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Competency Based Alcohol and Drug Clinical Supervision Model

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A competency based supervision model is proposed combining the framework developed by the Center for Substance Abuse Treatment, the Blended Model of Supervision, and the Integrated Developmental Model based on supervisee needs. The application and structure of the newly defined Competency Based Alcohol and Drug Clinical Supervision Model is presented.

Substance use, abuse, and dependency in the United States have long been national problems. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of Applied Studies (2007) report that an estimated 51.1%, or 126.8 million, American's age 12 and over use alcohol and 9%, or 22.3 million, can be classified with substance use disorder based on the criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (American Psychological Association [APA], 2013). In addition, the rate of illicit drug use of American's age 12 and

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older is 8% of the population or 19.9 million users. The number of people in need of substance abuse services and mental health counseling are reflected in these statistics. To respond to the growing number of client in need of treatment services, addiction counselors are needed. The Occupational Outlook Handbook for 2012–13 predicts that the growth in the addiction counseling field is expected to be 27%. This is classified as growing much faster than the average for all other occupations (United States Department of Labor, 2013). In proportion to the growing number of addiction counselors, the demand for alcohol and drug clinical supervision will also grow.

Substance abuse counseling is unique in the counseling field due to issues pertaining to the training and education of addictions counselors. It is not uncommon in the field of alcohol and drug counseling for treatment providers to have a variety of levels of education, training, and experience in addictions counseling as well as personal experience with addiction (Anderson 2000; Laschober, de Tormes Eby, & Sauer, 2012; Powell & Brodsky, 2004; West & Hamm, 2012). The field has addressed this concern with a gate-keeping function related to education, training, and certification of addiction counselors. The education and training qualifications related to licensing and regulation addictions counseling are tightly controlled and set forth by each individual state. In order to be certified as an addictions counselor, a provider must have completed an educational component related to addictions counseling and must receive clinical supervision by an approved supervisor when entering the field (Anderson 2000; Center for Substance Abuse Treatment [CSAT], 2006; Powell & Brodsky, 2004; West & Hamm, 2012). This requirement places a great deal of responsibility on clinical supervisors to provide supervision that is competent and relevant. While there is a great deal of responsibility on placed on clinical supervisors, a review of the literature found very little research on the development of substance abuse clinical supervisors or the factors that promote supervisor development (Culbreth & Cooper, 2008; Schmidt, 2012). This is concerning given the great deal of responsibility placed on substance abuse supervisors.

The Center for Substance Abuse Treatment (CSAT, 2007) has addressed this demand for competent clinical supervision by developing a competency based model for clinical supervisors that provides a framework for understanding, learning, and implementing the multiple functions and tasks of addictions clinical supervisors. Culbreth and Cooper