CONSENSUS ASPECTS OF COUNSELING SUPERVISION PRACTICES IN DRUG TREATMENT CENTRE

Farhana Sabri

Senior Lecturer, Asian Centre for Research on Drug Abuse, Universiti Sains Islam Malaysia.

Email: farhanasabri@usim.edu.my

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Abstract

Purpose of the study: This study aims to examine aspects of counseling supervision practices in a drug treatment center in Malaysia. The aspects are served as facilitative factors for supervisor to practice counseling supervision in the drug abuse field.

Methodology: Data were collected using a mixed-method explanatory sequential research design that involved 30 respondents. Two sets of questionnaires were used namely Supervisee Levels Questionnaires-Revised and Supervisee Needs Index. A semi-structured interview was conducted to selected respondents to further explain and justify the quantitative data.

Main Findings: The findings show that most of the respondents scored highest at motivation subscale and supervisor competency for their supervisee levels and their needs index, respectively. Four themes namely a) attending courses periodically, b) in-house training, c) supervision from the upper management, and (d) consultation from other agencies were examined to corroborate the quantitative results.

Social implications and novelty: The findings of this study would facilitate the supervisors to focus more on the aspects found in this study throughout their counseling supervision practices. Having identified aspects that should be focused on during supervision would be served as a fundamental framework for future studies pertaining to counseling supervision practices.

Novelty/Originality of this study: This study examines consensus aspects of counseling supervision practices, of which limited studies available in Malaysia. Each aspect of counseling supervision found in this study can be further investigated for future studies.

Keywords: counseling supervision, professional development, drug treatment center.

INTRODUCTION

It is well noted that drug abuse causes harmful effects in terms of physical and psychological dependence. Drug tolerance in one’s life also can cause adverse effects of health, self, families, and society. In Malaysia, changes in the pattern of drug abuse have been seen since the 1990s from opioid-based drugs to methamphetamine drugs. These changes have been associated with the raising of mental health problems among drug abusers. For example, the co-occurring disorder often found among substance abuse (Solloum & Brown, 2017) and Malaysia is no exception (Farhana, Melati, Jencius, & McGlothin, 2017). This causes more complicated treatment issues and leads to the augment need for more therapists and counselors in providing more effective drug abuse treatment and rehabilitation programs. In Malaysia, some changes have been made to the treatment programs, which more integrative that includes medical officers, pharmacists, psychiatrists and counselors to tackle co-occurring disorders in substance abusers. Some of treatment issues have been properly addressed by the Malaysian Anti-Drug Agency (NADA) in accordance with evidence-based and best-practice guidelines, however professional development issues arising among therapists and counselors haven't been fully addressed.

Farhana(2018) noted that professional development among drug therapists and counselors could be promoted through regular clinical counseling supervision, during which they receive continuous supports, feedbacks, and constructive evaluation from the supervisors. Counseling supervision is seen as protective factors for addiction counselors to cope with emotional exhaustion and career turnover issues. To gain a general understanding of what is counseling supervision, Inskipp and Proctor (2001) defined supervision as a working alliance between a supervisor and counselor, in which the counselor can offer an account or recording of his/her work; reflect on it; receive feedback and when appropriate, guidance. These benefits for addiction counselors could improve counselor performance and may indirectly improve client care and outcomes.

The usual practices among agencies and drug treatment centers in Malaysia are that they focus more on providing clients’ needs rather than addiction counselors’ needs; counseling supervision for therapists and counselors in the provision of treatment and recovery. Counseling supervision and management of professional development for addiction counselors are vital to ensure that the provision of quality and effective services would continuously be provided. Counseling supervision has been linked to multiple positive outcomes in drug treatment that includes workplace wellbeing, higher task and relational performance, and greater commitment to workplace agency (e.g., Rothrauff-Laschober, Eby, & Sauer, 2013).

The quality of drug treatment can be inconsistent due to lack of counseling supervision. As a result, most therapists and counselors who provide the treatment have no specific medium to assess and obtain their assessment and feedback and
most likely they tend to be unaware of their strengths and weaknesses. Thus, this is a big challenge for drug treatment providers as they cannot identify issues arising during drug treatment and rehabilitation, which require solutions and skills to improve more throughout treatment.

LITERATURE REVIEW

Counseling Supervision

Within the context of Malaysian NADA, the treatment, care, and rehabilitation unit is a critical one under the spectrum of recovery. The main task of this unit is to provide treatment and rehabilitation for drug addict clients using the institutional and community-based treatment methods. Pertinent individuals such as medical officers, pharmacists, psychiatrists, therapists, and counselors fall within this unit for drug treatment provide (NADA, 2014). Although this unit seems practical, it lacks supervisors, whose role is to provide counseling supervision for drug therapists. Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) stressed that the scope of the services in drug abuse is not limited only in providing the best treatment for clients who get involved in drug abuse, but the counseling supervision and professional development of therapists and counselors experts are crucial for continuous skill development. The scope of this service should be applied in all drug treatment methods regardless of the type of treatment approach practiced.

Furthermore, drug treatment approaches become more integrative and complex in order to tackle the psychical and psychological dependence of drug addicts. Systematic changes in drug treatment approach commonly instructed by instructions and orders from the administration and management. Whereas previous studies show that any successful changes not only require comprehensive plan and support from the management, but it requires supervisory practice over a certain period of time that allows systematic change to be developed. Supervisors need time to implement new drug abuse approaches and require ample time for them to give respond to the management (Bradley, Webster, Baker, and Schlesinger, et al., 2004; McGovern, Xie, Segal, Siembab, & Drake, 2006).

Direct counseling supervision is a platform where the therapists and counselors receive monitoring of their clinical counseling services performance feedback, guidance, teaching, mentoring, and case review in order to improve their clinical skills and services. However, comprehensiveness of all these rarely happen in substance abuse treatment. According to SAMHSA (2014), the lack of counseling supervision stems from various possibilities including agency budget allocation, which leads to manpower shortages. The lack of understanding the importance of counseling supervision and training in supervisory and skills model also contributes to the lacking. There is limited information on standardization to meet the needs of supervision of addiction counseling (American Counseling Education and Supervision, ACES, 2011).

Counseling Supervision Models

Several models of counseling supervision were discussed in past studies; Developmental Models (e.g., Stoltenberg & Delworth, 1987); Integrative Models (e.g., Discrimination Model, Bernard, 1979; Bernard & Goodyear, 1992); and Orientation-Specific Models (e.g., Behavioral Model, Leddick & Bernard, 1980). A developmental model of counseling supervision emphasizes that all counselors will go through developmental stages leveled into three; beginner, intermediate, and advanced. This notion came upon believing that humans are continuously growing. Each level portrays the process of awareness, motivation, and autonomy differently according to their developmental level (Stoltenberg & Delworth, 1987).

The discrimination model of counseling supervision asserts the idea of supervisory roles with three areas of focus. Supervisory roles are as teacher, consultant, and counselor and these roles are used interchangeably to deal with three areas of focus for skill-building namely process, conceptualization, and personalization (Bernard & Goodyear, 1992). The orientation-specific model is for supervisors who adopt a particular therapy (e.g., Adlerian, Cognitive Behavioral Therapy, etc.) believe that the best supervision (Leddick, 1994).

Despite the differences between models regarding the essence of counseling supervision, most agree that counseling supervision share some common ground that includes counseling supervisory relationship between supervisor and supervisee should be safe and supervision session should be addressing a variety of learning styles of the supervisee (Leddick, 1994). Furthermore, the supervisory relationship in counseling should have some focal points, tasks, and processes to make it structural and focused-oriented relationships. Supervisory is not a baseless relationship and the growth of supervisors and supervisee can be met throughout the supervision.

Considering the importance of counseling supervision in the field of counseling services, this study aims to examine aspects of counseling supervision practices in a drug treatment center in Malaysia. This study attempts to answer a question of what practices entail in counseling supervision in substance abuse field in Malaysia. Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) provided guidelines for clinical supervision and professional development of substance abuse counselors. SAMHSA (2014) emphasized competencies of supervisors namely knowledge, skills, and attitudes and these go together with teaching, coaching, consulting, and mentoring functions of supervisors. This set of competencies of clinical supervisor is distinct from those of counselor and administrator. In substance abuse field, clinical counseling supervision has become the cornerstone of quality improvement of client care and increases the professionalism of clinical personnel, which includes therapists and counselors. Aside from this set of competencies, clinical supervision of addiction counseling is founded on a positive supervisor-supervisee relationship that
promotes client welfare as well as the professional development of the supervisee (SAMHSA, 2014). This set of components was used as reference in methodology part – specifically for constructing interview protocols for selected samples in this study.

METHOD

Research Setting and Sampling

This study utilized explanatory sequential research design, which involved two phases of data collection: quantitative and qualitative. This design was used to further explain the data from quantitative, and thus strengthen the overall data of the study (Cresswell & Clark, 2011). First, questionnaires were used to collect quantitative data from large scale groups. Then, researchers selected some samples within the group to be interviewed in order to get more detailed explanations as well as additional information regarding questionnaires answered.

This study obtained data from primary and secondary sources. For primary sources, data were collected from three different methods: questionnaires, observation, and semi-structural interviews. The questionnaires used in this study namely Supervisee Levels Questionnaire-Revised; SLQ-R and Supervisee Needs Index; SNI. For semi-structural interviews, subjects were selected from Malaysia NADA rehabilitation officers among respondents involved with the survey. Through this method, a set of interview protocols that answered the questionnaire was constructed as a guideline during interview session as well as additional and appropriate related questions for the research proposed by the researcher to participants of the study. Meanwhile, secondary sources data were collected through several ways including library materials and archive documents from Malaysia NADA on treatment, care, and rehabilitation (for example, policy documents, official statistics, agency reports, and historical data and information).

For the sampling purpose of this study, six drug treatment centers were randomly selected throughout Malaysia. They represented the central part of peninsular Malaysia (Selangor state), north part (Kedah state), south part (Negeri Sembilan state), and Borneo Malaysia (Sabah). This study involved 30 participants of whom were rehabilitation officers work at drug treatment centers in Malaysia. They work in residence- and community-based treatment centers including Cure and Care 1Malaysia Clinic, Cure and Care Rehabilitation Center (CCRC), and Cure and Care Service Center (CCSC). The rehabilitation officers were individuals who acting as counselors and therapists - responsible to provide counseling sessions for drug addicts clients who received treatment at the center.

Instruments

The Supervisee Levels Questionnaire-Revised (SLQ-R) was developed by McNeil, Stoltenberg, and Pierce (1985) to assess subjects’ development in counseling. It consists of 30-items that measure three subscales: self and other awareness, motivation, and dependency-autonomy aspect. The SLQ-R is a self-rated instrument uses a 7-point Likert scale ranging from scale one to seven (1 = never, 7 = always).

The Supervisee Needs Index (SNI, Muse-Burke & Tyson, 2010) instrument used to identify the needs of subjects during counseling supervision by assessing the performance of their supervisors. The SNI consists of 48 self-rated items that measure 22 domains pertaining to the subjects’ needs and the reason for the needs itself in supervision. The items were rated based on a 7-point Likert scale ranging from one (strongly disagree) to 7 (strongly agree). The subjects were required to select a scale between one to seven to indicate how much they agree with each statement and a total score ranging 48 – 336.

Procedures

This study received permission from the Institutional Review Board of the university and from the research site prior to conducting the treatment. Informed consent releases were obtained from the participants and the SLQ-R and SNI were administered to them. Semi-structured interviews were conducted to selected participants following the quantitative data analysis. A set of interview protocols that centered around supervisors’ competencies were developed; knowledge, skills, and attitude.

RESULTS

Demographic Information

Thirty participants (n= 30) agreed to participate in the present study and answered the questionnaires. Eighteen of them were female and the rest was male of Malay ethnicity, who identified their religion as Islam. Their ages ranged from 22- to 48-years-old with a mean age of 36. With respect to working experience as rehabilitation officers at drug treatment centers in Malaysia, seven of them (23%) has worked as treatment officers for over than 11 years, while eleven subjects (37%) has gained six to ten years experience of working at drug treatment centers. The rest (n = 12) has been working for one to five years of experience. Four of the participants were selected for semi-structured interview of the study.
Quantitative Data Analysis

Results indicated that the subjects scored highest on self-and other awareness (M = 3.6, SD = 7.2) followed by dependence-autonomy (M = 1.7, SD = 5.3). With respect to Supervisee Needs Index, the subjects scored on total 264, showing that they had a mediate level of supervisee needs. The subjects’ level of supervisee needs was further followed up with qualitative results.

Qualitative Data Analysis

Semi-structured data were analyzed using thematic analysis. Qualitative data were validated through triangulation techniques and field notes. Four themes surrounded counseling supervision scope emerged from analysis namely (a) course, (b) in-house training, (c) supervision from the upper management, and (d) consultation from other agencies. Each theme is presented next with supporting evidence from significant statements taken from the transcripts.

a) Attending courses

The subjects emphasized the importance of courses pertaining to the counseling services they have to provide. Courses such as counseling advanced skills, Motivational Interviewing, and session report writing would enhance their skills and improve counseling services. Subject 1 (S1) described these types of courses would keep him in line with his professional work, where he could get new knowledge from the courses. R1 described as the following:

“I like going to courses offered by the NADA office, its good as it allows me to grow in counseling field. because every time I am in the courses, the invited trainer would ask of how I am doing at my job and supervised my work progress, things like that”

In addition, the subjects described that they also like receiving courses and training from oversea expertise, such as training of trainers on Motivational Interviewing in Singapore or the United States. S3 described as

“I find receiving courses from oversea its kind of supervision type for me, where I could share with my colleagues the new knowledge that I’ve learned upon return”

This indicated that having courses on counseling services can be one of the professional development programs, which can be very helpful in improving the competencies and work performance among rehabilitation officers.

b) In-house training

Subjects described that in-house training refers to training where expertise from outside rehabilitation centers, such non-governmental organization drug centers would come to the local centers and give and share knowledge on counseling services. Subjects emphasized that this kind of training would be helpful for them as they could get direct exposure from outside expertise in accordance with their work setting. Furthermore, this way would be more financial sufficient as the subjects do not have to travel for attending training – in-house training allows them to get supervised while do not have to leave their job. S2 described as:

“...I used to receive in-house training from Segal Institute, I liked it very much because the trainer shared on his experience on counseling services and its challenges, of which I could relate and that made me as I had supported in this field of work and that kept me going what I do now.”

c) Supervision from the upper management

Subjects emphasized that receiving regular supervision from the upper management is one of many ways to ensure their work and treatment quality are in accordance with the center standard. Upper management refers to the center director, deputy director of drug treatment, and senior supervisor. For example, S2 noted that supervision from the upper management would offer guidelines for good services of counseling session: “I think when the supervisor does the supervision, she would look at all aspects of counseling services, that includes treatment and rehabilitation – she supervises if the job is following the guidelines of operation at the center”. Subject 1 further explained that supervision from the senior supervisor usually involves the overall supervision of treatment and rehabilitation implementation. The supervisor would provide feedback and assessment during supervision. Through this supervision, the subjects would be able to receive their work performance assessment regularly in order to improve work quality. S1 described as:

“...I feel that supervision like this would help to be more aware of what I’m doing, of what is right and wrong, and of what things that I should work on…”

“...the supervisor would help me to be prepared primarily from the aspect of documentation. From this supervision, I could improve myself and my self-esteem as I know my progression through constructive feedback given during supervision.” (S4)
“...I like when the supervisor notices my progress in my work and later she could suggest kind of counseling training that I need, so that I know I would always improve in my work” (S2)

Thus, monitoring helps to ensure that every treatment and services provided are in accordance with established procedures and help the rehabilitation officers to improve their work achievement throughout time during the monitoring.

d) Consultation from other agencies

Subjects emphasized the importance of consultation from other agencies. This refers to site-visit to other drug treatment centers as one way to compliment the counseling supervision practice. Other drug treatment centers refer to other centers that provide evidence-based drug rehabilitation and treatment, either in a local or international setting. For example S4 noted that the site-visit would allow him to learn and gain more new knowledge on evidence-based treatment:

“I like visiting other-treatment centers that are better than us. then I can learn new things and apply them upon return. This way is much practical where I can see new skills hands-on, on the field, rather than have to wait formal supervision by the upper-management”.

Furthermore, subjects emphasized that through site-visit would allow them to take part in a learning session through direct supervision and consultation. For example, S2 noted that he would be more active in learning when supervision involves other counselors from other centers: “... I like when I could go to a center that provides dual-diagnosis treatment for drug addicts. I could consult with the supervisor there about dual-diagnosis in counseling.. Every time I go there, I could learn how to manage dual-diagnosis cases, this is challenging because this case involves mental illness.

This description indicating that site-visit to other drug rehabilitation and treatment centers would allow the subjects to receive consultation from the field expert as part of their case supervision.

DISCUSSION AND CONCLUSION

This study examines aspects of counseling supervision practices in drug treatment centers in Malaysia. In bridging quantitative data and qualitative data in this study, four themes; course, in-house training, supervision from the upper management, and consultation from other agencies justified why the subjects scored highest on self-and other awareness and dependence-autonomy development in counseling. This suggests that self- and other awareness is an important aspect to be looked into by the supervisors in the development of supervisee. This finding is similar to that of Pieterse, Lee, Ritmeester, & Collins (2013), who asserted that self-awareness is a critical ingredient for effective counseling and psychotherapy.

The four themes found in this study were considered important aspects of the implementation of counseling supervision in drug treatment centers. These four themes all support the overall development of supervisee counseling, which includes their self-awareness, level of autonomy and dependency. However, the motivation element of counseling development is difficult to measure. Stoltenberg and Delworth (1987) in their early development of Integrated Development Model of Supervision noted those students’ motivation increases and decreases alternately throughout training. This study suggests that future research would look into motivation element of counseling development specifically and explore more in longitudinal study. This would allow the researchers to understand the nature of motivation in counseling development.

This study found that the level of supervisee needs is at the mediate level and they scored higher on self- and other-awareness of counseling development followed by autonomy-dependency. The study also found four themes that further explained counseling development of the subjects; attending the course, in-house training, supervision from the upper management, and consultation from other agencies. The findings of this study could be served as the fundamental framework of addiction counseling supervision in Malaysia. This could help the supervisors to focus more on these aspects throughout supervision. Having identified aspects that should be focused on during supervision would facilitate the supervisor and supervisee to engage in improved-oriented supervision approach. This could lead to the development of the supervisee and eventually able to help with emotional exhaustion and reduce career turnover issues among addiction counselors.

The findings of this study have implications for Malaysian National Anti-Drugs Agency. Their agency personnel who responded to provide counseling supervision for rehabilitation officers/counselors at drug treatment centers should be aware of aspects that need to focus on during supervision. Counseling supervision should be emphasizing on supervisee skills development and competencies rather than merely doing administration supervision. A set of competencies (i.e., knowledge, skills, and attitude) would make clinical counseling supervision distinct from administration supervision.
LIMITATIONS AND STUDY FORWARD

To discuss the findings of this study is none without its limitations. This study involved only subjects (i.e., rehabilitation officers) from the government agency: Malaysian NADA. The counseling development and its aspects would be different for rehabilitation officers who work in non-governmental organization settings. McLean (2014) noted that the psychology profession has been growing and increased in non-profit workplace settings, this is due to flexible work arrangements, more opportunities to collaborate across agencies, and more recognition for doing an excellent job. This might impose different aspects of counseling supervision that they need. Furthermore, the aspects of counseling supervision would be different depending on types of drug treatment approaches in respective center. Further research is therefore needed on investigating aspects of counseling supervision in other settings of counseling services, to ensure the aspects are consensus throughout the settings.

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