



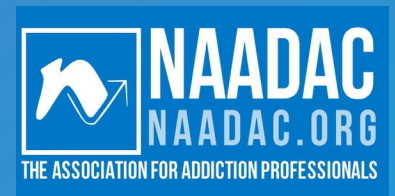
Providers  
Clinical Support  
System

# Essential Clinical and Peer Supervision Practices in Substance Use Disorder Services

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Terrence D. Walton, MSW

NAADAC Executive Director



## Webinar Facilitator

- ▶ **Jessica O'Brien, LCSW, CASAC**
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# Housekeeping

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- PCSS-MOUD aims to increase the knowledge and skills of healthcare and counseling professionals about available evidence-based treatment approaches for substance use disorder (SUD) with a particular focus on opioid use disorder (OUD). PCSS-MOUD provides free training and mentoring to practitioners on the use of medications for OUD (MOUD) and the integration of these services into mainstream health care.

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**AAAP is committed to presenting learners with unbiased, independent, objective, and evidence-based education in accordance with accreditation requirements and AAAP policies.**

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**All disclosures have been reviewed, and there are no relevant financial relationships with ineligible companies to disclose.**

*All speakers have been advised that any recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care. All scientific research referred to, reported, or used in the presentation must conform to the generally accepted standards of experimental design, data collection, and analysis.*

Overview Resources and Handouts

THANK YOU

Thank you for attending this webinar! In order to get your CE certificate, you will need to pass the content knowledge quiz with a score of 80% or higher and complete the survey evaluation. [Click here to access the CE quiz.](#)

You finished this item!

Go back to section | I'll stop here | **Go to next item**

15. Using the Secure Base conceptualization, "first base" involves:

- A parent's ability to care for themselves
- A parent's support network
- A parent's ability to responsively care for their dependents
- A parent's career

Page 1



16 questions answered  16 questions total

Submit your answers to complete the assessment and view your results.


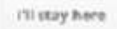

 Submit Answers

A blue bar at the bottom contains a red arrow pointing right to a button labeled 'Submit Answers' which is highlighted with a red rectangular border.

Courses » Spi

Un

## You finished this item!

 Go back to section  I'll stay here  Go to next item →

Assessment Summary

YOUR RESULT *passed*

# 100%

16 questions correct

0 questions wrong

A red arrow points from the 'I'll stay here' button to a green button labeled 'Go to next item →' which is highlighted with a red rectangular border.

MD (Doctor of Medicine) or DO or similar Addiction Psychiatrist Designation

PhD or PsyD or EdD or similar Doctoral Designation

RN (Registered Nurse) or PHMN (Psychiatric Mental Health Nurse) or similar

Student

None

Other (not mentioned or related to any of the above credentials)

Page 1 next >



5 required questions answered ✔ 5 required questions total

Submit your answers to complete the survey.

Submit Answers



**You finished this item!**  

← Go back to section I'll stay here Go to next item →

THANK YOU FOR COMPLETING THE SURVEY.

## Presenter(s)

**Terrence D. Walton, MSW**

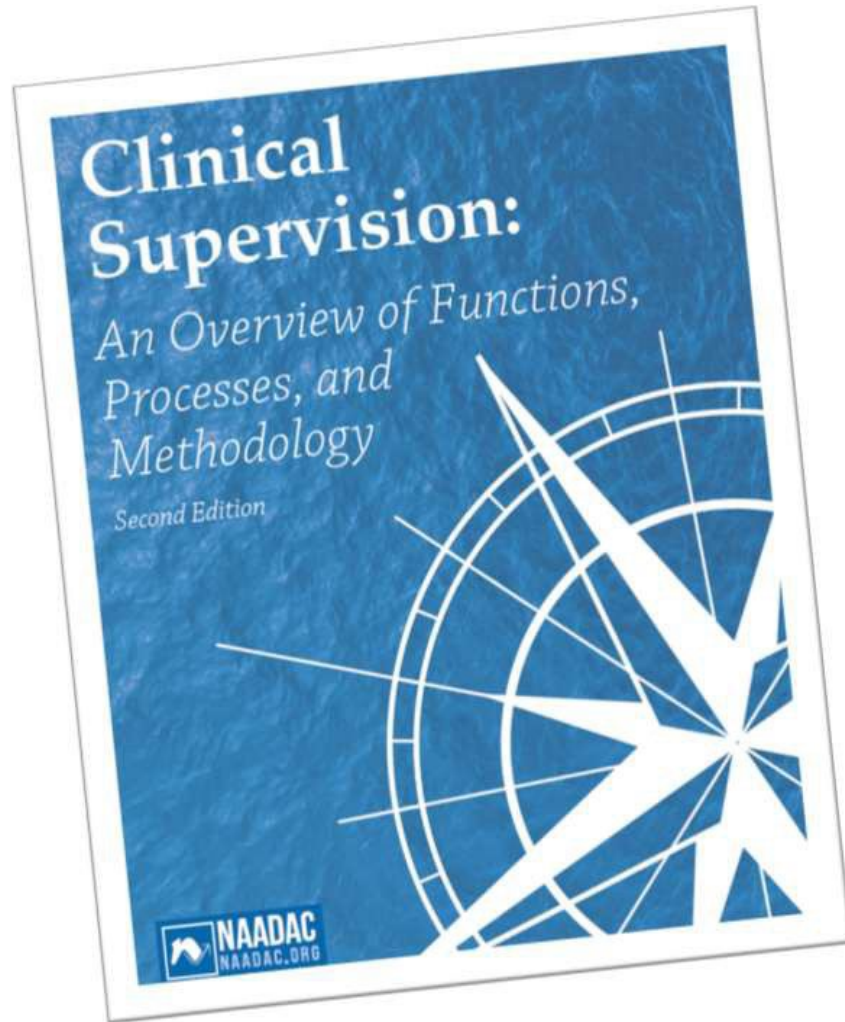
NAADAC Executive Director



# Educational Objectives

At the conclusion of this activity participants should be able to:

- 1 Identify key supervision roles and responsibilities for supporting clinical and peer staff in substance use disorder services.
- 2 Incorporate effective communication and feedback strategies to support staff growth, accountability, and ethical practice.
- 3 Apply basic documentation and supervision practices that improve service quality and team sustainability.



Coming This Fall –  
Clinical Supervision:  
An Overview of  
Functions, Processes,  
and Methodology  
(2nd Edition)

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# Why Supervision Matters

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Protects client welfare

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Improves quality of services

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Supports workforce retention

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Promotes ethical practice

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Develops future leaders

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## What Is Clinical Supervision?

Teaching relationship

Evaluative relationship

Mentoring relationship

Quality assurance process

Client protection mechanism



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What Else Is Peer  
Supervision?

Collaborative

Non-hierarchical

Mutual learning

Promotes accountability

Supports recovery-oriented practice

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# Clinical vs Peer Supervision

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Clinical: Evaluative

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Clinical: Formal authority

---

Clinical: Licensure focus

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Peer: Supportive

---

Peer: Shared authority

---

Peer: Recovery support focus

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## Four Functions of Supervision

Administrative



Evaluative



Clinical



Supportive

---

# Roles of the Supervisor

Teacher

Coach

Mentor

Consultant

Evaluator

Advocate

Role  
model

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Supervisory  
Relationship

Trust

Respect

Transparency

Collaboration

Psychological safety

# Supervisory Alliance

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Shared goals

Clear expectations

Mutual respect

Open communication

Consistent feedback



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## Eight Assumptions

Relational dynamics matter

Observation matters

Self-efficacy matters

Strengths matter

Individual needs matter

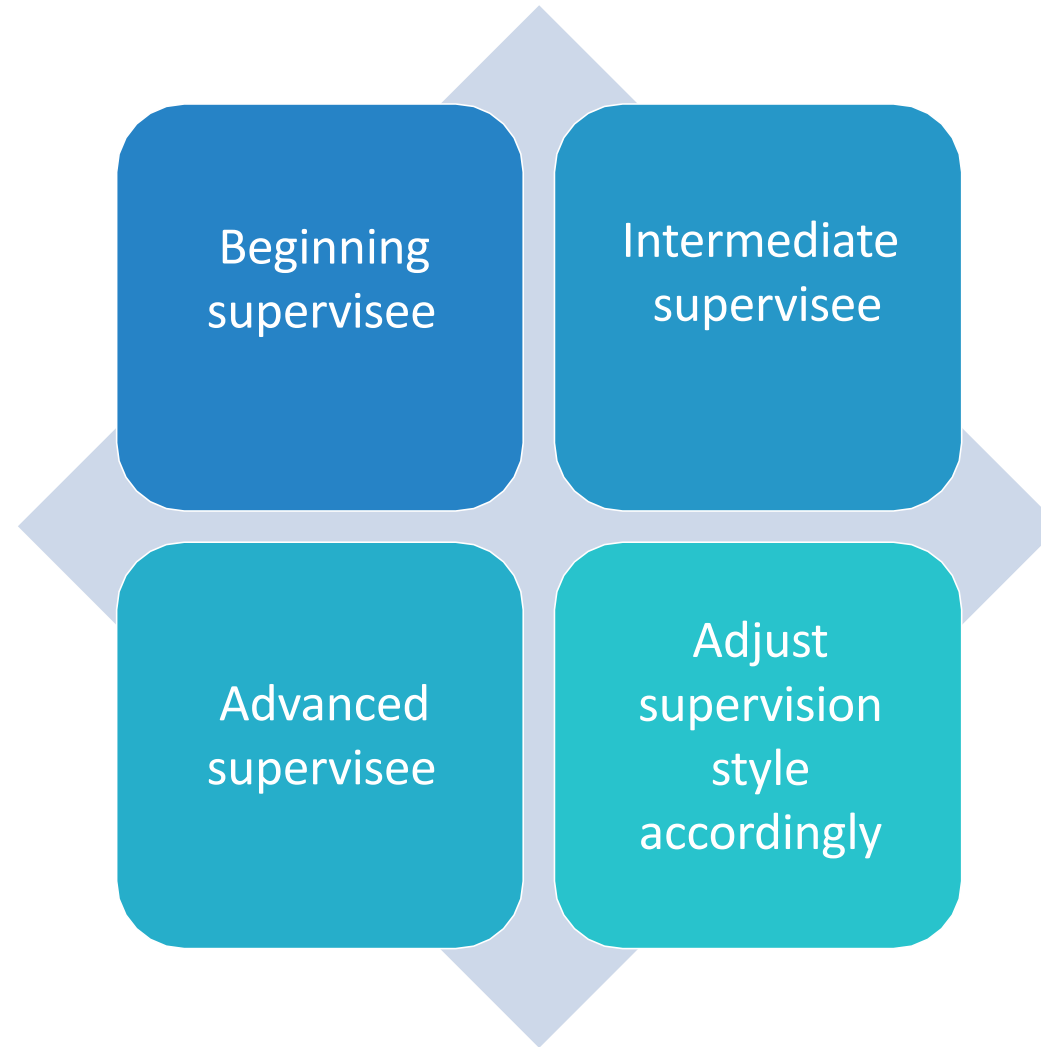
Teaching matters

Ethics matter

Outcomes matter

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Developmental Levels



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## Communication Skills



Active listening

Reflective responding

Open-ended questions

Constructive feedback

Difficult conversations



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Effective Feedback

Timely

Specific

Behavioral

Balanced

Action-oriented

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# Direct Observation



LIVE  
OBSERVATION



CO-  
FACILITATION



AUDIO  
RECORDINGS



VIDEO  
RECORDINGS



ROLE PLAYS

# Documentation



Date and duration



Topics discussed



Clinical  
recommendations



Performance  
concerns



Follow-up actions

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# Ethical Foundations

Practice	Practice within competence
Protect	Protect confidentiality
Avoid	Avoid exploitation
Maintain	Maintain boundaries
Monitor	Monitor client welfare

# NAADAC Ethics and Supervision

1

Obtain  
supervision  
training

2

Provide  
competent  
supervision

3

Offer  
ongoing  
evaluation

4

Maintain  
documentation

5

Protect  
supervisees  
and clients

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## Confidentiality



Client information

Supervision records

Electronic  
communications

Recorded sessions

Tele-supervision  
platforms



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# Ethical Dilemmas

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Dual relationships

Boundary crossings

Competence concerns

Documentation failures

Technology misuse



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Performance  
Problems



Identify

Document

Discuss

Coach

Monitor

Reevaluate



# Burnout and Retention

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Exhaustion

Cynicism

Reduced effectiveness

Detachment

Absenteeism



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# Case Study 1 ~ The Overwhelmed Counselor

Maria is a Certified Addiction Counselor working in an outpatient opioid treatment program. Over the past two months, her caseload has increased from 35 to 55 clients. All of her clients are living with opioid use disorder, including two who have overdosed in the last six months. Her supervisor notices that treatment plans are frequently late, progress notes are often incomplete, and several clients have complained that Maria appears distracted during sessions. During supervision, Maria becomes tearful and admits she is exhausted, having worked late most evenings to keep up with documentation. She insists she is committed to her clients and does not want anyone to think she is failing.

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## Case 1 Discussion

What performance concerns should the supervisor address?

What signs of burnout or compassion fatigue are present?

How might the recent opioid overdoses have contributed?

What ethical concerns, if any, are emerging?

What documentation should occur following this supervision session?

What supervisory interventions would be appropriate?

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# Case 1 Action Plan

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Meet	Meet promptly
Assess	Assess burnout
Review	Review expectations
Create	Create improvement plan that includes support
Increase	Increase supervision frequency
Document	Document actions

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## Case 1 Takeaways

Client welfare must remain the primary concern.

Extra counselor support may be needed following crisis.

Burnout may explain but does not excuse performance deficiencies.

Support and accountability must occur simultaneously.

Documentation of supervisory actions is essential.

Supervision should include a remediation and support plan.

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## Case Study 2 ~ The BBQ Invite

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James is a National Certified Peer Recovery Support Specialist (NCPRSS) who has worked with a participant for six months. The participant has made significant progress and recently invited James to attend a family barbecue as a guest of honor. James feels honored and believes attending could strengthen the participant's recovery support network. He discusses the invitation during supervision.

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## Case 2 Discussion


Is this a boundary issue?

What ethical principles apply?

How should a supervisor guide James?

How can supervisors balance authentic peer support with professional boundaries?

## Case 2 Action Plan & Take- Aways

- Peer relationships can feel less formal than clinical relationships.
  - Boundaries still exist and protect both parties.
  - Supervisors should help peers think through risks and benefits rather than simply saying yes or no.
  - Documentation of ethical consultations is important.
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# Key Takeaways

Supervision  
protects clients

Supervision  
develops  
professionals

Ethics guide  
supervision

Quality supervision  
strengthens  
organization

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Technology-Based  
Supervision

Increased access

Rural coverage

Flexible scheduling

Security concerns

Confidentiality concerns

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# Questions & Discussion



QUESTIONS



REFLECTIONS



RESOURCES

**Clinical & Peer  
Supervision  
Essentials for  
Those Treating  
or Supporting  
Individuals with  
Substance Use  
Disorders**

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Professionals

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# Optional Case Study 3 ~ The Coffee Shop Session

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A supervisor conducts weekly virtual supervision sessions. During one session, the supervisee joins from a coffee shop using public Wi-Fi. Client names and clinical details are discussed openly. Several people are seated nearby and can potentially overhear portions of the conversation.

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## Case 3 Discussion

What confidentiality concerns exist?

What laws or regulations may apply?

What should the supervisor do immediately?


What policies should be established going forward?

Case 3  
Action  
Plan &  
Take-  
Aways



## Case 2 Action Plan & Take- Aways

Technology competence includes privacy protection.  
Organizations should establish tele-supervision  
protocols.



Supervisors providing tele-supervision should  
confirm if the supervisee is in a private setting.



Supervisor must terminate the supervision  
session until a private location is secured.

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# Optional Case Study 4 ~ The Supervisor as Gatekeeper?

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A counselor consistently receives supportive supervision, coaching, and additional training. Despite these efforts, the counselor continues to demonstrate poor clinical judgment, misses signs of relapse risk, and repeatedly fails to implement corrective feedback. Clients have not been harmed, but several near-miss incidents have occurred. The supervisor must decide whether continued remediation is appropriate or whether stronger personnel actions are necessary.

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## Case 4 Discussion

At what point does a supervisor become a gatekeeper?

How much remediation is enough?

How should client welfare influence decisions?

What documentation would be critical?



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## Case 4 Action Plan

Supervisors are both mentors and evaluators.

Ethical supervision includes honest evaluation.

Documentation is essential for fairness and accountability.

Protecting clients may require difficult personnel decisions, including clinical performance improvement plans, suspension or termination of clinical responsibilities, termination of supervision relationship, or ethics/licensing board reporting.

## PCSS-MOUD Steering Committee

- ▶ PCSS-MOUD is led by the American Academy of Addiction Psychiatry (AAAP), in collaboration with a coalition of national professional and healthcare organizations.



Learn more about the Steering Committee and its partner organizations:  
<https://pcssnow.org/about/steering-committee/>



## PCSS-MOUD Mentoring Program

- ▶ Designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder (MOUD).
- ▶ Supported by a national network of providers with expertise in addictions, pain, and evidence-based treatment, including MOUD.
- ▶ Three mentoring options are available to meet your needs.
- ▶ No cost to participate.



For more information visit:  
<https://pcssNOW.org/mentoring/>

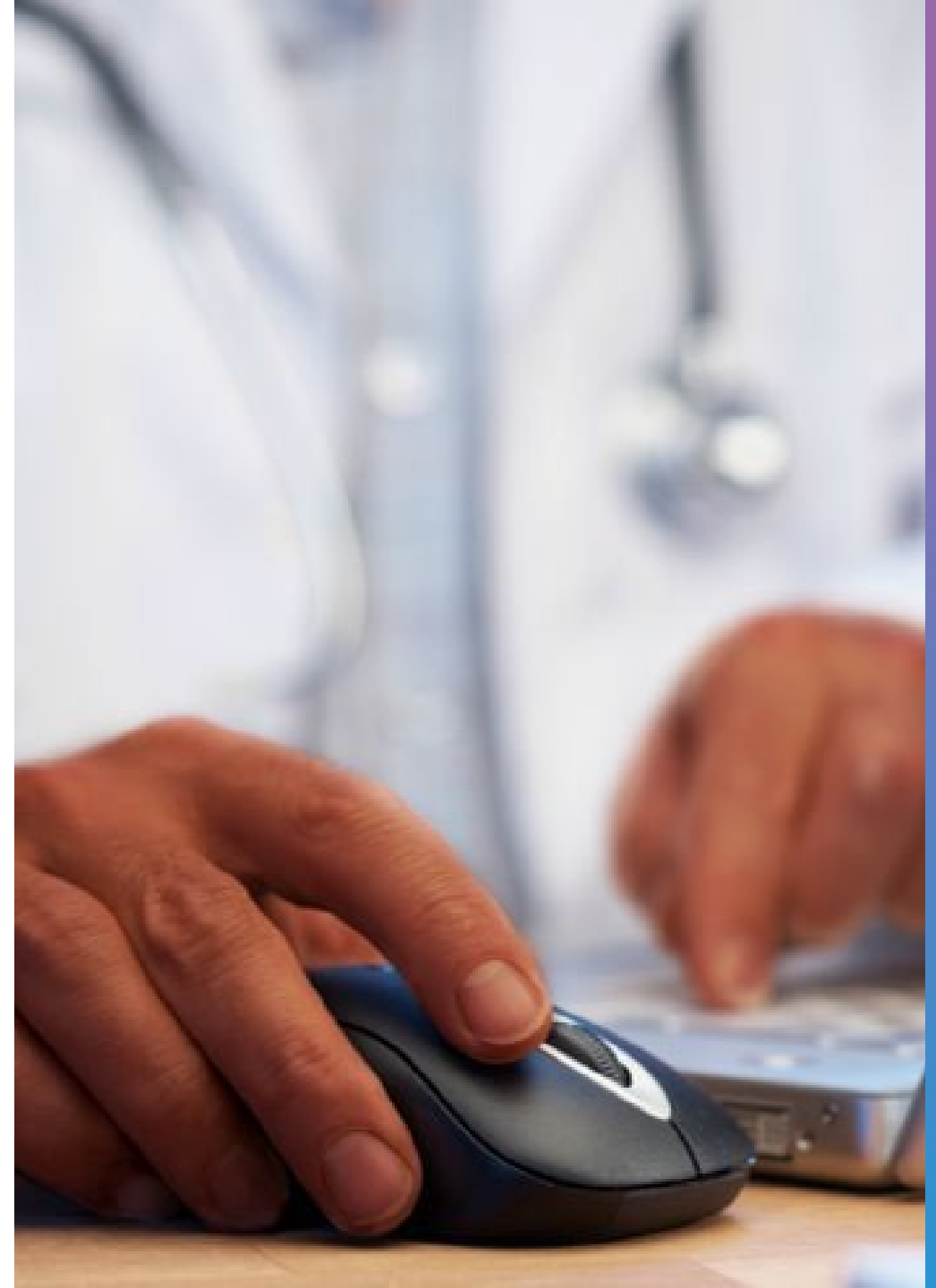
# 1: Discussion Forum

- ▶ An online discussion forum moderated by addiction specialists where health professionals can post questions and receive answers from clinical experts and other colleagues.

 [Register here at no cost!](#)



For more information visit:  
<https://pcssNOW.org/mentoring/>



## 2: Ask a Clinical Question

- ▶ A simple and direct way to receive an answer related to Substance Use Disorder, Opioid Use Disorder, and other related topics. Designed to provide a prompt response to clinical questions via email.



[Submit your clinical question](#)



For more information visit:  
<https://pcssNOW.org/mentoring/>



## 3: One-on-One Mentoring

- ▶ Provides individualized, one-on-one guidance via email, phone, or in-person (if feasible), to discuss specific clinical issues. Members are “matched up” with one of our mentors in their region. This is the most in-depth of the three PCSS-MOUD mentoring tools. Please contact [pcssmentoring@aaap.org](mailto:pcssmentoring@aaap.org) to receive a mentor request form.



[Browse our Mentors](#)



For more information visit:  
<https://pcssNOW.org/mentoring/>



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