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Integrating Clinical Supervision into Substance Abuse Treatment and Rehabilitation As Evidence Based Practice: A New Perspective in Malaysia

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ABSTRACT

The work aims to tell you this is a conceptual paper of how clinical supervision practice is integrated into substance abuse treatment and rehabilitation in Malaysia as part of promoting evidence based practice (EBPs). In Malaysia, substance abuse treatment is offered through residential treatment based, outpatient based, and community based. The inclinations of clinical supervision in this field are clear; 1) to promote a better outcome(s) and preventing of clients from continue using substance (and preventing relapse), 2) to enhance competency of treatment provider, and 3) promote a better self-care of treatment provider. This paper also discuss the resources, challenges, and support on how the clinical supervision is effective and proven to sustain clients' motivation towards positive behavior change and finally contribute significantly towards community. Offering clinical supervision education and training for therapist and related officers is necessary and critical for continuous professional development. Implication and future direction also will be discussed.

Keywords: Clinical Supervision, Substance Abuse Treatment, Education and Training

Definitions of Clinical Supervision

Definitions of clinical supervision evolve over the time that fits to different perspectives of understanding and worldview of clinical work in substance abuse treatment and rehabilitation. For example, Powell (2004, p. 11) defined clinical supervision as a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping *foci*: administrative, evaluative, clinical, and supportive. This definition is more reflect to counseling supervision in general between supervisor and counselor.

Meanwhile, Bernard and Goodyear, (2004, p. 8) describe clinical supervision is an intervention that is provided by a senior member of a profession to a more junior member or

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members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he, or they see, and serving as a gatekeeper of those who are to enter the particular profession. In such a way, Bernard and Goodyear view clinical supervision in a greater detail of job scope in enhancing performance and professionalism for both supervisor and counselor.

Based upon these two definitions, the clinical supervision task force (TAP-21A, 2012) concluded clinical supervision as:

Clinical supervision is a social influence process that occurs over time, in which the supervisor participates with supervisees to ensure quality clinical care. Effective supervisors observe, mentor, coach, evaluate, inspire, and create an atmosphere that promotes self-motivation, learning, and professional development. They build teams, create cohesion, resolve conflict, and shape agency culture, while attending to ethical and diversity issues in all aspects of the process. Such supervision is main ingredient to both quality improvement and the successful implementation of consensus and evidence-based practices. This definition began to emphasize on roles of supervisors and supervisees where evidence-based practice (EBP) become a fundamental of effective clinical supervision.

The European Association of Counseling (EAC) states their definition on clinical supervision as, "Counseling supervision is a contracted, professional relationship between two or more individuals engaged with counselling activities, which leads to reflection on the counselling situation and its structure" (EAC, n.d., para 2). It is crucial for clinical supervisors to focus both on skills development and knowledge and training necessary in enhancing supervisor's development (Granelo et.al, 2008).

Integrating Clinical Supervision into Substance Abuse Treatment and Rehabilitation

Substance abuse problems has been declared as an enemy of state since 1983 declared by former Prime Minister, Tun Dr. Mahathir Mohamad (Ministry of Health, 1998; Rusdi et al., 2008; Scorzelli, 2009). The Ministry of Internal Security through its agency, Prison Department began the new era of combating substance use problem according to the Dangerous Drug Act 1952, Poisons Act 1952, Drug Dependents(Treatment and Rehabilitation) Act 1983; Dangerous Drugs (Special Preventive Measures) Act 1985; and Dangerous Drugs (Forfeiture of Property) Act 1988 (Habil, 2001)

The government had stepped forward to establish the National Drug Agency (ADK) and formalize substance abuse problem as one of the national agendas. ADK also transformed became the National Anti-Drug Agency (AADK) and put four main strategies in combating substance use problems namely; 1) Education and Prevention, 2) Treatment and

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Rehabilitation, 3) Law and Enforcement, and finally 4) International Networking (NADA, 2008).

Malaysia has implemented treatment and rehabilitation program since 1983 under the Prison Department and later the National Anti-Drug Agency (AADK) besides other non-government organizations (NGO) such as Pengasih, Detox in Community (DIC), and some religious orientation facilities including Inabah, Darul Islah, Pondok Remaja Khairul Insan and so on. Most of this private religious rehab center were establish started from 1977 till today (Rohana, 1994). Even though with these Government's and NGOs' initiative to help individuals with substance use problem established since for a while, there is unknown of literature which highlighted efforts on clinical supervision research in substance treatment and rehabilitation has been done. Wan Marzuki Wan Jaafar (2007) stated that majority of clinical supervision research in Malaysia focuses more on counselor trainees' development during in counseling program. Besides, the research also reported on supervision pattern at schools (Nor, 2014).

It is unknown to what extent the research of clinical supervision in substance abuse treatment and rehabilitation in Malaysia. Clinical supervision in substance treatment and rehabilitation in Malaysia is relatively new field even though substance abuse treatment and rehabilitation has been implemented for more than three decades.

It is often for para professionals in substance abuse field does not have connection to higher education, in particular graduate education (West, & Hamm, 2012). For some AADK officers and clinical staff in rehabilitation facilities had been undergone short-term clinical training such as basic counseling, case management, dual diagnosis, treatment planning, and pharmacology (Abd. Halim, 2010), there is no evidence of clinical supervision practice was established in substance abuse treatment facility. A proper clinical supervision never been discussed openly due to lack of exposure for its benefits and cost, besides lack of exposure of proper training in clinical supervision which requires a minimum at a graduate educational level. It is unknown in private and NGOs' facilities where they faced greater challenges in terms of resources including limited financial resources and funding, lack of professional education and trained staffs in clinical supervision.

Practical Guidelines to Initiate Clinical Supervision Substance Abuse Treatment and Rehabilitation in Promoting Evidence Based Practice (EBP)

Clinical supervision can be considered a central focus of integrating between theoretical, philosophical and mission of treatment provider with clinical practice together to enhancement competency of provider. The ultimate goal of clinical supervision is clear, it is keeping a good care of client and their welfare for recovery (TIP 52, 2009).

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Clinical supervision is a skill that developed over the time and through long process and experience. A good counselor does not mean he or she can be a good supervisor. Supervisory position needs requisite skills to provide effective clinical supervision. Supervisor is expected to have clear orientation and knowledge that bring the counselors and client the goals and knowledge based for new capacity in clinical work (TIP52, 2009).

There are a few practical guidelines for treatment providers in initiating a successful clinical supervision. Treatment providers may want take into account the following steps; 1) Developing and implementing the principles, philosophy, and process of clinical supervision, 2) Overall evaluation including summative and formative evaluation, 3) Evaluation in which specifically address the specific questions, finally 4) Evaluation to approach being used for clinical supervision (Roche & O'Connor, 2005).

Developing and Implementing a Supervision Program Principles and Processes

Before begin any clinical supervision, it is advisable to conduct a need assessment in facility to identify to what extent clinical supervision is needed. This can be done by involving with all of staff involve clinical staff by orienting the overview of clinical program and the needs of continous assessment in various aspects in terms of planning, launching, evaluating, executing clinical supervision. This requires a great detail of program and its process to increase staffs' competency level, client retention, promotes a better psychological well-being of staff (Roche & O'Connor, 2005; Sanders, & Steinberg, 2012) and preventing burnout (Oser, Biebel, Pullen, & Harp, 2013).

It is important as well for treatment provider to find suitable supervisors. This can be done by selecting senior clinical officers in field with significant amount of years of experience dealing with administrative and supervisory requirements. If there is no suitable supervisor available, they can outsource to other institution or agency which can provide a necessary supervision adequately. However, this can contribute to other problems as an external supervisor may have different or contradict understanding the phisophical and principals that manifested in their clinical work. Contractual obligation from supervisor side and clinical staff as a receipient have to be detailed out clearly to avoid any ambiguity from both sides in terms of expected roles and rules, procedures, and so on. It is necessary for both supervisor and clinical staff establish conducive conditions for quality outcomes. Finally review all the details before it can be launched (Roche & O'Connor, 2005).

Evaluation

Evaluation process and procedure should be entirely developed at planning stage (Roche & O'Connor, 2005). A good supervision programs require ongoing evaluation to ensure objectives are achieved, to refine delivery and possibly to justify funding. As an administrator and supervisor, it is necessary for him or her to convince the staff of the value

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of addressing by following questions: a) staffs' needs being met? b) supervisors' satisfied? c) objectives achieved? d) barriers identified? e) tangible benefits to the work place?

Evaluation: Specific questions

Clinical supervision is a continuous evaluative process for both developments of counselor and supervisor (West, & Hamm, 2012). As evaluation process in place, the following specific questions in tailoring good evaluation can be employed; 1) what framework will guide the evaluation process? 2) What questions will be asked? 3) From whom will information be collected? 4) What measures (quantitative & qualitative) of success will be used? 5) How will the information be collected? 6) What is the time scale? When, how often, for how long? 7) How will the information collected be used? 8) Who will be informed? And, 9) How will it be disseminated? (Roche & O'Connor, 2005).

Evaluation: Approaches

There are many approaches to program evaluation that can be used. Some prominent methodologies include focus group interviews, semi-structured interviews, self-completion questionnaires, existing evaluation instruments, and objective measures of worker performance (Roche & O'Connor, 2005).

Challenges and Resources

Addiction is always a challenging, demanding and yet highly complexity areas for treatment providers, clinical staffs, and even policy makers. The number of new cases and relapse cases annually goes beyond with the complexity of poly-drug use which requires specific treatment for successful outcomes. Clients also come together with comorbidity and other mental disorders such as depression and schizophrenia as symptoms escalating besides limited and restricted funding to be delivered.

As staffs are needed to be more competent, clinical supervision is demanding now more than ever. It is expected clinical supervision is capable in helping treatment providers to reduce burn out cases among clinical staff (Oser, Biebel, Pullen, & Harp, 2013). At the same time, it promotes a better way of self-care and greater psychological well-being among clinician.

Many treatment providers in Malaysia do not utilize clinical supervision as part of main activities in clinical work due to lack of knowledge, skills, experience, resources and time. Therefore, a formal training can be initiated to expose these treatment providers clinical supervision can make an important contribution to current and emerging substance use issues in promoting effective management.

Implication and Future Direction

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The Board of Counselor of Malaysia has established a standard of clinical supervision for Malaysian counselors in general, and yet Malaysian community needs more rigorous standard and guidelines for counselors and anti-drug officers who conduct clinical sessions with individuals with substance use disorders (SUDs). Some of those following points are recommended:-

Collaboration between AADK and Board of Counselors.

As a leading agency in combating drug problems, the National Anti-Drug Agency (AADK) should be able to provide license of practice for their para-counselors as they gain their competencies and efficacy along their career path. For their registrations, AADK collaborates and seeks for advice from the Board of Counselor to synchronize the registration as well as certificate of practice. This practice can save thousands of money for AADK. This practice have implemented by the National Association of Alcoholism for Addiction Professionals (NAADAC) to certify recovering counselors who work clinically with clients with SUD. The Board of Counselors can advise the minimum standard of practice and requirement of supervision by senior counselor who rich with clinical experience in particular with SUD clients. Currently, only the Board of Counselor provides the registration (kaunselor berdaftar – K.B) and certificate of practice (Perakuan Amalan – P.A) for those counselors who register individually for licensing purpose.

Offering Clinical Supervision Course

A clinical supervision course which focusing on drug treatment and rehabilitation program, treatment planning, assessment, screening, treatment components of drug treatments including individual counseling, group counseling, family counseling and other forms of therapy need to be introduced at graduate education at masters level and doctoral level. Majority of clinical supervision offered at developed countries including United States, Australia, and European countries offer clinical supervision program at graduate level. Currently, there is no supervision course offered in Malaysia that emphasizes drug addiction counseling. Universiti Putra Malaysia had been offered supervision course at graduate education level however the course was discontinued due to lack of resources at various aspects including competent instructors, nature of program being offered and so on.

In U.S, majority counseling programs offer clinical supervision specialty at doctoral level. Clinical supervision requires a high level of possession in clinical skills where the experience and maturity in counseling profession as clinician. Moreover, developing supervisory skills for counselors is challenging and requires a lot of clinical practice including role-plays, case study discussions, supervision case seminars and so on. This requires a high commitment and collaboration within faculty members for quality assurance of new supervisors, supervised counselors, and clients.

Good Supervisor Means Good Counselor

A good counselor it doesn't mean she or he is a good supervisor, however, a good supervisor is definitely a good counselor. Clinical supervision is a different program that foster clinical skills that counselor or therapist should possess in more professional trainings where majority substance use disorders (SUD) enhance continuous professional development (Laschober, Eby, & Sauer, 2013). A good quality of clinical supervision experience by counselor-in-training can boost his or her clinical skills, competency in performing tasks, and self-confidence, and professional development of a counselor. Effective clinical supervision (ECS) in drug treatment and rehabilitation program has been proven enhance the counselor performance on task and within supervisory relationship (Laschober, Eby, & Sauer, 2013).

Clinical Supervision as Pedagogy of Counseling

Clinical supervision is reflected as pedagogy for counseling. Teaching, role-modelling, coaching, consulting are some of supervision means for counselor development in clinical skills and procedures. In this particular discussion, supervision in drug treatment and rehabilitation program also helping the counselor/clinician develops self-efficacy and clinical competencies. Supervision also can play role as one way of program assessment deliver to respected clients. The main point is to maintain client's welfare and right to receive adequate treatment that evokes motivation for change.

Supervision Code of Ethics

The Board of Counselor of Malaysia may need to establish the Code of Ethics and the Code of Conduct on how the counselors, clinicians, and anti-drug officers should follow through in maintaining client's welfare and right for adequate substance abuse treatment. This can be done through experts' discussions between senior rank officers from AADK, Board of Counselors, Ministry of Health, NGOs, and other related agencies. This step is necessary in maintaining profession of counseling and helping profession in general.

Conclusion

This conceptual paper discussed the conceptual paper of drug treatment and rehabilitation programs in Malaysia. The identification of development of counselors and supervisors are necessary for positive and supportive environment for counselor to grow. It is inevitable that clinical supervisor has multiple roles in clinical works and administrative that limits the potential and beneficial of supervision. As a leading agency dealing SUD clients, AADK are expected to become a pioneer to provide license of practice for their para-counselors when they conducted clinical works. On the other hand, Board of Counselor should also come up with a standard for clinical practice in drug treatment and rehabilitation

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settings. Offering a supervision program at Masters level or Doctoral level can boost the survival of counseling program as a pedagogy in delivering counseling.

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