

Technology-Based Clinical Supervision




**ENHANCED PROFESSIONAL
LEARNING SERIES**



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Presentations

Week #7




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Agenda

Welcome

- Review Agenda
- Check In
- Discuss Homework-What will you do next?

Presentation

- Group Presentation - Demo/Discussion
- Individual Presentations

Summary

- Review today
- Preview of next week
- Final Questions



Check-In



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Let's talk about last week's homework !



1. What is your next step in the process of supervising utilizing some of the things that you have learned in this series?
2. What are the challenges that you might face?
3. How will you address these challenges?
4. What will you need to do to implement some of these ideas?

Lights, Camera, . . . Action !!



TBCS Presentations- Group Presentations



RISK MANAGEMENT

Duty of Care

- ❖ Risks of injury (to patients, staff and the public)
- ❖ Risks to the service user experience
- ❖ Risks to the compliance with standards
- ❖ Risks to objectives and projects
- ❖ Risks to business continuity
- ❖ Risks to reputation
- ❖ Risk to finances
- ❖ Risk to the environment.



Key Clinical Risks

Vulnerability

- naiveté
- low insight
- family, social/community pressures in care
- poverty
- homelessness
- sexual vulnerability
- other resource or capability issues

- **Self-harm/suicide Risk**

- The service user can be at risk from self-harm, intentional injury or killing oneself, action/behaviors destructive to one's own safety or health

- **Mental instability:**

- The service user can be a risk to self or others because of fluctuating and/or unpredictable mental health function especially in relation to command hallucinations and other “at risk” psychotic or disturbed phenomena.

- **Risk to others**

- The service user can be at risk of causing harm or danger to others or encouraging/involving others in the causing of harm or injury to others

Assessing the Risk of Violence

Research findings (Alaszewski et al, 1998) suggest that *most mentally ill people present a greater risk to themselves than to others.*

- Violence Risk Factors: *Past behavior does predict future behavior but not absolutely. Dynamic components, such as changes in personality, environment, work status and personal relationships, have an important role to play also.*



Components	Examples
History	A history of violence A history of conduct disorder A history of non-adherence and/or treatment attrition (etc.)
Clinical	Command hallucinations are of particular risk The manic phase of a bi-polar disorder Impulse control disorders (including self-harming behaviours) Drug or alcohol use problems (etc.)
Disposition	Anger and emotional control problems Impulsivity Low frustration tolerance Anti-social cognitions, beliefs or behaviours (etc.)
Context/ Environment	Non-stable, non-supportive family environments Fractured family and/or personal relationships Age: e.g. Youth is highly associated with violent crime Gender: Males show higher rates of violence (etc.)

Violence Assessment



Please write down
One thing that stands
out for you today!





*Sneak Peek at next
week*

LAST SESSION

Finish up Individual
Presentations and

WRAP UP!

Questions

