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Clinical Supervision Catalyst for Professional Development of Addiction Counsellors

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Introduction

Addiction counsellors commonly faced with emotional exhaustion and career turnover issues as they deal with clients who have substance abuse problems. Dealing with substance abuse clients poses challenges and frustrations for addiction counsellors as the clients are vulnerable to relapse and there is no single treatment is effective for all clients. Clinical supervision is seen as protective factors for addiction counsellors to cope with emotional exhaustion and career turnover issues. This idea has been discussed a decade ago in the substance abuse treatment workforce. Clinical supervision creates catalyst for addiction counsellors, of which they would receive support that could promote professional development. Thus, clinical supervision in addiction counselling has been increasingly recognized in addiction counselling and its existence in the field remains important in this millennial year.

There are many definition of supervision, however to gain a general understanding of what it is, Inskipp and Proctor [1] defined supervision as a working alliance between a supervisor and counsellor, in which the counsellor can offer an account or recording of his/her work; reflect on it; receive feedback and when appropriate, guidance. Clinical supervision has been linked to multiple positive outcomes such as higher task and relational performance, greater commitment to workplace agency, and workplace wellbeing. For clients on the other hand, clinical supervision may indirectly improve patient-care and outcome due to the relationship alliance between the supervisor and supervisee in clinical supervision. This also relates to better counsellor performance [2].

These positive outcomes from clinical supervision should send a message to drug treatment agencies and organizations for providing effective counsellor supervisors to perform the clinical supervision tasks. Common practice is where drug treatment agencies and organizations assume that clinical supervision is alike with administrative supervision. They also place too much attention on resources on providing direct clients care but provides less sufficient resources for clinical supervision. This is not sufficient to produce effective treatment as systematic change of drug treatment approaches in treatment centers cannot be implemented merely by administrative order.

Clinical supervision serves the following purpose: a) becomes a mechanism for drug treatment agencies and organizations to ensure their addiction counsellors' psychosocial skills are always at maximum; b) to ensure continuous and consistency in the quality service and effectiveness; and c) be a specific medium for addiction counsellors to receive their work evaluation and feedback, thus they are much likely aware of both the strengths and deficits of the service.

The benefits indicates that scope of drug treatment agencies and organizations is not confined by providing the best drug treatment for clients with substance abuse problems, but also for clinical supervision and professional development of the addiction counsellors for their knowledge, skills, and competence development in addiction field. This concept applies in drug treatment settings regardless treatment approaches. Hopefully, more clinical supervisors are placed in drug treatment agencies and organization as an effort to ensure continuous quality care service for substance abuse clients.

References

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