
Supervision in Behavioral Healthcare: What's Expected?

3 Hours

Trainer: Lisa Bunting, LCSW

Learning Objectives:

- To describe a relevant overview of the system and the role of Clinical Supervision
 - To understand the role of Clinical Supervision in the implementation of Person Centered Plans
 - To have practical “how to” strategies for supervision within a publicly funded system
 - To explore the supervision requirements for specific services, such as CST and IIH
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About the Service System

- Community-based mental health, developmental disabilities and substance abuse services are managed through a network of local management entities that cover the state's 100 counties. These programs oversee and manage local services.

- Some main categories on MH/DD/SA services are:
 - Mental Health
 - Child and Family Mental Health Services Information
 - Deaf and Hard of Hearing
 - Substance Abuse
 - DWI Services
 - Governor's Institute on Alcohol and Substance Abuse
 - TASC (Treatment Accountability for Safer Communities)
 - MAJORS (Managing Access for Juvenile Offender Resources and Services)
 - Jail Diversion

 - Developmental Disabilities
 - CAP-MR/DD
 - Traumatic Brain Injury (TBI)



What is Clinical Supervision?

- Supervision is a distinct professional activity in which education and training aimed at developing science-informed practice are facilitated through a collaborative interpersonal practice. It involves observation, evaluation, feedback, the facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and mutual problem-solving. In addition, by building on the recognition of the strengths and talents of the supervisee, supervision encourages self-efficacy.

Falender & Shafranske

Staff Definitions: 10A NCAC 27G .0104

“Paraprofessional”

“Associate Professional”

“Qualified Professional”

Masters level QP

Licensed QP

State Competencies: 10A NCAC 27G .0203

“Demonstrate Knowledge, Skills and Abilities required by the population served”

- **Knowledge:** Education or competency based training and knowledge of the specific population served
 - **Skills:** Developed set of practices to apply to specific population served
 - **Abilities:** Application of knowledge and skills to achieve desired outcomes for the specific population to be served.
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Competencies

- Technical Knowledge
 - Cultural Awareness
 - Analytical Skills
 - Decision-Making
 - Interpersonal Skills
 - Communication Skills
 - Clinical Skills
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Supervision Plans

- Contents:
 - Name of Supervisee
 - Name of Supervisor
 - Supervision Methods
 - Brief Description of Supervision Goals and plan to meet those goals
 - Time Allocation: how often?
 - Length/Termination
 - Review/Changes as needed
 - Signatures
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“How to” Strategies for Supervision

- Managing
 - Listening
 - Supporting
 - Summarizing
 - Giving Feedback
 - Gathering information
 - Checking theoretical knowledge base
 - Challenging
 - Informing or educating
 - Modeling, Role-Play
 - Self-disclosing
 - Disagreeing
 - Using video observation
 - Other...
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Supervisor's must know...

- Transference
 - Counter-Transference
 - Self-Disclosure
 - Boundaries
 - Cultural Competence
 - Ethical and Legal Responsibilities
 - Others
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Documentation of Supervision

Purpose

Intervention

Effectiveness

Supervision in the Implementation of Person Centered Plans

- ❑ What does this look like?
 - ❑ Billable?
 - ❑ Document?
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Supervision Requirements for Specific Services

Know the Service Definition!

- Community Support Team
 - Intensive In-Home Services
 - Others?
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Sources

- Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. “Records Management and Documentation Manual”
www.dhhs.state.nc.us/mhddsas
- Christina Carter, DMHDDSAS “The Latest Challenge: Service Planning & Documentation”
- Clinical Supervision by Falender & Shafranske, 2004.
- Training materials developed for NC Division of MH/DD/SAS by Behavioral Healthcare Resource Program/Jordan Institute for Families/School of Social Work/University of North Carolina at Chapel Hill (12/06)
- **Disclaimer: This is my interpretation and may not represent the interpretation of an LME reviewer and/or a Medicaid audit agent. As a Private Agency, I am not employed by any regulatory authority. If there are questions that come out of this training, I will record them and I will get an answer back to you. Attendance does not guarantee “perfect” audits.**

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