\_\_  Not sure

**3. How many clinical supervisors work at your agency?**

\_\_\_\_\_  Not sure

**4. How many total years of experience as a clinical supervisor do you have (at this and other agencies)?**

\_\_\_\_\_ years

**5. How many clinical staff do you supervise?**

\_\_\_\_\_

**6. Which of the following functions do you perform as a clinical supervisor? (Check all that apply)**

- Meet individually with each clinician  
How often? \_\_\_\_\_
- Meet in a group setting with all clinicians together  
How often? \_\_\_\_\_
- Directly observe counselors conducting individual or group therapy sessions  
How often? \_\_\_\_\_
- Review counselors' progress notes and/or treatment plans  
How often? \_\_\_\_\_
- Develop learning plans with each clinician  
How often? \_\_\_\_\_

**7. Do you carry a counseling caseload? If so, how many clients do you see?**

\_\_\_\_\_ clients per month

- I do not provide direct service

**8. What other duties do you provide for your agency as a clinical supervisor?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Briefly describe the training or orientation that you received when you first became a clinical supervisor.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. What is your certification status as a counselor in the treatment field? (Check only one)**

- Never certified
- Previously certified, but not currently
- Certification pending
- Currently certified

**11. What is your certification status as a clinical supervisor in the treatment field? (Check only one)**

- Never certified
- Previously certified, but not currently
- Certification pending
- Currently certified

**12. How many clinical supervision college courses have you completed?**

- 0  Minor/certificate
- 1-3  Degree
- 4-10

**13. Approximately how many hours of clinical supervision training have you completed?**

\_\_\_\_\_ hours of training

**14. What information, training or assistance would be helpful for new clinical supervisors? (Check all that apply)**

- A detailed job description
- A clinical supervision manual
- On-site training by another clinical supervisor or the clinical director
- Off-site training from a training agency or other organization
- Mentoring over a period of time

Other \_\_\_\_\_

**15. Indicate if you agree/disagree with the statements below regarding clinical supervision (CS) at your agency. (Check A for agree or D for disagree)**

- a. CS occurs regularly at my agency  A  D
- b. CS occurs only when there is a problem  A  D
- c. CS is primarily an administrative or disciplinary task  A  D
- d. CS is primarily a mentoring or professional development task  A  D
- e. CS plays an important role at my agency  A  D

## THANK YOU FOR COMPLETING OUR SURVEY!

Please fill-out the form below to receive your FREE copy of *Alcoholism: The Science Made Easy*. \*Surveys must be received by June 30, 2005.

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I don't currently receive *The ATTC Networker*, but please add me to your mail list so I can begin receiving this free publication.

Please sign me up for the free monthly ATTC electronic magazine, *Eye on the Field*. (You'll receive this publication in your e-mail.)

Mail this form in the postage paid envelope attached to the middle of this newsletter.

Fax this form to 816-482-1101.  
Attention: Deann.

You may also fill-out this survey online at [www.nattc.org/supervision](http://www.nattc.org/supervision).