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Clinical Supervision for Substance Abuse Treatment Professionals

Introduction

Clinical supervision is necessary in substance abuse treatment and other behavioral health settings to improve client care, develop the professionalism of clinical personnel, and impart and maintain ethical standards in the field. Clinical supervision helps to improve skills and safety, provides support for clinicians, and ensures the well-being of the individual receiving care.

Clinical supervision has been found to increase provider competence and decrease stress. It is associated with improved service user outcomes, including decreased depressive symptoms. Clinical supervision is integral to ongoing learning, support, and quality clinical practice with people seeking therapeutic services. The provision of supervision is a critical component in the education and development of behavioral health professionals. Supervision has been significantly related to improving staff and service user outcomes in behavioral health settings (Choy-Brown & Stanhope, 2018).

Some states require professionals providing clinical supervision to have completed a training program to be a clinical supervisor. Professionals providing clinical supervision need to be aware of their state regulations before offering clinical supervision services.

Functions, Roles, & Responsibilities of Clinical Supervision

Functions

Clinical supervision is an intervention where a senior counselor works with a novice counselor to build professional and clinical skills. It is a requirement for all professional counselors, regardless of degree or license. The primary goals of clinical supervision are to oversee the supervisee's professional development and to ensure client safety. Incompetent, inconsistent, or unqualified supervision

places the supervisees and their clients at risk and establishes a poor foundation for future counseling care (Jones & Branco, 2020).

Clinical supervision is crucial as it supports counselor competence and ensures client welfare. Clinical supervision is also complex in that it requires skills, knowledge, and techniques to support the development of competent and ethical counselors. Unfortunately, many in supervisory roles are promoted due to seniority rather than their clinical supervision training, education, skill, or knowledge. Lack of preparedness on the supervisor's part leads to a lack of growth in the supervisee and the potential for increased ethical violations. Substance use disorder counselors commit more ethical violations than other professional counselors. While there may be numerous factors that contribute to ethical violations, adequate supervision is critical, as one function of clinical supervision is to monitor supervisee impairment. Clinical supervision can protect against emotional exhaustion leading to burnout, vicarious trauma, and secondary traumatic stress (Jones & Branco, 2020).

Supervision can be broken down into two areas: administrative supervision and clinical supervision. Administrative supervision covers the daily job tasks and duties of a supervisee. Clinical supervision covers clinical development, monitors effective client treatment, and ensures no harm is done to clients (Jones & Branco, 2020).

Snowden et al. (2020) found in their study that clinical supervision was most effective when:

1. Professional development was the focus of clinical supervision.

   They found that supervisees were more likely to prioritize supervision when it supported and facilitated their professional development. Supervisees made supervision less of a priority when supervision was focused more on administrative aspects of their performance instead of addressing their clinical learning needs.

2. The supervisor possessed the skills and attributes to facilitate a constructive supervisory relationship.

   Supervisors should respect their supervisees, value the supervision process, and invest time in their supervisees' professional development. Supervisees were more likely to seek out supervision when the supervisor specialized in their field of practice. Effective communication with the supervisor, clearly outlining supervisory relationship expectations, and providing constructive feedback was viewed as desirable supervisor skills.

3. Organizations provided an environment facilitating this relationship and professional development.

   Organizations that value clinical supervision support both the supervisor and the supervisee in regularly scheduling supervision and protecting the time dedicated to it. Organizations can provide supportive environments by ensuring there are confidential spaces to meet, providing documentation systems such as supervision templates and contracts, and allowing for flexibility to meet individuals' needs and learning styles.

Roles

Clinical supervisor roles are diverse and change with the needs of the supervisee. Knowing what supervision needs are required helps the supervisor determine what roles they need to provide. Some examples of roles include:

Teacher: The supervisor teaches clinical skills, including assessment, diagnosis, and treatment, as well as ethical and legal issues. Supervisors educate supervisees on how supervision works and how to maximize their use of supervision and have an active role in their work duties.

Coach: The supervisor coaches through instructing, demonstrating, modeling, and providing feedback. The level of coaching required is based on the skill and knowledge level of the supervisee.

Mentor: The supervisor mentor roles involved providing direction and guidance, helping with assessing abilities, and establishing goals. As a mentor, a supervisor shares opportunities for professional development, networking, and co-presenting or co-authoring.

Consultant: The supervisor consulting role includes case consultation, monitoring performance, counseling on job performance, assessing performance, and support toward goal accomplishment (Corey et al., 2021).

Responsibilities

Responsibilities of the supervisor include:

- Promoting growth and development: Supervision goes beyond teaching about the specifics of individual cases. Supervisees must learn how case issues may be integrated into their future practice.
- Protecting client welfare: Supervisors must ensure that current and future clients receive competent and professional services from the supervisee. A supervisor is expected to intervene if necessary should a client not receive adequate services.
- Monitoring supervisee performance and acting as a gatekeeper for the profession: Given the increased awareness of possible damage caused by mental health professionals who lack the personal qualities and skills necessary for effective practice, it is reasonable that there is an ethical imperative for supervisors and training faculty to serve as gatekeepers for the profession. This gatekeeping function involves monitoring and evaluating the supervisee's competence to become licensed in their field of study.
- Empowering the supervisee to self-supervise and carry out service goals as an independent professional: Supervisors allow supervisees to learn problem-solving and decision-making skills and to practice self-evaluation

and self-supervision. Personal and professional development is a desired outcome of the supervisee's empowerment. This will help clinicians become competent professionals who will place their clients' welfare first and will not harm clients (Corey et al., 2021).

Supervisory Foundation Areas

SAMHSA identifies the following five essential supervisory foundation areas for supervisory proficiency. These areas are tailored to working with clients with substance use disorders across treatment settings and disciplines.

1. **Theories, Roles, and Modalities of Clinical Supervision**

   Clinical supervision knowledge requirements and theoretical perspectives differ from those underlying counseling competencies. Theoretical clinical supervision competencies include:

   - Understanding the role of clinical supervision as the primary method for monitoring and ensuring the quality of clinical services is one of the relevant clinical supervision competencies.
   - Being familiar with various clinical supervision theoretical models, such as psychotherapy-based, developmental, multicultural, integrative, and blended models.
   - Recognizing the significance of establishing a productive, healthy learning alliance with the supervisee focused on improving client services and job performance.
   - Understanding the clinical supervisor's various roles, which include teacher, mentor, consultant, team member, evaluator, and administrator.

- Being aware of the most recent research literature on recommended practices in SUD treatment and clinical supervision.

2. **Leadership**

Leadership involves activities and behaviors that support ongoing supervisee and supervisor professional development and organizational improvements—all to provide high-quality client care. Leadership competencies include:

- Using a leadership style that creates and maintains an environment based on mutual respect, trust, and teamwork.
- Seeking out and utilizing leadership mentors to assist with personal development, knowledge acquisition, and skill development.
- Understanding and acknowledging the inherent power differential in the supervisor-supervisee relationship, using power fairly, and avoiding power abuse on purpose.
- Providing honest feedback—positive, constructive, and corrective—while teaching, mentoring, and coaching within the context of the organization's core values.

3. **Supervisory Alliance**

Effective supervisors recognize the importance of a mutual understanding of the goals and tasks of supervision, and a strong professional bond, in order to provide a positive supervision experience. Supervisor competencies include:

- Recognizing that the supervisor-supervisee relationship evolves over time and that relationship development stages influence the alliance's rules, roles, and expectations.

- Modeling ethical behavior to the supervisee and reinforcing ethical standards in the supervisee's relationship with their clients.
- Addressing cultural, racial, gender, age, and other diversity variables that are necessary for a productive supervisor-supervisee relationship.
- Recognizing interpersonal conflict and supervisory stalemates, accepting appropriate responsibility, and actively participating in problem-solving.

4. **Critical Thinking**

Supervisors are expected to make reasonable decisions and solve problems using critical thinking. They must also assist supervisees in honing their own abilities. Critical thinking competencies include:

- Understanding the various contexts (e.g., organizational, societal, political, and cultural) in which supervision is conducted.
- Choosing, adapting, implementing, and evaluating appropriate problem-solving, decision-making, and conflict-resolution techniques.
- Assisting supervisees in developing skills in case conceptualization and client-counselor interactions.
- Assist supervisees in developing sound self-evaluation criteria and clarifying their beliefs, values, and biases.

5. **Organizational Management and Administration**

Almost all clinical supervisors are responsible for some management and administrative tasks, but the scope of these tasks varies greatly depending on the organization. Administrative competencies include:

- Understanding the legal requirements and liabilities inherent in supervisory and clinical services, including the potential for exposure to vicarious liabilities incurred in supervising interns and students.
- Being aware of and adhering to current personnel management principles, laws, ethical guidelines, and agency policies.
- Understanding and ensuring compliance by supervisees with state program licensing requirements, as well as other state and federal laws and regulations.
- Using technology effectively for communication, report writing, program monitoring, problem-solving, recordkeeping, case management, and other activities within the agency and regulatory constraints.
- Understanding and ensuring supervisee compliance with the SUD treatment standards of the organization's accrediting body (SAMHSA, 2021).

Supervisor Ethics

The National Association for Alcoholism and Drug Abuse Counselors (NAADAC) Code of Ethics (2021) has the following principles to guide the ethical conduct of addiction counselor supervisors.

1. Responsibility

   Addiction professionals who provide clinical supervision shall be responsible for enhancing supervisees' professional development by providing accurate and current information, timely feedback and evaluations, and constructive consultation.

2. Training

Addiction professionals shall complete clinical supervision training before providing clinical supervision to supervisees.

3. Code of Ethics

   Supervisors and supervisees, including interns and students, are responsible for knowing and following the Code of Ethics.

4. Informed Consent

   a. Informed consent shall be integral to creating and developing the supervisory relationship. The Supervision Contract shall include, but not be limited to, the following items:

   b. Definition of clinical supervision

   c. Scope of practice of the clinical supervisor

   d. Format and scheduling of supervision

   e. Confidentiality of client information

   f. Methods of supervision (approaches used)

   g. Types (individual, group, in-person observation, e-supervision, audio and video tapes)

   h. Expectations and responsibilities of each person

   i. Accountability and evaluation

   j. Documentation and file audits

   k. Fees and no-show policies

   l. Conflict resolution

   m. Client notification – supervisee shall inform clients that they are in supervision and the parameters of supervision

n. Duration and termination of the supervisory relationship

o. All parties shall adhere to all applicable regulatory and state and Federal rules and laws

p. All parties shall adhere to the Code of Ethics

q. Expectations regarding liability insurance

r. Notification of expectation regarding a clinical emergency or duty to warn event with a client

s. Notification of expectation regarding a grievance, sanction, or lawsuit filed against the supervisee

5. Informed Consent

Supervisees shall provide the client with a written professional disclosure statement. Supervisees shall inform the client about how the supervision process influences the limits of confidentiality. Supervisees shall inform clients who shall have access to their clinical records and when and how they will be stored, transmitted, or otherwise reviewed.

6. Clinical Crisis

Clinical supervisors shall communicate to the supervisee informed consent and procedures for handling client/clinical crises during supervision. Supervisors shall also communicate and document alternate procedures if the supervisee cannot establish contact with the supervisor during a client/clinical crisis.

7. Due Process

Clinical supervisors shall inform supervisees of policies and procedures to which supervisors shall adhere. In addition, supervisors shall inform

supervisees regarding the mechanisms for due process appeal of supervisor actions.

8. Multiculturalism

   Clinical supervisors shall address the role of multiculturalism in the supervisory relationship between supervisor and supervisee. Supervisors shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs.

9. Diversity

   Clinical Supervisors shall recognize and value the diverse talents and abilities that supervisees bring to their training experience.

10. Boundaries

    Clinical supervisors shall intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with supervisees in all venues. In addition, supervisors shall be accurate and honest in their assessments of supervisees.

11. Boundaries

    Clinical supervisors shall clearly define and maintain ethical professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/non-professional relationship with current supervisees, in-person or electronically.

12. Monitor

    Clinical supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development. Supervisors shall instruct and guide supervisees as they prepare to serve a diverse client

population. Supervisors shall read, know, understand, adhere to, and promote the Code of Ethics.

13. Assessment

    Clinical supervisors shall take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

14. Treatment

    Supervisors shall assume the primary obligation of assisting supervisees in acquiring ethics, knowledge, and skills necessary to treat substance use and addictive behavioral disorders.

15. Impairment

    Supervisees shall monitor themselves for signs of physical, psychological, and/or emotional impairment. Supervisees shall obtain supervision and refrain from providing professional services while impaired. Supervisees shall notify their institutional program of the impairment and shall obtain appropriate guidance and assistance.

16. Clients

    Supervisees shall disclose to clients their status as students and supervisees and explain how their status affects the limits of confidentiality. In addition, supervisees shall disclose to clients contact information for the clinical supervisor. Finally, supervisees shall obtain informed consent in writing and include the client's right to refuse treatment by a person-in-training.

17. Disclosures

    Supervisees shall obtain and document clinical supervision or consultation before disclosing personal addiction and recovery information to a client. Supervisees shall only make disclosures to clients for the benefit of the

clients and their work, and disclosures shall not be made to benefit the supervisee.

18. Observations

    Clinical supervisors shall provide and document regular supervision sessions with the supervisee. Supervisors shall regularly observe the supervisee in session using live observations or audio or video tapes. Supervisors shall provide ongoing feedback regarding the supervisee's performance with clients and within the agency. Supervisors shall regularly schedule sessions to formally evaluate and direct the supervisee.

19. Gatekeepers

    Clinical Supervisors shall know their responsibilities as the addiction profession's gatekeepers. Supervisors shall, through ongoing evaluation, monitor supervisee limitations that might impede performance. Supervisors shall assist supervisees in securing timely corrective assistance, including referral of the supervisee to therapy when needed. Supervisors may recommend corrective action or dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when the supervisee cannot demonstrate the ability to provide competent professional services. Supervisors shall obtain supervision-of-supervision and/or consultation and document their decisions to dismiss or refer the supervisee for assistance.

20. Education

    Educators and site supervisors shall ensure that their educational and training programs are designed to provide appropriate knowledge and experiences related to addictions that meet the requirements for degrees, licensure, certification, and other program goals.

21. Education

    Educators and site supervisors shall ethically provide education and training, adhering to the Code of Ethics, regardless of the teaching platform, which shall include but not be limited to traditional, hybrid, and/or online. Educators and site supervisors shall serve as professional role models demonstrating appropriate behaviors.

22. Current

    Educators and site supervisors shall ensure that program content and instruction are based on the most current knowledge and information available in the addictions profession. Educators and site supervisors shall only promote using modalities and techniques with an empirical or scientific foundation.

23. Evaluation

    Educators and site supervisors shall ensure that students' performances are evaluated fairly, respectfully, and based on clearly stated criteria.

24. Dual Relationships

    Educators and site supervisors shall avoid dual relationships and/or non-academic relationships with students, interns, and supervisees.

25. Dual Relationships

    Clinical supervisors shall not supervise relatives, romantic or sexual partners, or personal friends, nor develop romantic, sexual, or personal relationships with students or supervisees. Consultation with a third party shall be obtained, and recommendations shall be documented before engaging in a dual supervisory relationship.

26. E-Supervision

Clinical supervisors who use technology in supervision (e-supervision) shall be competent in using specific technologies. Supervisors shall discuss with the supervisee the risks and benefits of using e-supervision. Supervisors shall determine how to utilize specific protections, including but not limited to encryption necessary for protecting the confidentiality of information transmitted through any electronic means. Supervisors and supervisees shall be aware that confidentiality is not guaranteed when using technology as a communication and delivery platform.

27. Harassment

    Clinical supervisors shall not condone or participate in any form of harassment, including sexual harassment or exploitation, of current or previous supervisees.

28. Distance

    Clinical supervisors shall discuss with the supervisee and document issues unique to distance supervision as necessary.

29. Termination

    Clinical supervisors shall discuss policies and procedures for terminating a supervisory relationship in the supervision informed consent.

30. Counseling

    Clinical supervisors shall not provide counseling services to the supervisee. Instead, supervisors shall assist the supervisee by providing referrals to appropriate services upon request.

31. Endorsement

    Clinical supervisors shall recommend that the supervisee complete an academic or training program, employment, certification, and/or licensure only when the supervisee demonstrates qualification for such

endorsement. Clinical supervisors shall not endorse any supervisees whom the supervisor believes to be impaired or who demonstrate they cannot provide appropriate clinical services (NAADAC, 2021).

Models of Clinical Supervision

Competency-based Model

Competency-based clinical supervision focuses on supervisees' strengths while maintaining the values and ethics of the profession. The model is committed to enhancing supervisee competence, professionalism, and development while at the same time monitoring and gatekeeping for the protection of the client and the profession. Competency-based supervision provides an intentional, systematic approach to supervision practice.

The competency-based approach begins with a self-assessment of competencies which then serve as the starting point for goals and tasks of supervision, development of the supervisory relationship, identifying relationship strain and ruptures, and knowing how to repair them. The framework incorporates multicultural diversity into all its aspects. Competencies also include monitoring, giving ongoing corrective and positive feedback, formatively and summatively, evaluation strategies, legal and ethical considerations, prevention and ways to address supervisee vicarious traumatization, self-care, and management of supervisees who do not meet competence standards (Falender, 2023).

Treatment-based Model

Treatment-based models use the concepts developed for psychotherapy and apply them to the supervision setting. The theory is that skills useful in bringing about change with clients are likely to be useful in bringing about change with supervisees. The treatment-based model of clinical supervision follows a

particular theoretical approach and aligns with the framework of the theory utilized by both supervisor and supervisee.

One example would be a Cognitive-Behavioral Model where supervision consists of teaching cognitive-behavioral techniques and correcting misconceptions about this approach. These sessions are structured, focused, and educational, and both supervisor and supervisee are responsible for the structure and content of the sessions. The focus is on how supervisees' cognitive pictures of their skills affect their ability as therapists. By focusing on this, supervisees also learn how to apply these cognitive–behavioral methods with clients (Corey et al., 2021).

Integrated Developmental Model

In developmental models of supervision, the focus is on creating an individualized supervision plan based on the developmental needs of the supervisee. The goal is to help supervisees progress to the next level by identifying their current level and building skills to progress to the next level of development.

In the Integrated Developmental Model, the supervisee progresses through the following four stages of development. Their motivation, autonomy, and awareness are growth markers in each stage.

Stage 1: Supervisees have limited training and/or experience in their field.

- Motivation: Motivation & anxiety are high; they focus on learning skills to provide their clients with the "right or best" treatment.
- Autonomy: They are dependent on their supervisor and require structure, positive feedback, and minimal confrontation.
- Awareness: High self-focus, limited self-awareness, anxious regarding assessment from their supervisor.

Stage 2: Supervisees are transitioning from having high levels of dependence and limited awareness to more independent work. This typically occurs with students

during the second or third semester of field practicum. This is a challenging time for supervision, and supervisors require skills, flexibility, and humor to navigate this stage successfully.

- Motivation: Motivation fluctuates as supervisees shift between confidence, lack of confidence, and confusion.
- Autonomy: While working more independently, supervisees experience a conflict between autonomy and dependence which can present as resistance toward the supervisor.
- Awareness: Supervisees reach an improved ability to focus and empathize with the client. Creating a balance can be difficult, and enmeshment with clients is most likely to happen at this stage.

Stage 3: Supervisees develop a personalized approach to their practice and establish their use of self in therapy sessions.

- Motivation: Motivation is consistent, and while occasional doubts may occur, they are no longer debilitating.
- Autonomy: Supervisees have developed a strong belief in their professional judgment as they move toward independent practice. Their relationship with their supervisor begins to shift more toward more colleague status.
- Awareness: Supervisees now use their self-awareness to assess their reactions toward clients and how this impacts their decision-making with clients.

Stage 4: Supervisees at this stage have acquired mastery in multiple areas. The supervisees knows their strengths and weaknesses and how to manage them. They have developed a personal style or approach to treatment and are confident and competent in providing treatment to their clients (Bernard & Goodyear, 2021).

Trauma-Informed Supervision

Trauma-Informed Supervision (TIS) follows the practice of trauma-informed practice. Clinical supervisors who provide TIS address basic competency in clinical care and, in addition, address the impact of trauma on clients and have an awareness of the effects of indirect trauma.

The National Child Traumatic Stress Network has identified nine core competencies for supervisors who utilize the TIS model. They are as follows:

1. Knowledge of the signs, symptoms, and risk factors of Secondary Traumatic Stress (STS) and its impact on employees. This includes knowledge of agency support options, the referral process for employee assistance, or external support resources for supervisees experiencing symptoms of STS.
2. Knowledge and capacity to self-assess, monitor, and address the supervisor's personal STS.
3. Knowledge of how to encourage employees to share the emotional experience of doing trauma work in a safe and supportive manner.
4. Knowledge of skills to assist the employee in emotional re-regulation after difficult encounters; capacity to assess the effectiveness of the intervention, monitor progress and make appropriate referrals, if necessary.
5. Knowledge of basic Psychological First Aid (PFA) or other supportive approaches to assist staff after an emergency or crisis event.
6. Ability to both model and coach supervisees in using a trauma lens to guide case conceptualization and service delivery
7. Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities.

8. Ability to distinguish between expected changes in supervisee perspectives and cognitive distortions related to indirect trauma exposure.

9. Ability to use appropriate self-disclosure in supervisory sessions which enhances the supervisees' ability to recognize, acknowledge, and respond to the impact of indirect trauma (NCTSN, 2019).

Developing Your Model of Supervision

In most single-theory models, supervisors accept an underlying philosophy and incorporate key concepts and specific methods of supervision. If you adopt a primary model, you must adapt this theory to your supervisory style. Although some supervisors choose to integrate multiple supervision models into their own, this is more complex, as you will need to draw from several approaches and integrate these perspectives with the person you are.

Steps toward developing your philosophy of supervision

- Reflect on the meaning of your own experiences when you were being supervised. What was especially helpful for you? What model of supervision allowed you to develop to the fullest extent possible? What kind of different experience might you have wanted from your supervision? How would you characterize the theory each of your supervisors operated from, and what could you learn from them regarding designing your supervision model?

- Select a theory that comes closest to your beliefs about human nature and the change process and deepen your knowledge of the theory to determine the aspects of it that fit best for you. Look for ways to personalize the theory or theories of your choice.

- Commit yourself to a reading program and attend a variety of professional workshops. Reading is a realistic and useful way to expand your knowledge

base and provide ideas on creating, implementing, and evaluating techniques. As you attend workshops, be open to ideas that seem to have particular meaning to you and fit the context of your work. Personalize your techniques so they fit your style, and be open to feedback from your supervisees about how well your supervisory style is working for them.

- As you practice, be open to supervision throughout your career, and talk with other supervisors and colleagues about what you are doing. Discuss some of your interventions with other professionals, and consider alternative approaches you could take with supervisees. Be open to borrowing techniques from various theories, yet do so systematically. Consider your rationale for carrying out your supervisory role and functions with supervisees (Corey et al., 2021).

The practice of supervision can be viewed as an evolving and developing process that will most likely continue to change throughout your professional career (Corey et al., 2021).

Supervisory Contract, Assessment & Evaluation

Using a contract in supervision is essential to protect the client, the agency, your supervisee, and yourself as the supervisor. A well-formulated contract provides a clear blueprint for what is to occur in supervision and serves as a reference if problems arise in the supervisory relationship. The supervisory contract should also include informed consent information (Corey et al., 2021).

Corey et al., 2021, make the following suggestions for items to be included in the contract:

- Purpose and goals of supervision
- Logistics of supervision, including frequency, duration, and structure of meetings

- Roles and responsibilities of supervisor and supervisee
- Guidelines about situations in which the supervisor expects to be consulted
- Brief description of the supervisor's background, experience, and areas of expertise
- The model and methods of supervision to be used
- Documentation responsibilities of supervisor and supervisee
- Evaluation methods to be used, including schedule, structure, format, and use
- Feedback and evaluation plan, including due process
- Supervisee's commitment to following all applicable agency policies, professional licensing statutes, and ethical standards
- Supervisee's agreement to maintain healthy boundaries with clients
- Supervisee's agreement to function within the boundaries of his or her competence
- Supervisee's commitment to providing informed consent to clients
- Reporting procedures for legal, ethical, and emergency situations
- Confidentiality policy
- A statement of responsibility regarding multicultural issues
- Informed consent for supervision
- Financial arrangements (if applicable)

There are a number of items to address in the first supervisory session. Sufficient time should be allocated to review everything and answer questions in the supervisory orientation. Below is a recommended first supervisory session agenda

checklist.

Supervision: First Session Checklist

___ 1. Build rapport.

___ 2. Review supervision contract.

___ 3. Inform the supervisee of factors regarding the supervisor that might influence the supervisee's decision to work with him/her.

___ 4. Address cultural differences/similarities and how they might affect the supervisory relationship.

___ 5. Review the ethical issues relevant to supervision.

___ 6. Review the process of supervision.

___ 7. Review policies and procedures.

___ 8. Review all forms.

___ 9. Discuss crisis management strategies.

___ 10. Structure supervision (day, time, length).

___ 11. Assess the supervisee's competence (including evidence-based performance).

___ 12. Establish goals and objectives.

___ 13. Have supervisees sign relevant documents and indicate acceptance after reviewing them and answering questions (Corey et al., 2021).

It is essential to have an evaluation process followed consistently and inform all supervisees of this process as they begin supervision. There is a direct relationship between the constructs of competence, fairness, and due process. The use of a supervisory contract informs supervisees of how they will be evaluated, what standard evaluation will take place, how and when feedback will be provided, how

the information will be shared, and how often supervision will occur and in what manner (e.g., individual, group, in-person, virtual). Feedback should be provided in both written and verbal form throughout supervision. It is essential that supervisees have the opportunity to implement feedback from the supervisor. Providing information about specific areas and skills that need improvement and providing appropriate time and attention for remediation prior to a negative summative evaluation is the essence of due process (Corey et al., 2021).

Supervisors are responsible for keeping records regarding all of their supervisory activities and contacts. Supervisory documentation consists of three primary components: supervisory agreements and contracts, supervision notes, and feedback and evaluation materials. Supervision notes for each supervisory session need to minimally include a summary of cases reviewed, concerns, recommendations made, actions taken, and justification for decisions regarding high-risk situations. In addition, if supervisees fail to follow the supervisor's directions, this should be noted.

An example of a supervision contract is found in Appendix A.

An example of a supervision note/case consultation is found in Appendix B.

An example of a supervision evaluation is found in Appendix C.

Case Example

Matthew has three years of clinical experience and has successfully completed his LCSW exam. He has been Nancy's supervisee for the last year. He is knowledgeable of various therapeutic approaches and can apply them adequately. Recently his confidence in his therapeutic abilities has led him to miss supervision sessions, with his reasoning being he has no questions to ask his supervisor that week and he would prefer to have sessions with clients. The agency does have a waitlist and he believes his time would be better spent meeting clients' needs. However, he is somewhat insensitive to the feelings of others, and Nancy has observed this in his work with clients. He is abrasive and has a sarcastic side that

can really put people off. His clinical skills are barely adequate, and his people skills leave a lot to be desired. Matthew has some awareness of how he comes across to people, but he has not shown much progress in changing this.

If you are Nancy, how do you address Matthew's recent avoidance of supervision? How do you address his skill deficiencies in his interactions with colleagues and clients?

Cultural Competency in Clinical Supervision

The United States constantly undergoes significant demographic changes. The demographic shift is expected to continue with increased diversity in our population. Diversity is more than race and ethnicity; it includes the sociocultural experiences of people inclusive of, but not limited to, national origin, color, social class, religious and spiritual beliefs, immigration status, sexual orientation, gender identity or expression, age, marital status, and physical or mental disabilities. While cultural competence in counseling training is well established, supervision training must also address it.

Supervisors are responsible for addressing cultural considerations in the supervisory relationship. Supervisors must actively lead discussions of cultural identities because supervisees, particularly those from marginalized or minoritized identities, may understandably be reluctant to do so. When supervisors address cultural identities in the supervisory relationship, they model for supervisees how to use similar interventions with their clients (Jones et al., 2019).

Open discussions of cultural differences make the supervisory relationship safer, and open discussions also positively affect professional and personal supervisee growth. Supervisees tend to self-disclose more often when supervisors address differences and report increased self-awareness and higher satisfaction ratings of the supervisor and the supervisory relationship. Discussion of cultural identities in supervision has also been linked to improved supervisee counseling skills, such as

expanding case conceptualization, addressing culture in the counseling session, and building collaborative counselor-client relationships. These key counseling skills, in turn, have been shown to positively affect client outcomes. In several studies, supervisors' discussion of cultural identities allowed supervisees to process their emotions toward multicultural differences within the supervisory relationship and counseling dyad, notice biases held about different populations, and explore their own identities, as well as their clients' identities (Jones et al., 2019).

The lack of cultural competence in supervision is often evidenced in one or more of the following ways: failures of respect and mutuality; issues of power; boundary violations; failure to take into account social forces that have an impact on supervisees and clients' lives; incorrect assumptions regarding supervisees' abilities; insufficient knowledge of multicultural case conceptualization; unintentional racism; inappropriate assumptions regarding supervisees' racial or ethnic identification; excessive attention placed on visible ethnicity; lack of attention to cultural similarities and differences; and inaccurate assessment, diagnosis, and treatment (Corey et al., 2021).

Corey et al. (2021) offer the following guidelines for addressing diversity in supervision:

- **Explore Multicultural Dynamics in the Supervisory Relationship** - Additional supervisor competencies become important when supervising trainees from cultural backgrounds other than one's own. These competencies include levels of awareness, knowledge, and skill in culturally congruent methods and supervision styles, as well as the ability to recognize cultural differences in learning styles and adjust training modalities accordingly. As a supervisor, it is crucial to understand the concerns of supervisees and explore these concerns with them. Equally important is having the ability and the willingness to communicate one's understanding in a way that avoids cultural misunderstandings.

- **Include Multicultural Competencies in the Supervisory Agreement** - The supervisor is responsible for educating supervisees on how they will work together in the supervisory relationship. The initial supervision sessions should allow ample opportunity to explore cultural similarities and differences. Time should be taken to clarify everyone's expectations early in the relationship as an important way to minimize misunderstandings. Discussion of the supervisory contract is the ideal forum to introduce the expectations and requirements for acquiring multicultural competencies. This is an appropriate time to set the stage for an open and safe discussion regarding cultural issues within the supervisory relationship and when client cases are reviewed and processed. It is important to develop a relationship that is respectful and reciprocal. Encouraging supervisees to bring their concerns to supervision sessions when questions arise regarding cultural perspectives.

- **Assist Supervisees in Developing Cultural Self-Awareness** - Supervisors should explore their own cultural awareness as they teach their supervisees to do the same. Personal exploration allows one to examine personal agendas and prejudices so these issues may be addressed. Learning to identify one's own implicit culturally learned assumptions is a significant step toward cultural competence. A supervisor's worldview is likely to influence the therapeutic choices made by supervisees. Therefore, it is good practice for supervisors to explore questions of bias and cultural perspectives for themself and to allow their supervisees to do the same.

- **Accept One's Limits as a Multicultural Supervisor** - Therapists and supervisors are sometimes placed in positions requiring multicultural expertise outside their range of competence. It is impossible to be knowledgeable in all areas, and there will be times when seeking consultation and possible referral is appropriate and ethically responsible. As a supervisor, one may need to seek help regarding multicultural issues in the supervisory relationship. If one is not willing to risk making mistakes,

then learning opportunities will likely be restricted. Asking for help when necessary is in no way a failure; it is a sign of a competent professional willing to accept limitations and not willing to practice outside the scope of competence; this serves as positive role modeling for supervisees.

- **Model Cultural Sensitivity** - Supervisors must be aware of the impact their attitudes, views, and practices have on their supervisees and, therefore, on each client served. Supervisors need to model and attend to biases, both seen and felt, direct and indirect, within the supervisory relationship and between supervisees and clients. Supervisors must respect the uniqueness of the individual as well as the cultural group membership while also being aware that if too much attention is placed on cultural group membership, it may encourage stereotyping.

- **Accept Responsibility to Provide Knowledge About Cultural Diversity** - Exploring cultural elements of acculturation, poverty, economic concerns, history of oppression, language, racism and prejudice, sociopolitical factors, child-rearing practices, family structure and dynamics, and cultural values and attitudes can be used as an indicator of cultural knowledge regarding any given cultural group. The culturally competent supervisor will have a working knowledge of this information for various cultural groups and will be aware of resources to share with supervisees.

- **Teach and Model Multicultural Sensitivity in Assessment** - Supervisors need to be knowledgeable regarding culturally competent psychological evaluations and other types of assessment. This requires understanding how race, culture, and ethnicity may affect personality formation, vocational choices, and the manifestation of psychological disorders. It is necessary to understand both the technical aspects and the limitations of traditional assessment tools. The goal of a supervisor is to model and teach culturally sensitive assessment practices that allow the use of test results to benefit diverse clients.

- **Provide the Opportunity for Multicultural Case Conceptualization** - Case conceptualization requires supervisors to understand a client's symptoms within that client's sociocultural context. Multicultural case conceptualization includes an analysis of the impact of the client's race, class, sexual orientation, gender, age, or disability status on the client's life.
- **Promote Culturally Appropriate Interventions** - Review theoretical orientations for cultural appropriateness or inappropriateness and help supervisees choose treatment strategies that will validate the cultural identities of clients.
- **Model Social Advocacy** - It is the supervisor's responsibility to model active social advocacy and to encourage this role in supervisees. As a social advocate, the supervisor must attend to and work toward eliminating biases, prejudices, and discriminatory practices in conducting evaluations and providing interventions, and developing sensitivity to issues of oppression, sexism, heterosexism, elitism, ageism, and racism (Corey et al., 2021).

Case Study

Kelly is working on her master's degree in professional counseling at a university in Atlanta. She is a 31-year-old Caucasian who is in her first semester of internship at the university counseling center. The university counseling center requires student therapists to video record sessions and for supervisors to review the recorded sessions. Her first client is Amalia, a Puerto Rican second-semester freshman from New York City who is considering declaring a college major in chemical engineering or pre-dentistry. Amalia presents with feelings of homesickness. She misses her family greatly and is considering a transfer to a university in New York where she would be closer to home. Kelly is notably surprised to learn that Amalia is a third-generation college student and that her parents are both professionals: her father is a bank president, and her mother is a

pediatrician. Kelly comments to Amalia that her English is “very good” and that she is surprised that Amalia is studying engineering and on the dean’s list.

If you are Kelly’s supervisor reviewing her video session with Amalia what concerns do you have? How do you address these concerns with Kelly? What resources would you recommend Kelly access to increase her knowledge regarding cultural competency?

Ethical Considerations in Clinical Supervision

Informed Consent

Informed consent includes clarifying expectations, identifying and implementing mutually agreed-upon goals, outlining potential difficulties that may arise, and reviewing any problem-solving processes in advance.

A supervisor has three levels of informed consent that must be complied with and monitored. They are:

1. Provide the supervisee with informed consent regarding the supervision.

   Best practice for supervision ensures the supervisee is well informed about the process and expectations of supervision. The best way to accomplish this is through a supervision contract.

2. Ensure that supervisees are providing informed consent for their clients regarding treatment.

   Clients have the right to informed consent for treatment, and it is the supervisor's responsibility to ensure supervisees are providing this to their clients.

3. Ensure that supervisees are informing clients regarding the supervision of their treatment. Clients have the right to know the supervisory procedures, including if the session will be taped or observed, who will be

involved in supervision, and how intrusive supervision will be. If supervisees do not share this with their clients, they will be opening themselves up to the possibility of being sued for invasion of privacy and breach of confidentiality. Clients must be informed if they are in treatment with a therapist in training, or both the supervisee and supervisor are at risk of being sued for fraud, misrepresentation, deceit, and lack of informed consent (Bernard & Goodyear, 2021).

Supervisor and Supervisee Competence

Supervisors have the dual responsibility to ensure they are competent in their skills as a supervisor and that their supervisees are competent in their skills to provide services to clients.

Supervisors must have knowledge and skills in the services their supervisees provide. However, supervisors cannot be expected to have knowledge in all areas. Should a supervisee express interest in an area where the supervisor is less competent, the supervisor should refer the supervisee to someone who specializes in that area.

Supervisors should be competent in providing supervision. Best practices indicate that in order to reach an adequate level of supervision competence, supervisors should complete training in clinical supervision and seek supervision of their supervision. Supervision training lessens the likelihood of inadequate or harmful supervision. Supervisors also have the responsibility to remain competent. Reading professional literature and attending professional development training or continuing education workshops helps supervisors remain abreast of best practices.

Supervisors should work towards enhancing their supervisees' competence so that they will reach a level of self-awareness to monitor their own competency. Supervisors are evaluators and gatekeepers; while this may be a difficult responsibility of a supervisor, it is on their assessment and recommendation that

their supervisee may be allowed to enter or continue in the profession. Should supervisees not meet an adequate level of competency, it is the supervisor's responsibility to encourage additional education where they lack skills or, in extreme cases, deter them from entering the profession for the protection of future clients (Bernard & Goodyear, 2021).

Confidentiality

Multiple layers of confidentiality exist in supervision. Information exchanged in supervision is not considered confidential. as the supervisor is in an evaluation and gatekeeper role and is required to share information with others. Best practice would be to have a clear statement in the supervisory contract of what information shared in supervision is and is not confidential.

The supervisor must ensure the supervisee maintains client confidentiality, except for information shared in supervision. The supervisor must also maintain the confidentiality of the client. When providing group supervision, it is best practice to remind everyone in the group of the necessity to maintain confidentiality, and the supervisee presenting should only use the first name of clients and provide minimal identifying details (Bernard & Goodyear, 2021).

Limitations to confidentiality should be listed in the client's informed consent and include the following situations where confidentiality will not be honored:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.
4. Suspicions, as stated above, in the case of an elderly person who may be

subjected to these abuses.

5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law or if the information is obtained for the purpose of rendering an expert's report to an attorney (Theranest, 2023).

Dual Relationships and Boundary Issues

Supervisors must serve as role models for ethical behavior. In particular, supervisors should model how to maintain clear professional boundaries in their relationships with supervisees. The most obvious violation entails intimate relationships between supervisors and supervisees. More subtle challenges, which do not necessarily encompass blatantly unethical behavior, involve supervisors entering into friendships with supervisees, socializing with supervisees, and sharing personal information with them. Given the power differential between supervisors and supervisees, supervisors should avoid engaging in behaviors that supervisees might misinterpret, that constitute a conflict of interest, or that compromise supervisors' professional judgment and objectivity (Reamer, F. G., 2021).

A dual relationship occurs when a supervisor is simultaneously in a professional role and at least one more role (professional or nonprofessional) with the supervisee. The supervision process becomes more complicated when supervisors take on two or more roles, either personally or professionally, simultaneously or sequentially with each other. Before entering into a dual relationship with a supervisee, it is good practice for supervisors to consider alternatives, and the potential impact of doing so on their objectivity and judgment. Although multiple roles and relationships cannot always be avoided, supervisors are responsible for managing them ethically and appropriately. Ethically, supervisors must clarify their

roles and be aware of potential problems that can develop when boundaries are blurred. Unless the nature of the supervisory relationship is clearly defined, the supervisor and the supervisee may find themselves in a difficult situation . If the supervisor's objectivity becomes impaired, the supervisee cannot make maximum use of the process. The codes of ethics of most professional organizations issue a caution regarding the potential problems involved in multiple relationships. Specifically, the standards caution about the dangers involved in any relationships that are likely to impair judgment or result in exploitation or harm to clients and supervisees (Corey et al., 2021).

A boundary crossing is a departure from standard practice that could potentially benefit the client or supervisee, whereas a boundary violation is a serious breach that causes harm to the client or supervisee.

Case Study

Amy is assigned a case of someone known to her, although the client is not a close friend but more of an acquaintance. She shared this information with her supervisor at the onset of the case assignment, and the case was still assigned to her as she disclosed only a distant connection to this person. After Amy had seen the client for several weeks and had developed what appeared to be an effective clinical relationship, Amy discovers that the client and her spouse are becoming closer friends. The client and Amy's spouse have become regular workout friends at the gym, and there is now a potential they could see each other at social events. Amy is unsure how to proceed now that she has more information and brings this issue to supervision to discuss.

What is your recommendation as Amy's supervisor? What Code of Ethics standard (s) and/or agency policy are you using to justify your recommendations?

Ethics of Self-Care

Self-care and counselor wellness are necessary to cope with vicarious trauma and secondary traumatic stress and avoid burnout. One way to address counselor wellness and quality care provided to clients is through clinical supervision.

One study found that 85% of clients seeking substance use disorder treatment had experienced at least one traumatic event in their lifetime. Additionally, many studies have found there is a high comorbidity between substance use diagnoses and post-traumatic stress disorder, with substance users being two to three times more likely to experience PTSD compared to non-substance users. Other research alleges that this rate is potentially higher due to PTSD being under-assessed, under-diagnosed, and under-treated in substance use treatment programs. This shows that substance use counselors are frequently exposed to secondary trauma through their interactions with their clients, leading to their experience of vicarious trauma and burnout (Jones & Branco, 2020).

Burnout is a psychological response to chronic emotional and interpersonal stress on the job leading to exhaustion, depersonalization, and inefficacy. Burnout in the mental health profession is often due to working with clients with multiple treatment needs. Substance use clients often have numerous, high-level needs requiring attention. Burnout in counselors does lead to lower quality of care for clients. This is where clinical supervision is key to preventing burnout by addressing the emotional demands on counselors as they happen (Jones & Branco, 2020).

Vicarious trauma is the cumulative impact of exposure to traumatic content, which occurs as a result of the counselor engaging with clients who are trauma survivors or who are experiencing trauma. Counselors experience vicarious trauma as the result of their “empathic engagement,” meaning they experience similar emotions to the trauma survivor. This negatively impacts the way they see themselves and others, and their general worldview (Jones & Branco, 2020).

Secondary traumatic stress (STS) occurs when counselors become indirectly traumatized and experience adverse reactions after witnessing clients battle with

the effects of trauma. STS symptoms are similar to PTSD; the difference is the person did not experience the event directly but indirectly through hearing about it. STS is different from vicarious trauma in that in STS, the person experiences observable symptoms, whereas vicarious trauma is more of an internalized shift in thinking (Jones & Branco, 2020).

Case Study

Jane is a counselor who has worked at her current position at an outpatient substance use and mental agency for four years. Initially, her caseload was 20 clients per week, but due to understaffing and her experience and knowledge, her caseload has crept up to 35 clients. She is beginning to feel overwhelmed, and she is behind in her documentation, including case notes and treatment plans. She does not feel she is providing her clients with the quality of care they deserve but can not see any other options. She is exhausted when she goes home and most evenings will crash on the couch with a glass of wine. She doesn't bring this up in supervision as she does not wish to appear weak, nor does she want to burden anyone else in the agency, she doesn't want to be a complainer. Her supervisor has noticed she arrives late to work, appears tired throughout the day, and has been short with some of her colleagues. Jane's supervisor addresses these observations in supervision in a caring and concerned manner and Jane feels safe sharing her feelings of being overwhelmed with the unrealistic caseload. Her supervisor reviews her cases with her in detail and they are able to identify a number of clients who have met their goals and can be closed, a few Jane does not feel she has connected to and could be transferred to a different colleague who would be a better fit, and some who are not appropriate for the agency and need a different level of care. With the help and support of her supervisor Jane is able to bring her caseload down to 24 clients, and while still high, she feels this is a manageable number for her. Jane and her supervisor agree to continue to monitor her caseload.

What other steps could Jane and her supervisor take? What would you have done

differently, if anything, if you were Jane's supervisor?

Legal Issues in Clinical Supervision

Understanding ethical and legal aspects of clinical practice and supervision is essential for substance use disorder treatment professionals. Ethical guidelines serve as the basis for the standard of care in supervision, and unethical practice often implies illegal conduct. However, this is not always the case: numerous actions that would be considered unethical are not illegal. For example, bartering and accepting gifts from clients may pose ethical problems and can lead to exploitation, but generally these practices are not illegal. In some instances, conflicts may arise between ethics and the law, as reflected in the ethics codes of professional associations. It is important for supervisors to separate the legal aspects of supervision from ethical considerations (Corey et al., 2021).

Corey et al. (2021) review the following legal principles that affect supervisory practice. These definitions vary somewhat by state; therefore, supervisors must be aware of their respective state laws and codes of ethics regarding these topics.

- **Standard of care:** The normative or expected practice performed in a given situation by a given group of professionals.
- **Statutory liability:** Specific written standard with penalties imposed, written directly into the law.
- **Malpractice:** The failure to render professional services or to exercise the degree of skill that is ordinarily expected of other professionals in a similar situation.
- **Negligence:** Failure to observe (or lack of awareness of) the proper standard of care.
- **Negligent liability:** Failure to provide an established standard of care.

- **Vicarious liability:** Responsibility for the actions of others based on a position of authority and control.
- **Direct liability:** Responsibility for your own actions of authority and control over others.
- **Privileged communication:** The privilege that allows an individual to have confidential communications with a professional. It prevents the courts from requiring the revelation of confidential communication.
- **Duty to warn:** The obligation of the mental health professional to make a good-faith effort to contact the identified victim of a client's serious threats of harm and/or to notify law enforcement of the threat.
- **Duty to protect:** The obligation of a therapist to take action to protect a threatened third party; the therapist usually has other options besides warning that person of the risk of harm, such as hospitalizing the client or intensifying outpatient treatment.
- **Duty to report:** The obligation of a therapist to report abuse or suspected abuse of children, older persons, or, as it is referred to in some states, vulnerable adults or vulnerable individuals in a timely manner.

Direct Liability and Vicarious Liability

Direct liability is when the supervisor's actions cause harm. Examples of this are if a supervisor provided inadequate supervision or assigned supervisees tasks they were unqualified to perform. Other potential issues that could lead to a supervisor being held directly liable are items that would fall under supervision practice standards, including violation of informed consent, breach of confidentiality, cultural incompetencies, and inappropriate dual relationships.

Vicarious liability is when the supervisor is held liable for the supervisee's actions, even if they were not recommended by the supervisor or the supervisor was not even aware of the actions taken by the supervisee. The supervisor is liable in

these situations because of the supervisory relationship. Supervisors are usually only held liable for supervisees' negligent acts performed during the supervisory relationship. Factors that determine if the action falls within the supervisory relationship include the time, place, and purpose of the action, the motivation of the supervisee, and if the supervisor could have reasonably expected the supervisee to take said action. In certain instances, supervisors have been held liable for supervisees' sexual misconduct with a client. The legal argument that was upheld in court was that the supervisee's transference with clients was mishandled, and the supervisor should have foreseen this and dealt with the early warning signs of boundary violations (Bernard & Goodyear, 2021).

Case Study

Karen, a licensed counselor, was supervising an unlicensed counseling assistant who, unbeknownst to Karen, began providing counseling services to clients for a fee at another office in town. These counseling services were not supervised by any licensed professional. A complaint was filed with the licensing board against the counseling assistant for practicing (out of the second office) without a license and without proper supervision.

With the assistance of legal counsel, Karen submitted in writing to the board a complete description of her understanding of these events and how they had occurred. Because the board has jurisdiction only over licensed counselors, it was Karen rather than the counseling assistant who was disciplined. The board ruled that Karen, as the supervisor, was responsible for all the professional activities of the counseling assistant, and she was disciplined for the unauthorized practice of the supervisee. She was placed on probation as a licensed counselor for one year, restricted from supervising counseling assistants during the probationary period, and required to attend a course on supervision. Following the successful completion of these requirements, Karen will have her license fully restored by the board (Corey et al., 2021).

If you had been in Karen’s situation what would you have done differently? What

Code of Ethics standard(s) and/or agency policy are you using to justify your decision?

Harmful Supervision

Ellis & Cook (2021) have identified and studied inadequate versus harmful supervision criteria. Their most recent research found that 77% of supervisees were receiving inadequate supervision, and 30% were receiving harmful supervision. Ellis et al. completed studies in 2014 which found that 90% of supervisees experienced inadequate supervision, and in 2015, a repeat study found 75% were receiving inadequate supervision. Those same studies assessing harmful supervision found 35% in 2014 and 25% in 2015. These numbers are concerningly high and have not improved much, if at all, with each repeat study the team has conducted.

Inadequate supervision is the supervisor's inability or unwillingness to perform the core functions of supervision. The three highest scoring areas for inadequate supervision were supervisees who never had their counseling work directly observed by their supervisor (66.1%), those not using a supervision contract (46.8%), and a lack of evaluative feedback (13.65). Supervisors are ethically responsible for providing verbal and written feedback to supervisees and identifying strengths and areas for professional development. Based on reports from supervisees, supervisors are failing to complete this basic and ethical obligation of supervision.

Harmful supervision is supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee. Harmful supervision can result in emotional distress and trauma that can last for years. Disturbingly, Ellis, et al. found anywhere from 3/10-6/10 supervisees experienced harmful supervision. The two areas of harmful supervision that occurred most frequently were supervisees not being safe from exploitation (15.5%) and supervisors not

avoiding dual relationships (13.2%). The areas of greatest concern regarding harmful supervision were those who identified a supervisor as sexually inappropriate, that they were sexually intimate with their supervisor or had an ongoing sexual relationship, that they had used drugs with their supervisor, and that their supervisor had physically threatened them. Unwanted sexual advances and physical threats are unprofessional, unethical, and illegal. It is unethical among most professional codes of ethics to have a sexual relationship with a supervisee or use drugs together. In many states, either of those behaviors may also be illegal.

Best Practices in Clinical Supervision

Supervisors should follow best practices not only to meet the responsibilities of supervision but also as a way to mitigate inadequate and harmful supervision. The basics of best practices include using a written supervision contract, meeting regularly with supervises, and providing ongoing verbal and written feedback on supervisees' observed clinical competencies. Supervisors are encouraged to explore intersecting identities with supervisees and have meaningful conversations about their own cultural identities. In addition, given the high rates of inadequate and harmful supervision, supervisors should ask their supervisees about their supervision experiences to remediate prior supervision harm and prevent any ongoing or future harm.

Before offering clinical supervision, potential supervisors should complete training to understand their ethical and legal obligations when providing clinical supervision. Training should also build an awareness of the hierarchical relationship between supervisors and supervisees to avoid exploitation and harm during supervision. Training can also acknowledge and explore the multiple unique relationships within an agency when someone is promoted to a supervisor and is now supervising coworkers (Ellis & Cook, 2021).

SAMHSA identifies five areas of supervisory performance for clinical supervision to ensure client welfare is protected, agency goals are met, and clinical services meet growth goals. These competencies are musts for clinical supervisors to master in order to provide effective supervision.

1. **Counselor Development**

   Counselor development is a multifaceted process that entails teaching, facilitating, collaborating, and promoting counselor self-efficacy. Supervisor competencies for counselor development include:

   - Teaching supervisees the purpose and necessity of clinical supervision and how to use it effectively.
   - Constructing a supportive and individualized supervisory partnership that respects professional boundaries.
   - Conceptualizing and planning individual and group supervision activities that take into account supervisees' preferred learning styles, cultures, genders, ages, and other relevant variables.
   - Providing supervisees with timely and specific feedback on their conceptualizations of client needs, client attitudes, clinical skills, and overall performance of assigned responsibilities.

2. **Professional and Ethical Standards**

   This domain identifies competencies related to public, client, and staff member protection, as well as developing supervisors' professional identity and integrity in the context of professional supervisory practice. Examples of professional and ethical competencies include:

   - Ensuring that supervisees are knowledgeable about client rights and comprehend client grievance procedures.

- Understanding the dangers of dual relationships and potential conflicts of interest in the supervisor-supervisee relationship, as well as maintaining appropriate relationships at all times.
- Ensuring that supervisees inform clients about the limitations surrounding confidentiality (child abuse reporting, specific threats of violence).
- Monitoring supervisees' clinical practice to improve their competence and maintain ethical client treatment.
- Creating and implementing a personal wellness plan for physical and mental health, as well as encouraging supervisees to create and implement personal wellness plans.

3. **Program Development and Quality Assurance**

Clinical supervisors are responsible for program development, and quality assurance activities vary according to the organization's size, structure, and mission. However, all clinical supervisors are responsible for some of these activities. Supervisors can demonstrate competency in these areas by:

- Understanding the general limitations of SUD treatment, its relationship to long-term recovery, and the specific limitations of the models or designs used by supervisees.
- Identifying, creating, and acquiring appropriate learning and treatment resource materials that fulfill the needs of the agency, its clients, and supervisees.
- Advocating for ongoing quality improvement within the agency, including strategies for improving client access, engagement, and retention in treatment.

- Soliciting, documenting, and acting on customer feedback to improve service delivery.

4. **Performance Evaluation**

   Clinical supervisors have a professional and ethical responsibility to consistently monitor the quality of their supervisees' performance, to facilitate improvements in their supervisees' clinical competence, and to assess their supervisees' preparedness to practice with increasing independence. Competencies related to performance evaluation include:

   - Assessing supervisees' professional development, cultural competence, and proficiency in the SUD counseling competencies.
   - Differentiating between counselor developmental issues and those requiring corrective action (e.g., ethical violations, incompetence).
   - Using multiple sources of quantitative and qualitative data, direct and indirect observations, and formal and informal methods of assessment to ensure substantiated and accurate evaluation.
   - Implementing an ongoing, formalized, proactive process that identifies supervisees' training needs, actively involves supervisees in reviewing goals and objectives, and reinforces performance improvement with positive feedback.

5. **Administration**

   Administrative responsibilities of clinical supervisors are executive functions of the position—those duties that help the organization run smoothly and efficiently. Examples of administrative competencies are:

   - Participating in the development, maintenance, application, and revision of the organization's policies, procedures, and forms.

- Creating and maintaining a comprehensive recordkeeping system that provides clear, chronological documentation of supervisory activities.
- Monitoring, assessing, and providing feedback on supervisees' adherence to administrative policies and procedures.
- Getting regular diversity, crisis management, and safety training for oneself and supervisors.
- Creating and adhering to intra-organizational and inter-organizational agreements that broaden, improve, and expedite service delivery (SAMHSA, 2021).

Conclusion

Clinical supervisors need to be aware of the complexities of supervision and the importance of training in supervision. By understanding clinical supervision responsibilities, those promoted to a supervisory position without appropriate training can advocate for themselves to receive the necessary training to become competent in their supervisory duties.

Clinical supervision is necessary for substance abuse treatment and other behavioral health settings to ensure client safety, oversee the supervisee's professional development, and promote the organization's goals. Clinical supervisors are committed to upholding their professions' ethical principles and standards, adhering to state and federal statutes regulating clinical practice, complying with relevant education and training standards, and practicing competent supervision.

References

Bernard, J.M. & Goodyear, R.K. (2021). Fundamentals of Clinical Supervision (6th ed). Pearson.

Choy-Brown, M., Stanhope, V. (2018). The Availability of Supervision in Routine Mental Health Care. *Clinical Social Work Journal* 46, 271–280. https://doi.org/10.1007/s10615-018-0687-0

Cook, R. & Ellis, M.V. (2021). Post-degree clinical supervision for licensure: Occurrence of inadequate and harmful experiences among counselors, The Clinical Supervisor. Retrieved March 2023 https://doi.org/10.1080/07325223.2021.1887786

Corey, G., Hayes, R., Moulton, P., Muratori, M. (2021). Clinical Supervision in the Helping Professions: A Practical Guide. Alexandria, VA: American Counseling Association.

Durham, T.G. (2019). Clinical Supervision: An Overview Of Functions, Processes And Methodology. NAADAC, the Association for Addiction Professionals, Alexandria, VA.

Jones, C. T., & Branco, S. F. (2020). Trauma-informed supervision: Clinical supervision of substance use disorder counselors. *Journal of Addictions & Offender Counseling*, *41*(1), 2-17.

NAADAC, the Association for Addiction Professionals (2021). NAADAC/NCC AP Code of Ethics. Alexandria, VA: NAADAC. Retrieved March 2023: https://www.naadac.org/assets/2416/naadac_code_of_ethics_112021.pdf

National Child Traumatic Stress Network (2019). Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool. Retrieved March 2023. https://www.nctsn.org/sites/default/files/resources/special-resource/secondary_traumatic_stress_competencies_rating_tool.pdf

SAMSHA (2021). Competencies For Supervision In Substance Use Disorder Treatment: An Overview. Retrieved March 2023. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-018.pdf

Snowdon, D.A., Sargent, M., Williams, C.M. *et al*. (2020). Effective clinical supervision of allied health professionals: a mixed methods study. *BMC Health Services Research* 20, 2. https://doi.org/10.1186/s12913-019-4873-8

Theranest (2023). Informed Consent. Theranest Practice Management Software For Therapists, Psychologists, Social Workers, And Counselors.

Appendix A: Supervision Contract Sample

Sample Supervision Contract for Education and Training Leading to Licensure as a Health Service Provider Carol Falender, PHD (2021)

I. Goals of Supervision

A. Monitor and ensure welfare and protection of patients of the Supervisee.

B. Gatekeep for the profession to ensure competent professionals enter.

C. Promote development of Supervisee's professional identity and competence.

D. Provide evaluative feedback to the Supervisee.

II. Structure of Supervision

A. The primary supervisor during this training period will be _____, who will provide _____ hours of supervision per week. The delegated supervisor(s) during this training period will be _____, who will provide _____ hours of supervision per week.

B. Structure of the supervision session: supervisor and supervisee preparation for supervision, in-session structure and processes, live or video observation ___times per ___ (time period).

C. Limits of confidentiality exist for supervisee disclosures in supervision. (e.g., supervisor normative reporting to graduate programs, licensing boards, training teams, program directors, upholding legal and ethical standards).

D. Supervision records are available for licensing boards, training programs, and other organizations/individuals mutually agreed upon in writing by the supervisor and supervisee.

III. Duties and Responsibilities of Supervisor

A. Assumes legal responsibility for services offered by the supervisee.

B. Oversees and monitors all aspects of patient case conceptualization and treatment planning, assessment, and intervention including but not limited to emergent circumstances, duty to warn and protect, legal, ethical, and regulatory standards, diversity factors, management of supervisee reactivity or countertransference to patient, strains to the supervisory relationship.

C. Ensures availability when the supervisee is providing patient services.

D. Reviews and signs off on all reports, case notes, and communications.

E. Develops and maintains a respectful and collaborative supervisory relationship within the power differential.

F. Practices effective supervision that includes describing supervisor's theoretical orientations for supervision and therapy, and maintaining a distinction between supervision and psychotherapy.

G. Assists the supervisee in setting and attaining goals.

H. Provides feedback anchored in supervisee training goals, objectives and competencies.

I. Provides ongoing formative and end of supervisory relationship summative evaluation on forms available at _____ (website or training manual).

J. Informs supervisee when the supervisee is not meeting competence criteria for successful completion of the training experience, and implements remedial steps to assist the supervisee's development. Guidelines for processes that may be implemented should competencies not be achieved are available at (website or training manual).

K. Discloses training, licensure including number and state(s), areas of specialty and special expertise, previous supervision training and experience, and areas in which he/she has previously supervised.

L. Reschedules sessions to adhere to the legal standard and the requirements of this contract if the supervisor must cancel or miss a supervision session.

M. Maintains documentation of the clinical supervision and services provided.

N. If the supervisor determines that a case is beyond the supervisee's competence, the supervisor may join the supervisee as co-therapist or may transfer a case to another therapist, as determined by the supervisor to be in the best interest of the patient.

IV. Duties and Responsibilities of the Supervisee

A. Understands the responsibility of the supervisor for all supervisee professional practice and behavior.

B. Implements supervisor directives, and discloses clinical issues, concerns, and errors as they arise.

C. Identifies to patients his/her status as supervisee, the name of the clinical supervisor, and describes the supervisory structure (including supervisor access to all aspects of case documentation and records) obtaining patient's informed consent to discuss all aspects of the clinical work with the supervisor.

D. Attends supervision prepared to discuss patient cases with completed case notes and case conceptualization, patient progress, clinical and ethics questions, and literature on relevant evidence-based practices.

E. Informs supervisor of clinically relevant information from patient including patient progress, risk situations, self-exploration, supervisee emotional reactivity or countertransference to patient(s).

F. Integrates supervisor feedback into practice and provides feedback weekly to supervisor on patient and supervision process.

G. Seeks out and receives immediate supervision on emergent situations. Supervisor contact information:

_____.

H. If the supervisee must cancel or miss a supervision session, the supervisee will reschedule the session to ensure adherence to the legal standard and this contract.

A formal review of this contract will be conducted on: _____ when a review of the specific goals (described below) will be made.

We, _____ (supervisee) and _____ (supervisor) agree to follow the parameters described in this supervision contract and to conduct ourselves in keeping with the _____ Code of Ethics (fill in professional association one is a member or licensed through).

_____

Supervisor Date

_____

Supervisee Date

Dates Contract is in effect: Start date: _____ End date: _____

Mutually determined goals and tasks by Supervisor and Supervisee to accomplish (and updated upon completion).

Goal 1:

Task for Supervisee

Task for Supervisor

Goal 2:

Task for Supervisee

Task for Supervisor

Appendix B: Case Consultation/ Weekly Supervision Sample

Clinical Supervision: An Overview of Functions, Processes, and Methodology by Thomas G. Durham, (2019)

Date: _____

Name of Counselor: _____ Name of Supervisor: _____

Client ID: _____ Age: _____ Marital Status: _____

Number of Children: _____ Occupation & Employment Status: _____

Legal Issues (Including CPS): _____

Other: _____

Date of Client Contact: _____Presenting Issue(s): _____

Summary of Client Hx including SUD, MH, Medications and Physical Hx:

_____
_____
_____
_____
_____
_____

Diagnostic Impressions –for each identified issues to address (ASAM or other Assessment Tool)

_____
_____
_____

Recommended Treatments & Referrals Considered:

_____
_____

Areas of Concern or Uncertainty Discussion/Feedback:

_____
_____
_____

Final Recommendations:

_____
_____
_____
_____

Appendix C: Supervisor Evaluation of Counselor Behaviors

Syracuse University School of Education Counseling & Human Services

Retrieved March 2023: https://soe.syr.edu/departments/academic/counseling-human-services/modules/supervision/samples/

Name of Supervisee_____

Name of Supervisor_____

Date: _____

1=Needs improvement, 2=adequate, 3=good, 4=a strength, 5=excels in this area

Relationship & Attending Skills

Skill	1	2	3	4	5
1. Listens carefully and communicates an understanding of the client.					
2. Is genuine and warm with client.					
3. Is immediate with the client.					
4. Is respectful of, and validates, the client.					
5. Is appropriate regarding the cultural context of the client.					
6. Is appropriate regarding the developmental context of the client.					
7. Uses interpersonal strengths appropriately, including humor and self-disclosure.					
8. Is comfortable with a variety of feelings and/or issues shared by the client.					
9. Provides support to the client when appropriate.					
10. Challenges the client when appropriate.					

11. Tracks the main issues presented by the client.					

Assessment Skills

Skill	1	2	3	4	5
12. Is able to organize session data into meaningful frameworks.					
13. Appreciates cultural and/or developmental issues that may affect assessment.					
14. Is able to recognize normative from problematic behavior during assessment					
15. Can assist the client in considering different components and sequences that make up and sustain problems					
16. Is able to identify cognitive components of client issues					
17. Is able to identify affective components of client issues..					
18. Is able to identify behavioral components of client issues					
19. Is able to identify systemic components of client issues.					
20. Identifies appropriate process goals					
21. Can assist client in translating problems into realistic outcome goals					
22. Can assess one's own performance in counseling					

Relationship & Attending Skills

Skill	1	2	3	4	5
23. Maintains an appropriate pace during sessions.					
24. Uses questions skillfully.					
25. Uses nondirective interventions skillfully.					

26. Can direct the session in a meaningful manner.					
27. Can deliver appropriate confrontations.					
28. Can demonstrate an appropriate use of affective interventions.					
29. Can demonstrate an appropriate use of cognitive interventions..					
30. Can demonstrate an appropriate use of behavioral interventions.					
31. Can demonstrate an appropriate use of systemic interventions.					
32. Is able to work effectively with multiple clients.					

Professional Skills

33. Is aware of personal issues (counter-transference/parallel processes) that might impact counseling.					
34. Demonstrates openness to and use of supervision.					
35. Appreciates own limits without overreacting to them.					

Comments relevant to areas of strength:

Comments relevant to areas of weakness:

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