



THE ROLE OF CLINICAL SUPERVISION IN THE DELIVERY OF RECOVERY SUPPORT SERVICES

A Tool Kit for
Recovery Support Professionals & Their Clinical Supervisors

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INTRODUCTION

The creation of this tool kit was prompted by a sharp increase in the numbers of persons being trained globally as substance use disorder (SUD) recovery support professionals. These individuals go by various titles, including recovery coaches, recovery mentors, personal recovery assistants, recovery support specialists, and peer specialists.

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All recovery support professionals require adequate clinical supervision that includes the critical resource of clinical expertise to which they can turn. Clinical supervision helps to ensure the safety of recovery workers and their clients and the efficacy of recovery support services that are delivered.

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Despite the importance of clinical supervision in recovery service work, clinical supervision of recovery support professionals as a standard practice is only beginning to be fully integrated in the spectrum of recovery support services. Unfortunately, its role is often overlooked to the detriment of individuals and organizations. Many recovery support professionals are delivering services without the support of clinical supervision to guide them in facing the frequent challenges that arise in working with people in recovery. Lack of clinical supervision has been shown to correlate with incidents of secondary trauma, failures in self-care, and feelings of overwhelm among recovery support professionals.

When adequate clinical supervision of recovery support professionals routinely occurs, it benefits all those involved, including recovery workers, recovery-oriented organizations with which they are affiliated, and clients in recovery. Regular clinical supervision can support recovery workers to deliver better outcomes by exploring issues and discussing problem solving strategies with their supervisor. In addition, clinical supervision can enhance a recovery support professional's capacity to empower, motivate and increase satisfaction of the clients being served. In many instances, clinical supervisors can act as mediators and useful liaisons between recovery support workers and the agencies with whom they engage. Finally, quality clinical supervision can help treatment and recovery organizations by improving performance, managing resources, increasing morale, improving retention, and enhancing the professional development of recovery support workers.

This tool kit is designed for two audiences: recovery support workers and their clinical supervisors. Part I provides an overview of the role of clinical supervision in the delivery of SUD recovery support services in general. This section also focuses on making an important distinction that often goes overlooked. That is, while recovery support workers are NOT engaged in the delivery of clinical services, they require clinical



supervision in order to do their work safely and effectively.

Part II of the tool kit describes the clinical supervisor's role in recovery work and provides an introduction to overall clinical supervisor competencies. This section sets forth general principles and guidelines for providing supervision, but it should be clearly understood that the tool kit does not provide in-depth clinical information on how-to perform supervision, or replace comprehensive training for clinical supervisors to develop their skills.

Ultimately, the tool kit has two aims: first, to raise overall awareness of the critical need for clinical supervision in recovery work and second, to encourage recovery support workers and their clinical supervisors to cooperatively design an approach to supervision that will meet the needs of their specific situations. Ultimately, the tool kit is intended to provide hands-on practical support for beginning clinical supervisors

and supervisees in a variety of agency circumstances and across a broad range of cultures.

While the tool kit is considered a stand-alone document, it can also be used as a supplementary resource kit to complement the Colombo Plan's *Universal Recovery Curriculum*. Its seven tip-sheets are structured into two parts, four tip-sheets for recovery support professionals, and three for their clinical supervisors.

The creators of this tool kit include individuals with lived-experience in long-term recovery as well as persons with extensive experience as clinical supervisors in both treatment and recovery settings. In addition, the contents of the tool kit have been reviewed by a panel of experts with internationally recognized experience in substance use disorder treatment, clinical supervision, and the delivery of recovery support services.



PART I: TIP SHEETS FOR RECOVERY SUPPORT PROFESSIONALS

Tip Sheet #1: What is Clinical Supervision?

Recovery Support professionals benefit from quality clinical supervision. But what exactly is clinical supervision?



“A clinical supervisor will ensure that all ethical standards are adhered to and provide constructive feedback, including the continuing development of the worker's application of accepted recovery support knowledge, skills, and values.”

Clinical Supervision Defined:

There are three types of supervision: **administrative, clinical (also called educational supervision) and supportive supervision.** Clinical supervision allows a recovery support worker to see patients/clients while being supervised for proper patient/client care. The supervisor will ensure that all ethical standards are adhered to and provide constructive feedback, including the continuing development of the worker's application of accepted recovery support knowledge, skills, and values. The process of clinical supervision is essential for maintaining a skilled and reliable recovery support services workforce.

■ The most important thing about clinical supervision is that it happens:

- Clinical supervision should be a priority for early-career recovery support service workers

- All workers need access to clinical supervision
- Clinical supervision is an investment
- Clinical supervision benefits employees, employers and service recipients
- Clinical supervision benefits workers and the organization

■ Why Focus on Clinical Supervision in Recovery Support Work?

- Unfortunately, because the field of recovery support services is relatively new in many areas, some clinical supervisors may not understand recovery support well enough to provide high-quality clinical supervision; in addition, many organizations providing recovery services may not be sufficiently aligned with recovery-oriented values.



Recovery support workers fill relatively new and unique roles in the behavioral health care system, and many of them are performing their services without the benefits of clinical supervision.



- Leaders in many peer/or recovery ally-run recovery community organizations often lack either knowledge and experience with clinical supervision and/or the organizational structures that support the activity of clinical supervision
- Clinical supervisors can play a key role in the successful integration of recovery support workers in the workplace
- Providing clinical supervision promotes quality recovery support services and good ethical practices

- **Companionship** - helping people in early recovery feel connected and enjoy being with others, especially in recreational activities in alcohol- and drug-free environments.

Now let's take a look at how the workers who are delivering these non-clinical services will benefit from clinical supervision.

■ What Kind of Clinical Supervision Does a Recovery Support Professional Need?

First, let's look at the kinds of services that a recovery support professional actually delivers. Recovery support professionals deliver non-clinical services that are designed to help initiate and sustain individual/family recovery from severe alcohol and other drug problems. The Center for Substance Abuse Treatment's Recovery Community Support Program identifies four types of recovery support services (Source: <http://rcsp.samhsa.gov/about/framework.htm>).

- **Emotional support** - demonstrations of empathy, love, caring, and concern in such activities as peer mentoring and recovery coaching, as well as recovery support groups.
- **Informational support** - provision of health and wellness information, educational assistance, and help in acquiring new skills, ranging from life skills to employment readiness and citizenship restoration.
- **Instrumental support** - concrete assistance in task accomplishment, especially with stressful or unpleasant tasks such as filling out applications and obtaining entitlements, or providing child care, transportation to support-group meetings, or preparing for a job interview.

■ A Recovery Support Professional Performs Many Roles that Require Clinical Supervision

Many activities delivered under the banner of "recovery support services" include activities performed in earlier decades by persons working as outreach workers, case managers, counselor assistants, and volunteers. Because recovery support professionals perform so many roles, understanding their exact needs for clinical supervision can be a challenge.



While recovery support professionals are NOT themselves delivering clinical services, they require clinical supervision that offers the critical element of clinical expertise to which to turn for support.



The critical point to understand is this: While recovery support professionals are NOT themselves delivering clinical services, they require clinical supervision that offers the critical element of clinical expertise to which to turn for support, including role clarification,

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The exact types of clinical supervision needed in recovery support work may take many forms and change according to specific circumstances.

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crisis management, ethical decision-making, boundary management, self-care, trauma referrals, and a host of other issues that often arise when working with individuals seeking and in recovery from SUD.

Compounding this challenge, some recovery support workers wear several hats; for example, they themselves are practicing clinicians who have also chosen to offer non-clinical recovery support services. In addition, the recovery support workforce consists of both recovery PEERS (who are in some form of recovery from SUD or mental health illness) as well as recovery ALLIES (who have no lived experience) who are very unfamiliar with clinical supervision practices. And while PEERS and ALLIES are both trained to professionally deliver recovery support services, their individual needs for clinical supervision may differ. In other words, the exact types of clinical supervision needed in recovery support work may take many forms and change according to specific circumstances.

■ **Supervision in Recovery Support Work:**

- Is usually more intense initially and should be ongoing over time

■ **Did you know?**

- Clinical supervision of non-clinical recovery support services often requires more monitoring than clinical services that are provided within an addiction treatment context! This is because non-clinical recovery support services often lack some of the mechanisms of protection built into the delivery of treatment services, such as prolonged training and credentialing, a formal informed consent process, and office-based settings for service delivery.

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Clinical supervision of non-clinical recovery support services often requires more monitoring than clinical services that are provided within an addiction treatment context.

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Tip Sheet #2: Know the Benefits of Clinical Supervision in Recovery Work

Clinical Supervision Benefits Individuals and Organizations for a "Win-Win"



Clinical supervision benefits both individuals and organizations in many ways. Individuals who receive quality supervision tend to experience less frustration and confusion in serving clients and often benefit from enhanced professional development opportunities.



Clinical supervision in the delivery of recovery support services has benefits for both individuals and organizations

■ Benefits for Recovery Support Workers

- Provides opportunities to reflect on recovery support practices
- Delivers better outcomes through learning that comes from exploring and discussing work issues
- Enhances problem-solving skills
- Improves clarity and objectivity in decision making

- Clinical supervision empowers, motivates and increases worker satisfaction
- Quality clinical supervision can alert the recovery support professional to the encroachment of secondary trauma, compassion fatigue and burn-out
- Clinical supervision can promote professional development by offering practical knowledge, resources and perspective on possible career paths for their supervisee

■ Benefits for Organizations

- Clinical supervision is a tool that can be used to achieve an agency's mission and objectives
- Clinical supervision improves performance and helps to manage resources
- The clinical supervisor often serves as the mediator and liaison between the agency and the worker
- Quality clinical supervision can increase morale and improve retention

Tip Sheet #3: Clinical Supervision Supports the Practice of Healthy Boundaries

Clinical Supervisors Can Help in Practicing “Role-Boundary Integrity”

As a recovery support professional, many functions overlap with other helping roles, including that of the addiction counselor. This overlap can raise the potential for role ambiguity and conflict. A clinical supervisor can help you to practice role-boundary integrity which means NOT reaching beyond your scope. For example, a clinical

supervisor can help you be aware of when you are crossing boundaries, and support you in navigating those boundaries when issues and questions arise. Finally, a clinical supervisor can help you to stand firm in your practice of role-boundary “integrity” with a reminder that a recovery support professional is NOT a sponsor, therapist/counselor, nurse/physician, or priest/clergy.

Role Boundary Integrity: The recovery support professional is NOT a:	You are moving beyond the boundaries of the recovery support professional role if you:
Sponsor (or equivalent)	<ul style="list-style-type: none"> • Perform AA/NA or other mutual aid group service work in your recovery support role • Guide someone through the steps or principles of a particular recovery program
Therapist/counselor	<ul style="list-style-type: none"> • Diagnose • Provide counseling or refer to your support activities as “counseling” or “therapy” • Focus on problems/“issues”/trauma as opposed to recovery solutions
Nurse/Physician	<ul style="list-style-type: none"> • Suggest or express disagreement with medical diagnoses • Offer medical advice <ul style="list-style-type: none"> • Make statements about prescribed drugs beyond the boundaries of your training & experience
Priest/Clergy	<ul style="list-style-type: none"> • Promote a particular religion/church • Interpret religious doctrine • Offer absolution / forgiveness • Provide pastoral counseling

A Clinical Supervisor Can Help in Navigating the “Intimacy Continuum”

The relationship between recovery support professionals and those they serve can be viewed as a continuum of intimacy, consisting of “zones,” such as:

1. “Zone of Safety” in which actions are always okay,
2. “Zone of Vulnerability” in which actions are sometimes okay and sometimes not okay, and
3. “Zone of Abuse” in which actions are never okay.

The zone of abuse involves behaviors that mark too little or too great a degree of involvement with the individual one serves as a recovery support professional. Examples of behaviors across these zones are listed in the chart below. Clinical supervisors can help guide the actions of recovery support

professionals and help them determine how to choose the correct behavior and practice maintaining a healthy boundary. Some behaviors fall into the “Never Okay” column such as “sexual relationships” with those to whom they are providing recovery support services. How do you-- as a recovery support professional-- view the various behaviors and in which column would you place them? Are there behaviors that might fall into different columns according to the situation? How might a supervisor help in such cases?



“Clinical supervisors can help guide the actions of recovery support professionals and help them determine how to choose the correct behavior and practice maintaining a healthy boundary.”

Table 1: Recovery Support: An Intimacy Continuum Behavior of Recovery Support Professional in the Recovery Support Relationship	Zone of Safety (Always Okay)	Zone of Vulnerability (Sometimes okay; Sometimes not okay)	Zone of Abuse (Never Okay)
Giving gift			
Accepting gift			
Lending money			
Borrowing or accepting money			
Giving a hug			
"You're a very special person"			
"You're a very special person to me."			
Invitation to holiday dinner			
Sexual relationship			
Sexual relationship with a mentee's family member			
Giving cell phone number			
Using profanity			
Using drug culture slang			
"I'm going through a rough divorce myself right now."			
"You're very attractive."			
Addressing person by their first name			
Attending recovery support meeting together			
Hiring person to do work at your home.			

Tip Sheet #4: What is Your Responsibility as a Supervisee?

Be Open to Feedback

How clinical supervision occurs may differ from person to person, from agency to agency, and from circumstance to circumstance. Sometimes clinical supervision happens one-on-one which is often experienced as "safer" by some recovery support professionals and can allow for a more confidential setting. On the other hand, being supervised in a group can mean exposure to a variety of perspectives and the opportunity to learn from colleagues.



Being supervised in a group can mean exposure to a variety of perspectives and the opportunity to learn from colleagues."

In some cases, you may have more than one clinical supervisor and these different supervisors may actually have different expectations. In addition, many organizations will offer multiple formats of clinical supervision to address different professional development needs. Keep in mind that you may need to vocalize to different supervisors what some of your professional goals are and how a supervisory arrangement can help support their development.

When and How to Consult a Clinical Supervisor

- When you are not sure what to do, consult!
- Remember, clinical supervision is done at different frequencies in different places
- Communication with your clinical supervisor and those you are helping should be ongoing, and not only as a response to problems

- Regular consultation with your clinical supervisor makes for a healthier, less stressful environment and allows you and the people you are helping to avoid many problems before they occur

“No matter what your specific circumstances regarding clinical supervision support, it is important to bear in mind that at no time is clinical supervision meant to be an arena for harsh critiques or judgments. It is a space for receiving feedback on what is working or not working.”

Sometimes being supervised often involves difficult discussions, especially when you make an honest mistake. But no matter what, remember to be open to supervision and what it can teach you.



Remember to be open to supervision and what it can teach you.

Here is an example of receiving feedback from a clinical supervisor in a most challenging situation.

Nancy, a supervisor and **Edgar**, a peer recovery coach who works in a hospital emergency room are meeting for supervision. Earlier in the day, Nancy observed Edgar interacting with a person who had had a recent opioid overdose and overheard Edgar say, “Well I hope your next overdose doesn’t kill you” and walk away.

NANCY : Edgar, tell me about your interaction with Mr. Rose this morning.

EDGAR: Oh man, that was frustrating! I couldn't get anywhere with that guy. He wasn't having any of what I could offer. I thought that maybe he would go to treatment this time. I thought we had a good connection too.

NANCY: You were surprised that he was wasn't interested in what you were offering today.

EDGAR : Yeah, I guess I got let-down, you know?

NANCY: If it's okay with you I'd like to share my perspective, but first I'd like to hear from you about what you think you did well and what you'd like to do better next time.

EDGAR: Well, I don't know what I did well. It wasn't my best work.

NANCY: Well, start with one thing that you did well.

EDGAR: Well, I did well just starting a conversation with him. I was able to introduce myself and talk to him about what had happened to him last night.

NANCY: So, initiating contact has become a strength for you. What do you think you need to improve?

EDGAR: I'm not sure. I don't know what I could have done differently. I wasn't expecting him to reject my offer and I just reacted.

NANCY: What would you have liked to have done instead of having the reaction you had?

EDGAR: I don't know. I should have not reacted like I did. I just walked away.

NANCY: You wish you had not broken the connection you had with him.

EDGAR: Yes. I was kind of mad at him.

NANCY: I'd like to give you some feedback on what I think you could do differently next time.

EDGAR: Yes. That could be helpful.

NANCY: I observed that you rushed in and offered a treatment bed without first asking him what he thinks he needs. Getting the person to start thinking about possible solutions can be empowering and the person feels less pressured.

EDGAR: That sounds right.

NANCY: We can review and practice some pieces of motivational interviewing, especially rolling with resistance. These skills take a lot of practice and you're making progress and we can work together to help you move forward.

EDGAR: Sometimes I feel that I won't ever get it.

NANCY: You feel discouraged because it can be so hard to use these skills when you need to. But I've seen you work hard to get better at other skills and I believe that you'll develop these skills too.

PART II: TIP SHEETS FOR CLINICAL SUPERVISORS

Tip Sheet #5: Prioritize the Supervisee's Learning, Safety, and Professional Growth

Prioritize the Recovery Support Supervisee's Learning:

- **In your role as a clinical supervisor, you should encourage the recovery support supervisee to pursue regular continuing education.**

This is both protective of the recovery support supervisee's clients (because the recovery support supervisee is increasing their knowledge and skills) and supportive of the recovery support supervisee's longer-term career goals. It also instills a norm that ongoing learning is essential to competent recovery support services practice.



Engage with your recovery support supervisee in discussions about how, where and when they are performing the delivery of recovery support services with their clients. Help set safety guidelines for the supervisee to follow.

Prioritize the Recovery Support Supervisee's Safety:

- **Prioritize the recovery support supervisee's safety at all times.**

In practical terms this means engaging your recovery support supervisee in discussions about how, where and when they are engaging in the delivery of recovery support services with their clients, and setting safety guidelines for the supervisee to follow. Examples might include: having the

supervisee communicate about where they are going and when they will return; having the supervisee call to check in with you if a client visit is likely to be difficult; considering instructing the supervisee to bring an additional recovery support person with them on a home visit if needed/warranted; and instructing your supervisee to remain mindful if they are working in the building at odd hours and/or by themselves.

Prioritize the Recovery Support Supervisee's Professional Growth:

- **An effective clinical supervisor keeps the supervisee's professional development in mind, and prioritizes this as a goal whenever possible.**

In practical terms this translates into asking exploratory questions about what sort of work the recovery support supervisee might like to do in the future; what additional training or education the person might be interested in; and what the supervisee has learned/noticed about him/herself in the course of the recovery support work they have already done. The supervisor should also be willing to offer practical knowledge, resources and perspective on possible career paths for their supervisee. An expression of informed optimism for the supervisee's future prospects can be very helpful in building the supervisory relationship.



An expression of informed optimism for the supervisee's future prospects can be very helpful in building the supervisory relationship

Tip Sheet #6: Demonstrate Professional Competence

■ Be knowledgeable about the recovery population your recovery support supervisee is working with.

You should be able to teach and train your recovery support supervisee on a wide range of topics and concerns related to the population they are working with. Depending on the education and skill level of the supervisee, these might include: gaining a more thorough understanding of different stages of recovery, tips for recognizing possible trauma in patients and the proper steps to take for ensuring clinical referrals, and strategies for engaging with clients who are recovering from SUD and also diagnosed with one or more co-occurring disorders .

■ Engage in role-plays with your recovery support professional to help them practice important conversations with clients.

Common topics which may provoke anxiety in newer recovery support professionals include: confrontations and limit-setting; handling questions/conversations about aspects of personal identity such as age, race, sexuality, gender, etc.; and crisis management, particularly with clients who express suicidal and/or homicidal ideation, as well as clients who require a safety plan

in the face of domestic violence, clients who exhibit symptoms of psychosis, clients who are acutely intoxicated, clients who are at risk for life-threatening withdrawal symptoms, and clients who are engaging in parasuicidal behaviors such as cutting.

■ To deliver quality clinical supervision to recovery support workers, focus on developing the following competencies:

- You should be comfortable addressing racism, homophobia, and other biases in a direct and forthright manner. Sometimes your recovery support supervisee will surprise you by expressing biases, and sometimes your supervisee will be struggling with how to effectively help a client who expresses biases.
- You should be knowledgeable about recovery support resources and services in the community, and should be able to help your supervisee think flexibly and creatively about how to best access needed care for their clients.
- It is important that you help your recovery supervisee to learn the norms for interacting with other professionals who may be relevant to their work with their clients. These other professionals might



Sometimes your recovery support supervisee will surprise you by expressing biases, and sometimes your supervisee will be struggling with how to effectively help a client who expresses biases.

include doctors, nurses, social workers, peer support specialists, psychologists, etc. Guide your supervisee to establish healthy working relationships with other professionals whenever possible. Help your supervisee understand the value of their professional reputation.

- It is useful to help your recovery support supervisee learn the norms for navigating systems which may impact their clients. These might include: court systems, school systems, child welfare systems, hospital systems, etc. Again, help guide your supervisee to foster healthy working relationships with these other agencies/organizations.
- You must educate your recovery support supervisee about the legal obligations specific to their role and location, including legal topics specific to their situation, such as confidentiality laws, duty-to-warn laws, involuntary commitment procedures, communicable disease reporting requirements, client rights laws, etc. A competent supervisor will be able to help their supervisee prioritize between different and sometimes conflicting legal obligations. A competent supervisor will also know when to seek out a more informed legal opinion.

- You should be informed about and stay up-to-date on administrative practices at your organization. At a minimum, this means you should know where to direct your recovery support supervisee for answers to questions about larger administrative concerns, including sexual harassment concerns, hiring practices concerns, etc.
- It is helpful for you to review your recovery support supervisee's job description with them and make sure they have a clear understanding of their role in the organization.
- It is important for you to stay up to date on emerging practices in the recovery support services field.
- While you want to support and champion your recovery support supervisee, you must be prepared to act if they demonstrate extremely poor judgement or otherwise threaten the safety of a client, a colleague, or the public.



Clinical supervisors are often challenged by the fact that recovery support professionals perform many different roles in the delivery of their services. Understanding their exact needs for clinical supervision can often be demanding.

Tip Sheet # 7: Create a Safe Environment for Clinical Supervision

A Recovery Support Supervisee Must ALWAYS Feel Safe During Interactions:

When interacting, it is crucially important that you allow your recovery support supervisee to share their thoughts and feelings openly, without the fear you are going to judge or condemn them. The more your supervisee talks about difficult emotions and situations with you, the better able you will be to guide their developing skills as a recovery support professional. REMEMBER: Effective supervisors employ an authoritative, rather than an authoritarian, approach.

“Effective supervisors employ an authoritative, rather than an authoritarian, approach.”

■ Provide regular feedback

- It is important to provide regular feedback on things your recovery support supervisee is doing well, as well as areas for continued improvement.
- Encourage your recovery support supervisee to assess his/her own skills and abilities.
- Do not hesitate to offer praise and recognition for achievements and increased competency. Note that praise is more effective when offered for a specific achievement, rather than when offered in a blanket manner. So instead of saying something general like: “You’re amazing!” you may want to say: “I was really impressed by how you handled that conversation with Mr. Smith. I know that can’t have been easy. You were clear and compassionate—you did a great job with this.”

- It is very helpful if you can model and foster the capacity for self-awareness and personal reflection.
- It is important for you to model non-defensiveness in the face of criticism to help the recovery support supervisee accept feedback as needed.
- It is useful to educate yourself about the normal development process that most supervisees go through. You should be prepared to alter your style and approach over time to better fit the developmental needs of your supervisee. For example, when your recovery support supervisee is brand-new, he or she will probably feel a certain amount of anxiety, and will seek your advice very frequently. As they gain in experience, however, they will probably start to crave more independence, and you will need to adjust your approach accordingly.

■ Practice trauma-informed clinical supervision with your recovery support supervisee:

- You should have a working understanding of the effect of trauma on your recovery support supervisee and his or her clients. You should familiarize yourself with the concept of secondary trauma and how to mitigate against it.



Do not hesitate to offer praise and recognition for achievements and increased competency.

■ **Alert your recovery support supervisee to be on the lookout for signs and symptoms of secondary trauma**

- ✓ Recovery support professionals should be aware of the signs and symptoms of vicarious trauma and the potential emotional effects of working with trauma survivors. Two examples of secondary trauma are:

- avoiding talking or thinking about what the trauma-affected individual(s) have been talking about, almost being numb to it
- being in a persistent arousal state

SYMPTOMS OF SECONDARY TRAUMA

- Reduction in empathy toward individuals
- Psychological distress (distressing emotions, intrusive imagery of individual's trauma, numbing or avoidance, sleep disturbance, headaches, physiological arousal, addictive/compulsive behavior, impaired functioning)
- Cognitive shifts: chronic suspicion, helplessness, loss of control, cynicism, blaming the victim, etc.
- Relational disturbances: distancing/detachment from individual, overidentification with individual, decreased intimacy or trust
- Frame of reference problems: disconnection from one's sense of identity, dramatic change in fundamental beliefs, loss of values or principles, loss of faith, existential despair

SIGNS OF SECONDARY TRAUMA: ERRORS IN JUDGMENT AND MISTAKES

Behavior

- frequent job changes
- tardiness
- free floating anger/irritability
- absenteeism
- irresponsibility
- overwork
- over-eating or under-eating
- startle effect/being jumpy
- difficulty with sleep
- losing sleep over patients

Interpersonal

- staff conflict
- blaming others
- conflictual engagement
- poor relationships
- poor communication
- impatience
- withdrawal and isolation from colleagues

Personal values/beliefs

- dissatisfaction
- negative perception
- loss of interest
- apathy
- blaming others

Job performance suffers:

- low motivation
- increased errors
- decreased quality

Clinical supervisors can help the recovery support professionals they supervise to be on the look-out for the signs and symptoms of secondary trauma. Supporting recovery support professionals to implement self-care practices is an important way clinical supervisors can help prevent secondary trauma.

■ **Be aware of your own biases and model hope, respect, and boundaries with your recovery support supervisee**

- It is an essential professional responsibility to be aware of your own biases, and the biases and other shortcomings of the institutions within which you and your recovery support supervisee work. It is highly valuable to model a lack of cynicism and a sense of hope and optimism that problems can be effectively addressed .

“ It is highly valuable to model a lack of cynicism and a sense of hope and optimism that problems can be effectively addressed.

- It is crucial that you model excellent boundaries. Explicitly train your recovery support supervisee on the importance of this professional competency, and offer specific scenarios and details to ensure their comprehension.
- You should be reliable and accessible. Answer your phone. Answer your emails in a timely manner. Show up when you have agreed to show up. Be predictable. Don't make your recovery support supervisee guess when they will see you next.
- Model respect at all times for the clients served. Model appreciation and enjoyment of the clients and their strengths. It is helpful if you can articulate to your recovery support supervisee the gift that clients give us when they trust us with their stories and their needs .
- Do your best to model patience. Consider the law of the harvest: the farmer plows the earth, plants the seeds, waters the seeds, and waits for them to grow. It takes time for the farmer to see the fruits of his/her labor.
- Model ethical practices at all times. Return to this subject frequently during supervision.

“ It is helpful if you can articulate to your recovery support supervisee the gift that clients give us when they trust us with their stories and their needs .

- If you employ group supervision, be sure to also provide individual supervision for each recovery support supervisee. Both approaches have strengths and potential limitations.
- Respect the limits of your own knowledge. Do not pretend to have knowledge you do not possess.
- It is helpful if supervisors can demonstrate their interest in, and appreciation for, their supervisee. If possible, take delight in their professional progress and achievements.
- Model appropriate self-care. Take breaks. Take vacations, and encourage your supervisee to do the same.
- Continue to hone your supervisory skills. Attend continuing education seminars and remain open to feedback from your recovery support supervisee as well as other colleagues.
- Bring your real self to the supervision. Be warm and well-related, but also attend to your boundaries. Be mindful of not burdening your recovery support supervisee with your current unresolved personal problems and concerns.
- Bear in mind that showing your humanity can be liberating for your supervisee, who may put you on a pedestal. Don't be afraid of sharing brief stories from your own professional life which may help to reduce your recovery support supervisee's anxiety about their role.

CONCLUSION

While this tool kit is only an introduction and overview on the topic of clinical supervision in the delivery of recovery support services, it is an important step in the direction of enhancing the overall quality of services being delivered to the many individuals seeking and in recovery from the suffering associated with substance use disorders.

The many dedicated people who work to support persons in recovery will, we hope, find this document enlightening and of value. For those who are interested, more information on the issue of clinical supervision in the delivery of recovery support services can be found in the reference section of this document.



APPENDICES

GLOSSARY:

PEER Recovery Support Specialist: Person with lived experience in recovery from mental health and substance use challenges who provides non-clinical, strengths-based support to others seeking their own, individualized, person-centered recovery

ALLIES Recovery Support Specialist: Person without lived experience in recovery from mental health and substance use challenges who provides non-clinical, strengths-based support to others seeking individualized, person-centered recovery

Recovery Support Specialist Supervisor: A person with or without lived experience in recovery who provides formal supervision to PEERS/ALLIES recovery support specialists and who has worked as a PEER or ALLIES recovery support specialist

Recovery support services Refers to non-clinical services that are designed to help initiate and sustain individual/family recovery from severe alcohol and other drug problems and to enhance the quality of individual/family recovery. The Center for Substance Abuse Treatment's Recovery Community Support Program identified four types of recovery support services:

- **Emotional support** - *demonstrations of empathy, love, caring, and concern in such activities as peer mentoring and recovery coaching, as well as recovery support groups.*

- **Informational support** - *provision of health and wellness information, educational assistance, and help in acquiring new skills, ranging from life skills to employment readiness and citizenship restoration.*

- **Instrumental support** - *concrete assistance in task accomplishment, especially with stressful or unpleasant tasks such as filling out applications and obtaining entitlements, or providing child care, transportation to support-group meetings, and clothing closets.*

- **Companionship** - *helping people in early recovery feel connected and enjoy being with others, especially in recreational activities in alcohol- and drug-free environments. This assistance is especially needed in early recovery, when little about abstaining from alcohol or drugs is reinforcing.*

(Source: <http://rcsp.samhsa.gov/about/framework.htm>)

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Ethical Guidelines for the Delivery of Peer-based Recovery Support Services

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William L. White, MA & the following: The PRO-ACT Ethics Workgroup: Howard “Chip” Baker, Babette W. Benham, Bill McDonald, Allen McQuarrie, Skip Carroll, John Carroll, Beverly J. Haberle, Heidi Gordon, Kathy McQuarrie, Maura Farrell, Harvey Brown, Marilyn Beiser, Deborah Downey, Esq., Carole Kramer, Fred D. Martin, Leslie M. Flippen, Nadine Hedgeman, D.C. Clark, Jerri T. Jones, Larrissa M Pettit, Darryl Chisolm, LeeRoy Jordon, and Hassan Abdul Rasheed.

Supervision of Peer Workers; Bringing Recovery Supports to Scale Technical Assistance Center Strategy

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Substance Use Disorder Peer Supervision Competencies

Peer-Supervision-Competencies-2017.pdf

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