

Supervision Is a Serious Business

A Review of

Clinical Supervision in Alcohol and Drug Abuse Counseling: Principles, Models, Methods (Rev. ed.), by David J. Powell, Archie Brodsky, San Francisco: Jossey-Bass, 2004. 448 pp. ISBN 0-7879-7377-7. , paperback

Reviewed by
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☞ This work holds true to the background of its authors: Powell holds a doctorate and is a licensed family therapist and a certified substance abuse counselor, and Brodsky is a research associate at the Massachusetts Mental Health Center at Harvard Medical School. The authors' stated intention is to provide foundational understanding about the supervisory role in clinical substance-abuse settings for supervisors, managers, and those who wish to become supervisors.

The Book's Theoretical Roots

☞ The core of the book is what Powell and Brodsky call the *blended model* of supervision. They indicate that the blended model integrates current knowledge about the way that change occurs during therapy with the spiritual and contemplative aspects of supervision. Steeped in the roots of the Minnesota model of substance-abuse treatment with its amalgamation of the Alcoholics Anonymous (AA) 12 steps and 12 traditions and inclusion of multidisciplinary interventions, the blended model combines insight-oriented and skills-oriented approaches.

☞ Powell and Brodsky recognize that although compulsive and destructive abuse of chemical substances is the core problem, mental health problems and family problems are also core elements that must be assessed and treated in substance-abuse treatment. Therefore, although the supervisor must have considerable substance-abuse training and experience, mental-health and family-therapy knowledge, training, and skills are also critical components in the skill set of the substance-abuse supervisor.

☞ The authors' foundational knowledge in family and systems theory and systems theories and techniques of supervision are evident in discussions of the supervision methods of Haley, Minuchin, Bowen, Whitaker, and others within the family-systems model. They repeatedly reference core systems concepts, such as isomorphism and the diagnostic conceptualizations of Kaslow and others, and specific systems-supervision techniques, such as the “bug in the ear,” “two-way mirror,” and “in-group and out-group

observation and post intervention processing.” The authors make repeated reference to Yalom's theory and techniques of group therapy and favor a social ecosystem approach to processing what is going on between people. However, they never review the ecological approach of E. H. Auserwald and barely mention the work of Hoffman (Piercy, Sprenkle, & Wetchler, 1996).

The Book's Content

—Although the authors' approach is clearly integrative, it leans heavily on systems theory, client-centered theory, and psychodynamic theory. Powell and Brodsky view the supervisor as a coach (in the Bowenian tradition) or leader capable of facilitation of organismic thrusting (in the Rogerian tradition). They clearly and repeatedly emphasize the importance of the leadership traits of empathy, warmth, genuineness, and positive regard supported in client-centered literature. The authors acknowledge some difficulty distinguishing between therapy and supervision throughout the book, and they spend considerable time discussing boundary-maintenance issues and at what point a student in supervision should be referred to outside therapy. However, the authors temper theory with an experienced supervisor's sense of how fragile some students are and how a patient, supportive, and quasi-therapeutic approach can be effectively used in supervising trainees.

—The supervision relationship is conceptualized as a special variant of the psychotherapy relationship in that the supervisor focuses on the student's developmental needs in the context of self and personality as a tool for delivering treatment. The primary author's ambivalence about the proscription of no therapy with students is evident throughout. He discusses this problem using a developmental model, placing students in three categories with differing approaches needed for each level of student. The approaches look much more like therapy with the supervisor taking the stance of the client-centered therapist in Level I (and some of Level II). Level III looks more like traditional supervision. Powell's model simplifies Stoltenberg, Delworth, and McNeill's (1998) model and leaves out the Level IV (master counselor) conceptualization. It is posited that the seasoned supervisor will recognize the necessity for developmental and stage-appropriate modifications for students with less aptitude or personality preparation and those with skill deficits.

—One strength of this book is that it recognizes that supervision is a complex, quasi-therapeutic, and slow process that starts with assessment of the student and adaptation of the approach to the individual needs of the student. The process requires sensitive management of the student/supervisor alliance and is fraught with complex transference and countertransference issues.

—The blended model of supervision establishes descriptive dimensions that allow for assessment of both the student and the supervisor's and student's theoretical approaches. The authors indicate that students must find a personal model of therapy that fits them and that the effective supervisor coaches students in the refinement of their model based on a foundation in research and theory, senior therapy experience, and an openness to the

uniqueness of the student and his or her preferences. Powell's dichotomies, taken (as noted by him) from the work of Bascue and Yalof (1991), include what he calls the influential dimension, the symbolic dimension, the structural dimension, the replicative dimension, the counselor-in-treatment dimension, the information-gathering dimension, the jurisdictional dimension, the relationship dimension, and the strategy dimension. These dimensions can be used to establish the tendency of the supervisee to integrate his or her personal practice with patient's preferences and theorist's formulations (called *clients* by the authors in the tradition of counseling psychology and substance-abuse counseling).

☞ The dimensions represent useful ways of simultaneously evaluating and educating the supervisee. They provide a conceptualization of the supervisee's tendency to move toward affective or cognitive poles of therapy and how these preferences play out in mastering the "Twelve Core Functions" (International Certification & Reciprocity Consortium-ICRC, 1992) accepted as basic substance-abuse counselor competencies. Indeed, the ICRC model of role delineation in supervision and the 12 core counselor functions or competencies represent building blocks used throughout the book. This makes sense, since the counselors will be evaluated on these functions in the substance-abuse counselor certification examinations used by most states.

☞ This approach allows one to evaluate theories with regard to core dimensions and the magnitude of influence and direction of certain variables. For instance, on the structural dimension, a theorist may be evaluated as more reactive or proactive relative to the extent of the application of those techniques or approaches. At the beginning of the therapeutic intervention, substance-abusing individuals need a more proactive approach, such as learning concrete behaviors for coping and staying sober. Only after much progress can the therapist move to the reactive side of the structural dimension. The therapy is more structured and rigid at the proactive stage. At the reactive end of the structural dimension, the therapist can take a more flexible agenda reflective of the patient's increased capacity for introspection and insight, and coaching, and a less directive approach can be used. The therapist guides and shapes the individual's ideas and behaviors at this end of the continuum, doing more reaction to patient material and more coaching and clarification than direct teaching and assignments. Thus, the authors provide a tool that helps the supervisor visualize the supervisory process as flexible (depending on the needs of the patient and the supervisee) and changing (depending on the stage of treatment and the stage of development of the trainee). The dimension tools are a great contribution in that regard!

☞ The authors emphasize the spiritual aspect of recovery. This will be meaningful to those who are rooted in the AA and Narcotics Anonymous traditions and for those who base their clinical work on spiritual values. Powell's subsequent writings have amplified this aspect of his work. However, he is careful not to let this interest overshadow the core elements of supervision.

☞ The authors predict a movement to short-term therapy, failing to cite research indicating that the more that therapy-addicted individuals receive and the longer they

spend in therapy, the better the outcome (Finney & Moos, 1998; Marlatt & VandenBos, 1997). They predict that the number of doctorate-level counselors will dwindle. This prediction is inconsistent with data indicating that a large subpopulation of addicted individuals have mental disorder, brain damage, or severely antisocial and dissocial behavior and require expert assessment and multidisciplinary treatment (Morris, 1997). Further, the position fails to recognize a substantial body of knowledge that indicates that in some settings substance abusers with coexisting psychological disorders have better outcome in treatment when provided with appropriate psychological and psychiatric care (Margolis & Zweben, 1998).

☞The book is rich with reference to theory, and the authors appreciate the wide range of abilities, personality attributes, aptitudes, and readiness to learn that supervisors in the field encounter. It provides differential assessment of various theories of treatment and posits a well-organized method (the nine-dimension model) for understanding each theory's relevance to practice. The book recommends a flexible, integrative approach focused on assisting the supervisee with finding the best-fit theories, techniques, and therapeutic style, which eventually come to define the student's personal counseling style. Powell and Brodsky recognize that therapy and supervision are similar in that they both seek to change the individuals to which they are directed. They have a sophisticated understanding of the supervisee's needs relative to anxiety management, professional-identity formation, and skill building. They accept the supervisee's inadequacies and provide optimistic and patient coaching, and their commitment to teaching comes across on every page of this book.

Criticisms and Concerns

☞The book's weaknesses include a frequent lack of depth when explaining certain well-developed supervision theories, change theories, and works. The authors often sparsely describe areas in which a wealth of knowledge exists. They whet the reader's appetite and then move quickly to the next topic or theory. In addition, the authors give short shrift to recent literature of some importance (Peake, Nussbaum, & Tindell, 2002; Ramos-Sanchez et al., 2002; etc.). This scant treatment of some major theories and schools of thought with elaborate training and supervision systems leaves the reader disappointed.

☞The book's review of the literature on factors facilitating change is weak. The contributions of Bergin and Garfield (1994) on psychotherapy and change are not mentioned. There is no reference to Watzlawick, Weakland, and Fisch (1974) and their meta-theory of change. Seligman's (1993) review of the literature on change is not discussed. The research on effective contingency management approaches to the treatment of substance-abusing populations (Higgins & Silverman, 1999) and how to teach these approaches is omitted. The reader will also note the absence of any analysis of the research on readiness to change (Connors, Donovan, DiClemente, 2001). Clearly, the three stages of readiness to change could inform and enrich the dimensions argument and discussion.

While many theories are briefly reviewed, little attention is given to ensuring that the supervisee is familiar with theories of alcoholism and drug abuse (Chaudron & Wilkinson, 1988; Frances, & Miller, 1998; McCrady & Epstein, 1999; Miller & Rollnick, 2002). Even though this subpopulation of patients presents with some of the most difficult differential diagnostic questions (Morris, 1997; Morris & Lawson, 1998), little time is spent on the importance of ensuring that core knowledge in assessment is established prior to moving into treatment issues. The failure to provide accurate assessment and treatment matching is one of the great weaknesses in the substance abuse treatment field. Therefore, one would have expected a more detailed description of these issues. Because the book is intended for graduate-prepared and nongraduate-prepared students alike, careful consideration to this material would have been helpful.

Despite the weaknesses cited, this is a good introductory book. Powell and Brodsky's stated intention, to provide foundational understanding about the role of the supervisor in a clinical substance abuse setting for supervisors, managers, and those who wish to become supervisors, is achieved. However, the competent and skillful supervisor will need much greater depth in the theories and literature of substance counseling, advanced assessment of substance abusers, and how to ensure that supervisees have mastered this body of knowledge than this book provides. Therefore, this should not be the only book on supervision on which a supervisor in this specialized area relies. However, it is a good start, reminding the supervisor of important issues and providing useful tools that will facilitate quality supervision. The book is well written and an easy read. It is available as an inexpensive paperback, and it should be widely read by psychologists and others providing supervision to psychotherapy and counseling trainees.

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