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Guidelines for Clinical Supervision

Introduction to Clinical Supervision

Therapy is both an art and a science. While it's possible to learn the basic scientific principles in school, the art of therapy can prove challenging. Clinical supervisors help those in their charge become ethical, competent therapists. During clinical supervision, a trainee clinician meets with a more experienced provider to discuss cases, treatment strategies, and other important topics. Supervision offers ongoing feedback from someone with more experience and skill. Rather than relying on vague principles from a textbook or classroom, supervisees get rapid feedback on real-world therapy dilemmas. Supervisors can provide insight into supervisees' personal style and guidance on how to sharpen their skills as well as how to adapt their approaches to meet the complex needs of diverse clients. Daily work with distraught people can be inherently distressing, so a key aspect of clinical supervision is often helping therapists learn to compartmentalize their own emotions and practice better self-care (GoodTherapy, 2019).

The clinical supervisor serves an essential role in ensuring that behavioral health professionals are operating within the standards of practice as well as being able to identify when one is not performing adequately. Supervisors are committed to upholding the ethical principles and standards of their professions, adhering to state and federal statutes regulating clinical practice, complying with relevant education and training standards, and practicing competency-based supervision.

Supervisors must also be prepared to provide feedback on ethical dilemmas, such as when to break confidentiality, and they must stay abreast of state regulations for mandated reporting. In some cases, supervisors may be liable for trainees' conduct, so it's important for both parties to clarify the duties of the relationship and for the supervisor to be open with the client about the role of supervision. Supervisors must be sufficiently experienced to help trainees tackle challenging situations (GoodTherapy, 2019).

Clinical supervision is an embedded resource for practice quality in community mental health organizations. Supervision has been found to increase provider competence and discipline as well as to decrease stress and the feeling of being stuck in a particular therapeutic interaction. In addition, supervision has been associated with service user outcomes including decreased depressive symptoms. Clinical supervision is widely believed to be integral to ongoing learning, support, and quality clinical practice with people seeking therapeutic services. The provision of supervision has been a critical component in the education and development of mental health professionals. Additionally, supervision has been significantly related to improving staff and service

user outcomes in behavioral health settings. In clinical evidence-based practice trials, clinical supervision models have been manualized and have improved implementation outcomes such as treatment adherence and fidelity. In some cases, the post-training supervisory coaching that was conducted was found to be more important than the training quality itself because providers were able to practice and receive feedback. Elements of evidence-based, best practices in supervision have been articulated in the behavioral health literature and include observation of actual practice (i.e., live supervision with a supervisor providing feedback in vivo), use of direct observation or session recordings, and use of client feedback and outcomes to inform the supervision process. In public mental health settings, supervision has been understood to encompass three primary functions, including administration, support, and education (Choy-Brown & Stanhope, 2018).

Roles & Responsibilities of Clinical Supervision

Roles

Supervision is a complex process that incorporates a multitude of roles and responsibilities. Roles are the functional relationships between supervisors and those they supervise; responsibilities include the clinical, ethical, and legal duties of the supervisor.

The clinical supervisor holds a number of different roles as they interact with their supervisees. These roles, which often overlap, may include teacher, coach, mentor, and consultant. Clinical supervisors are in unique positions as they aid in the development of clinical knowledge and skills, facilitate exploration of self, integrate these components, and relate to overall professional practice. As a teacher, the supervisor instructs supervisees on assessment, diagnosis, counseling approaches and skills, ethics, legal issues, and a host of other topics that arise in supervision. The clinical supervisor identifies the learning needs of the supervisee and provides knowledge for clinical use and for personal and professional growth. As a coach, the supervisor aims to improve supervisee morale, provide encouragement, and help prevent burnout. The mentor role includes providing direction and guidance for supervisees and assisting them with assessing their current abilities and desired goals as clinicians. For the consulting function, the supervisor identifies alternative case conceptualizations, oversight of clinical activities, and gatekeeping for governing boards and the organization (Bohall &

Bautista, 2017).

While supervision at times has a therapy-like quality to it, it is critical to recognize that it is not therapy. Becoming a supervisee's therapist creates a conflict of interest and blurs boundaries. While the supervisor can address the supervisee's personal growth and self-care needs as it relates to the supervisees clinical practice, should other personal concerns arise, supervisees should be referred to an appropriate therapist.

Responsibilities

Responsibilities of the supervisor include (Corey et al, 2021):

- Promote supervisee growth and development: While teaching is an essential component of supervision, it is not enough to simply teach about the specifics of each case; supervisees must learn how these issues may translate into their independent practice in the future.

- Protect the welfare of the client: the supervisor must ensure that both current and future clients receive competent and professional services from the supervisee, and the supervisor can intervene in whatever way is necessary if it appears that the client is not receiving competent services.

- Monitor supervisee performance and act 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 the pursued field of study.

- Empower the supervisee to self-supervise and carry out these goals as an independent professional: The supervisor must give supervisees the opportunity 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 supervisees become skilled and competent professionals who will place their client's welfare first and will not bring harm to clients (Corey et al, 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. The supervisee had never mentioned any other clients to Karen, so Karen was blindsided when she was informed of the complaint.

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).

Types of Supervision

The three types of supervision, educational, administrative, and clinical, are often interconnected and help implement personal and professional growth. Educational supervision involves the instruction of specific skills and competencies related to psychological practice. Much of these skills come from the early career professional's own self-directed study, formal education activities (i.e., continuing education), graduate school program, and didactic training. The educational supervisor is responsible for supporting the supervisee in relation to the individual's learning requirements. Administrative supervision includes the management of staffing and productivity, assessing supervisee and patient needs, completing quality assurance and compliance reviews, assessing organizational structure, and business planning, among other tasks. By operating strictly from a business perspective, the supervisor seeks to get the most out of their supervisees as opposed to focusing on their supervisees' best interests or professional development. Clinical supervisors focus on the development of their supervisees' understanding of ethical standards, improvement of clinical practice, and also to ensure that consumers of psychological interventions are receiving competent

services.   Despite the distinct differences between the forms of supervision, there is significant overlap and all three forms are equally important (Bohall & Bautista, 2017).

Guidelines for Clinical Supervision

Below are specific expectations for supervision for some of the major clinical professional associations. While supervisors are only obligated to know what their regulatory body and state requirements are, it may be beneficial to review the other professions to see what areas are similar and consistent for all mental health professional supervisors and what areas are different and may offer beneficial or complementary considerations as one builds their supervision practice.

American Psychological Association

The American Psychological Association defines supervision as a distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession (APA, 2018)

The American Psychological Association identifies seven domains of supervision (APA, 2018):

- Supervisor Competence: Supervisors strive to be competent in the psychological services provided to clients/ patients by supervisees under their supervision and when supervising in areas in which they are less familiar they take reasonable steps to ensure the competence of their work and to protect others from harm.

- Diversity: Supervisors strive to be competent in working with others from backgrounds different than one's own but include the complexity of understanding and factoring in the multiple identities of each individual: client(s), supervisee, supervisor, and differing worldviews. Competent supervision attends to a broad range of diversity dimensions and includes attention to oppression and privilege and the impact of those on the supervisory power differential, relationship, and on client/patient and supervisee interactions and supervision interactions.

- Supervisory Relationship: The supervisor should initiate discussions about differences, including diversity, values, beliefs, biases, and characteristic interpersonal styles that may affect the supervisory relationship and process; discuss inherent power differences and the supervisor's responsibility to manage such differences wisely; and take responsibility to establish relationship conditions that promote trust, reliability, predictability, competence, perceived expertise, and developmentally-appropriate challenge. Supervisors identify expected program competencies and performance standards and assist the supervisee to formulate individual learning goals. Supervisors aspire to review regularly the progress of the supervisee and the effectiveness of the supervisory relationship and address issues that arise.

- Professionalism: Supervisors strive to model professionalism in their own comportment and interactions with others, and teach knowledge, skills, and attitudes associated with professionalism. In interprofessional settings, supervisors model professionalism in cooperative, collaborative, and respectful interaction with team members. Supervisors are encouraged to provide ongoing formative and summative evaluation of supervisees' progress toward meeting expectations for professionalism appropriate for each level of education and training.

- Assessment/ Evaluation/ Feedback: To be effective, assessment, evaluation, and feedback need to be directly linked to specific competencies, to observed behaviors, and be timely. Supervisors promote openness and transparency in feedback and assessment, by anchoring such in the competency development of the supervisee. The more direct the access a supervisor has to a supervisee's professional work, the more accurate and helpful their feedback will likely be. Supervisors should use live observation or audio or video review techniques whenever possible, as these are associated with enhanced supervisee and client/ patient outcomes. Supervisors seek feedback from their supervisees and others about the quality of the supervision they offer, and incorporate that feedback to improve their supervisory competence.

- Problems of Professional Competence: Supervisors must be prepared to protect the well-being of clients/patients and the general public, while simultaneously supporting the professional development of the supervisee. When supervisees display problems of professional competence, decisions made and actions taken by supervisors in response to supervisees' competence problems should be

completed in a timely manner. Supervisors have an ethical responsibility to discuss and document these with the supervisee and to develop a plan to remediate those problems. Supervisors do so in a manner that is clear, direct, and mindful of the barriers to assuring that such conversations are effective and likely to maintain the supervisory relationship. Supervisors are mindful of their role as gatekeeper and take appropriate and ethical action in response to supervisee performance problems. Supervisors strive to closely monitor and document the progress of supervisees who are taking steps to address problems of competence. Should the supervisee not meet the stipulated performance levels after completing the agreed-upon remediation steps, attending to supervisee due process, supervisors must consider dismissal from the training program.

- Ethical, Legal, and Regulatory Considerations: Valuing and modeling ethical behavior and adherence to relevant legal and regulatory parameters in supervision is essential to upholding the highest duty of the supervisor, protecting the public. Supervisors balance protection of the client/patient with the secondary responsibility of increasing supervisee competence and professional development. Supervisors understand that they are ultimately responsible for the supervisee's clinical work. Supervisors serve as gatekeepers to the profession, assessing supervisees' suitability to enter and remain in the field. Supervisors maintain accurate and timely documentation of supervisee performance related to expectations for competency and professional development. Keeping supervision records is an important means of documenting the conduct of supervision and supervisee progress.

National Association of Social Workers

The National Association of Social Workers states that professional supervision is defined as the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place. Furthermore, supervision encompasses several interrelated functions and responsibilities, and each of these interrelated functions contributes to a larger responsibility or outcome that ensures clients are protected and that clients receive competent and ethical services from professional social workers (NASW, 2013).

The National Association of Social Workers identifies five standards of supervision (NASW, 2013):

- Context in Supervision: Effective supervision requires knowledge of the principles of supervision and the ability to demonstrate necessary skills such as addressing both strengths and challenges of the supervisee, modeling and discussing ethical practice, and providing support and encouragement in the learning context.

  - Understanding scope of practice: Supervisors must be sure they meet the qualifications to become a supervisor and have a clear understanding of the skills and knowledge that the supervisory relationship is designed to help the supervisee develop.

  - Communities of practice: Many social workers practice within the community in which they live and may have "insider" knowledge about community issues that may assist in building a therapeutic alliance, identifying appropriate referrals, or simply understanding clients' concerns. Being an insider may also result in dual or multiple relationships. Social work supervisors may address these issues by establishing parameters for the supervisory relationship, with attention to boundaries and self-monitoring.

  - Interdisciplinary Supervision: With the increasing focus on interdisciplinary practice, social workers may be supervised by a professional of a different discipline. Although this may be appropriate within the team or unit context, social workers should seek supervision from another social worker with regard to specific social work practices and issues. Similarly, a social worker providing supervision to a member of another discipline should refer that supervisee to a member of her or his own profession for practice-specific consultation.

  - Cultural awareness and cross-cultural supervision: Supervisors should be able to communicate information about diverse client groups to supervisees and help them to use appropriate methodological approaches, skills, and techniques that reflect their understanding of the role of culture in the helping process.

  - Dual supervision and conflict resolution: In circumstances in which a supervisee is being supervised simultaneously by more than one person, it is best practice to have a contractual agreement delineating the role of each supervisor, including parameters of the relationships, information sharing, priorities, and how conflicts will be resolved.

- Conduct of Supervision: To maintain objectivity in supervision, it is important to: negotiate a supervision contract with mutually agreeable goals, responsibilities, and time frames; provide regular feedback to supervisees on their progress toward these goals; establish a method for resolving communication and other problems in the supervision sessions so that they can be addressed; and identify feelings supervisees have about their clients that can interfere with or limit the process of professional services.

    - Confidentiality: Supervisors must ensure that all client information be kept private and confidential except when disclosure is mandated by law. Supervisees should inform clients during the initial interview that their personal information is being shared in a supervisory relationship.

    - Contracting for Supervision: Contracting for outside supervision can be problematic and may place a supervisor at risk. If the supervisee is paying for the services, he or she can dismiss the supervisor, especially if disagreements or conflicts arise. The supervisee can also blame the supervisor if there is failure in the licensing process. In addition, the supervisor may encounter case management conflicts between the supervisee and the agency. Development of a contractual agreement among the social worker, the supervisor, and the employing agency is essential in preventing problems in the supervisory relationship.

    - Leadership and Role Model: The actions and advice of the supervisor are keenly observed by supervisees, and consequently, influence much of the supervisee's thinking, behavior, and overall professional development.

    - Competency: Social work supervisors should be competent and participate in ongoing continuing education and certification programs in supervision. Supervisors should be aware of growth and development in social work practice and be able to implement evidence-based practice into the supervisory process. Supervisors should also be aware of their limitations and operate within the scope of their competence.

    - Supervisory Signing Off: Supervisors should submit reimbursement claims only for services that they performed. "Signing off" on services performed by a supervisee who is ineligible to seek reimbursement is fraudulent.

    - Self-Care: It is crucial for supervisors to pay attention to signs of job stress and address them with their supervisees and themselves. Supervisors

should provide resources to help supervisees demonstrating symptoms of job stress and make outside referrals as necessary.

- Legal and Regulatory Issues: Social work supervisors share responsibilities for the services provided to clients. Supervisors and supervisees should both have professional liability insurance.

    - Liability: Direct liability may be charged against a supervisor when inappropriate recommendations carried out by a supervisee are to a client's detriment. Direct liability can also be charged when a supervisor assigns duties to a supervisee who is inadequately prepared to perform them. Vicarious liability involves incorrect acts or omissions committed by the supervisee that can also be attributed to the supervisor. Supervisees can be held to the same standard of care and skill as that of their supervisors and are expected to abide by the statutes and regulations in their jurisdictions.

    - Regulations: The statutes and regulations for the qualifications of supervisors and licensing requirements for supervisees may vary by jurisdiction. An increasing number of jurisdictions are requesting supervision contracts and plans prior to the commencement of supervision. It is the responsibility of supervisors and supervisees to familiarize themselves with the specific requirements in their jurisdiction.

    - Documentation: Documentation is an important legal tool that verifies the provision of services. Supervisors should assist supervisees in learning how to properly document client services performed, and regularly review their documentation. Each supervisory session should be documented separately by the supervisor and the supervisee. Records should be safeguarded and kept confidential.

- Ethical Issues: Social work supervisors and supervisees may face ethical dilemmas when providing services to clients. To address those dilemmas, the supervisor and the supervisee should have a thorough knowledge of the code of ethics under which they practice. A supervisor should be aware of the differences between professional ethics, core values, and personal moral beliefs and help the supervisee to distinguish these elements when making practice decisions.

- Ethical Decision Making: Supervisors should discuss and model the process of identifying and exploring problems, looking at issues, values, principles, and regulations. Supervisors and their supervisees should explore what actions best achieve fairness, justice, and respect for others, make a decision about actions to be taken, and evaluate them after implementation. When a supervisee makes an ethical mistake, he or she, with the assistance of the supervisor, should try to ameliorate any damage and learn how to avoid that mistake in the future. If appropriate or required by the jurisdiction, the violation may have to be reported to the licensing board.

- Boundaries: Ethical issues related directly to supervision include the nature of the professional responsibility to the supervisee, appropriate boundaries, and responsibilities when dealing with incompetent or unethical behavior. If the supervisor recognizes a potential boundary issue with a supervisee, he or she should acknowledge it, assess how the boundary issue has affected supervision, and resolve the conflict. To avoid boundary problems and conflicts of interest with a supervisee, the ethical supervisor must accept his or her power differential in the relationship and be comfortable in using that authority to ensure accountability and protect clients.

- Self-disclosure: Supervisors should be discreet in sharing personal information and not allow it to become the focus of supervision. When personal information is disclosed, it should be brief and support the goals of supervision.

- Attending to Safety: Supervisors make supervisees aware of safety issues and train them how to respond to workplace conflict, respond to threats and harassment, protect property, and deal with assaults and their emotional aftermath.

- Alternative Practice: When a supervisee uses an alternative practice, the supervisor should have expertise of that practice and ensure that the supervisee has the prerequisite training and knowledge to perform the alternative practice.

- Technology: Supervisors should demonstrate competency in the use of technology for supervision purposes and keep abreast of emerging technologies.

Supervisors should be aware of the risks and benefits of using technology in social work practice and implement them in the learning process for supervisees. All applicable federal, provincial, and state laws should be adhered to, including privacy and security rules that may address patient rights, confidentiality, allowable disclosure, and documentation and include requirements regarding data protection, encryption, firewalls, and password protection.

- Distance Supervision: When using technology to provide distance supervision, one must be aware of standards of best practice for providing this tool and be knowledgeable of the statutes and regulations governing the provision of such services. Some jurisdictions allow electronic means for supervision; others may limit the amount of supervision that can be provided from a distance.

- Risk Management: Using technology in social work practice presents many risks. Supervisors should ensure a learning process that emphasizes a standard of care consistent with the NASW Code of Ethics, NASW and ASWB Standards for Technology in Social Work Practice, licensing laws, applicable organization policies and procedures, and regulations for businesses. Doing so ensures high-quality services; protects the supervisor, supervisee, and client; and safeguards against malpractice issues. (NASW, 2013)

American Counselors Association

Counselor supervisors, trainers, and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students in both face-to-face and electronic formats. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of counselors, students, and supervisees (ACA, 2014).

The American Counselors Association identifies the following areas of supervision in their code of ethics (ACA, 2014):

- Counselor Supervision and Client Welfare: A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with

supervisees to review the supervisees' work and help them become prepared to serve a range of diverse clients. Supervisors ensure supervisees communicate their qualifications to render services to their clients. Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship.

- Counselor Supervision Competence: Prior to offering supervision services, counselors are trained in supervision methods and techniques. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills. Supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship. When using technology in supervision, counselor supervisors are competent in the use of those technologies. Supervisors take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

- Supervisory Relationship: Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs. Sexual or romantic interactions or relationships with current supervisees are prohibited. Counseling supervisors do not condone or subject supervisees to sexual harassment. Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective (ie: friends and family members).

- Supervisor Responsibilities: Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. The issues unique to the use of distance supervision are to be included in the documentation as necessary. Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is

warranted, supervisors make appropriate referrals to possible alternative supervisors.

- Student and Supervisee Responsibilities: Students and supervisees have a responsibility to understand and follow the ACA Code of Ethics. Students and supervisees have the same obligation to clients as those required of professional counselors. Supervisees monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their supervisors and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Before providing counseling services, students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. Supervisors ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services.

- Counseling Supervision Evaluation, Remediation, and Endorsement: Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship. Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. Supervisors recommend dismissal from programs, counseling settings, and state or professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions. Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

American Association for Marriage and Family Therapy

The American Association for Marriage and Family Therapy (AAMFT) states that supervision is the process of evaluating, training, and providing oversight to trainees using relational or systemic approaches for the purpose of helping them attain systemic clinical skills. Supervision is provided to an MFT or MFT trainee through live observation, face-to-face contact, or visual/audio technology-assisted means as allowed by AAMFT. When a supervisor candidate intends on receiving credit for supervisory experience toward the Approved Supervisor designation, he or she must be actively involved in the supervision; simply observing other supervision, although valuable, does not qualify toward requirements. Supervisors, supervisor mentors, and supervisor candidates must ensure that supervision using technology complies with the AAMFT Code of Ethics and applicable laws for ensuring privacy and security of confidential information (AAMFT, 2021).

The AAMFT Advanced Supervisors handbook lists the following guidelines for MFT supervisors (AAMFT, 2021):

- Supervisors must have access to raw data, which includes audio, video, live observation, or case notes for supervision and monitoring purposes. The supervisor is responsible for determining the amount of raw data required for supervision and the means for accessing it. Ideally, supervision includes at least 20% based on raw data, rather than the therapist's report. Live supervision must include case planning and discussion that occurs outside of live sessions.

- Ideally, supervision of trainees is face-to-face with supervisors and trainees in physical proximity (i.e., same room, behind mirror). Technology-assisted supervision must follow the AAMFT Code of Ethics and applicable laws and regulations. Technology-assisted supervision must be HIPAA compliant, confidential, reliable, and secure, and must be conducted via real-time visual and audio communication. Supervisors are charged with determining appropriate means for establishing viable working relationships and for safe supervision and safe therapy. Email discussion is not considered supervision and should be limited to non-clinical information such as appointment setting, and taking care to comply with confidentiality requirements. Telephone-only consultation should be limited to crises.

- Supervisors should recognize their legal responsibilities for cases seen by supervisees. A contract should be developed for the supervision that delineates

fees, hours, time and place of meetings, case responsibility, caseload review, handling of suicide threats, other dangerous clinical situations, and so forth. The contract should also specify who the supervisor consults with when she or he needs guidance. These contracts should be signed by the supervisor, the therapist, and any entities (e.g., clinic/worksite/training program) involved in the therapist's training.

- Supervisors ensure that their trainees represent themselves appropriately to clients and any entities involved in the therapy or training of the therapist. This includes advertising. Clients must be informed of the existence of supervisors and mentors, and the limits of confidentiality related to supervision and mentoring.

- Trainees must have access to their supervisors. The learning process should be sustained and intense. Supervision appointments ordinarily last at least one hour and are customarily scheduled once a week (three times weekly is ordinarily the maximum and once every other week the minimum) and continue until AAMFT membership or licensing is obtained.

- Progress of MFTs/trainees should be periodically reviewed according to pre-determined supervisory goals, and evaluations should be shared and discussed with trainees. Supervisors are responsible for an initial screening to evaluate the MFT's/trainee's readiness for clinical practice under supervision. At any time during training, should a supervisor develop significant concerns about the abilities, philosophical beliefs, or practices of an MFT/trainee, the concerns must be shared with the MFT/trainee and documented in writing as early as possible. Supervisors serve as gatekeepers for the profession and must have procedures available for remediation or counseling trainees out of the field, including referral to other supervisors.

- Supervision of current or former family members or any other person where the nature of the relationship prevents or makes difficult the establishment of a professional relationship is unacceptable.

Models of Clinical Supervision

All too often the model that a clinical supervisor employs is somewhat of an afterthought or not considered at all. When considering the functions and duties of a clinical supervisor, the role seems self-explanatory. However, the model utilized in

clinical supervision is very important as it has implications on the "fit" between supervisor and supervisee (Bohall & Bautista, 2017).

Effective supervisors have a clearly articulated model of supervision; they know where they are going with the supervisee and what they need to do to get there. An adequate model of supervision explains the following elements (Corey et al, 2021):

- The process through which learning and development occur in individuals

- The role of individual and multicultural differences in supervision

- The goals of supervision

- The role of the supervisor

- The supervisor's style

- The role of evaluation in supervision

- Intervention strategies the supervisor will use to assist the supervisee in accomplishing the goals of supervision.

Developmental Models

In the developmental model of supervision, the onus is on individualized supervision based on the developmental needs of the supervisee. In this model of supervision, the goal is to help supervisees progress to the next level by accurately identifying their current level and intervening appropriately (Bohall & Bautista, 2017). Developmental Models are based on stages of growth defined by specific characteristics and skills.

Integrative Development Model: Students present with varying levels of personal and professional development. Therefore, their supervision must be individualized and tailored to their unique skill sets. Supervisees also develop along a continuum and they do not pass cleanly through all three levels. A supervisee, for example, may be highly skilled in individual therapy, yet be a novice when it comes to leading group therapy. When the integrated developmental model (IDM) was created, the developmental stages of practitioners who were in the supervisory process were identified through a classification system. This classification is very helpful in supervision as it not only identifies the supervisee level of development but also helps to determine which supervisor techniques can best serve to aid in the developmental process of the supervisee. The IDM is separated into three levels; each level provides supervisee

characteristics in relation to motivation, autonomy, and awareness. In each of these levels of the IDM, supervisor strategies are recommended (Bohall & Bautista, 2017).

In level 1, supervisees are entry-level therapists who are likely to have higher levels of motivation and are focused on the acquisition of skills, are more dependent on the supervisor, have minimal self-awareness, have difficulty conceptualizing, and have an underdeveloped understanding of ethical standards. For supervisees in this level, supervisors should be more suggestive in their recommendations of approaches, increase structure and support, and utilize role-playing, observation, and group supervision, while also identifying strengths and weaknesses.

The level 2 supervisees have an increased understanding of the psychotherapeutic process; therefore, confusion and frustration are likely to arise due to the complex nature of these relationships. Also, ethics are better understood, the supervisee may challenge authority more, there is an increased focus on the client, and the supervisee functions more independently. It is recommended that supervisors continue to be supportive, with less suggestions for practice, and that they decrease structure. Supervision focuses more on process issues, examining how the supervisee's own personal reactions and issues affect his or her functioning as a therapist.

In level 3, the focus is on the client, the process, and the self; supervisees are better able to integrate their thoughts into their approach and know when to seek consultation, and although doubts remain, they are not debilitating. For supervision at this level, it is more supervisee directed, and the focus shifts from integrating personal and professional areas to career decisions.

We can also apply the integrative developmental model to stages that supervisors progress through as they gain confidence and competency as a supervisor. These stages are as follows (Bohall & Bautista, 2017):

In the first level, the supervisor experiences anxiety about the supervisory role, may be overly focused on following procedures correctly, and is inexperienced in the completion of supervisory functions. Furthermore, in order to compensate for naiveté, the supervisor may shift focus from being considered competent in many areas to being an "expert" in order to establish credibility when combating their outward inexperience in the supervisory role. Lastly, when in supervision, the level 1 supervisor may struggle with providing direct feedback. The experiences of the supervisor at this level can somewhat be generalized to every profession where an element of supervision or management is involved. As individuals acquire new responsibilities, they may

exaggerate or overemphasize their competency to establish credibility, primarily focus on procedure to support this overemphasis, and struggle with giving direct feedback.

Level 2 supervisors tend to view supervision as complex and multidimensional and exhibit confusion and conflict. The supervisor in this level may become overly focused on the supervisee's deficits and perceived resistance and may resort to a therapist role with the supervisee. Some of the thoughts and actions that occur at this level are understandable due to the natural progression of supervision. Since the supervisee is bringing more sophisticated issues to supervision (competency level, ethical dilemmas, documentation abilities), the supervisor is likely to see this as complex. Furthermore, level 2 supervisors may be more comfortable with their skills as psychotherapists than as supervisors; this makes it easier for the supervisor to revert back into a therapeutic role with their supervisee.

Lastly, level 3 supervisors are able to provide honest self-evaluations of their strengths and weaknesses in supervision, are motivated to support the supervisees, are comfortable providing thorough feedback, and are able to provide an objective evaluation of the supervisees' progress. The developmental goal of a supervisor is to reach the third stage, not only for the supervisor's professional development but for the supervisee's continued development as well. With this being said, a key component of the supervisor-supervisee relationship is communication and feedback.

The Integrated Development Model is a well-conceived developmental model of supervision. It is useful for supervisors to understand the developmental stages of the supervisee and the corresponding skills and approaches for the supervisor. The IDM allows for a wide range of supervision methods and techniques to be employed to help the supervisee move through the stages of becoming a competent clinician (Corey et al., 2021).

Case Study

Aaron and Sandra are students in a master's-level counseling program, and both are beginning their internship training at a community mental health center. Aaron is new to the counseling profession, whereas Sandra has considerable course work in marriage and family counseling and has worked in community mental health settings for many years. They have both been assigned to the family treatment unit.

Dr. Raman is supervising both students at the center, and he performs an initial assessment of the current level of clinical competence of each trainee. He determines

that Sandra is very knowledgeable and skilled in her work with families, whereas Aaron is a novice in his clinical experience with this population. Within a matter of weeks, Dr. Raman is primarily using the case consultation method in his supervision of Sandra. Together they brainstorm various approaches and discuss the research supporting these approaches. Dr. Raman asks, "How can we learn together about the newest methods in family work?" Both he and Sandra read journal articles on a variety of topics, and supervision sessions are used to discuss what they have learned.

In supervising Aaron, Dr. Raman takes a different approach. He has Aaron observe him conducting family therapy sessions, and discusses with Aaron the methods he is using and why they are appropriate in working with the family. He welcomes Aaron's observations and encourages him to ask questions throughout the process. After some time, Dr. Raman has Aaron participate as a co-therapist with him where he can directly observe Aaron in his clinical work. Over the course of the training, he will use direct observation and video recording as he gives Aaron more autonomy in working with families. With Sandra, Dr. Raman's role is more of a coach and consultant, whereas with Aaron, he is a model and a teacher of clinical methods. Dr. Raman chose a supervision approach based on the competence level of each supervisee (Corey et al., 2021).

Psychotherapy-Based Models

Psychotherapy-based models use the concepts developed for psychotherapy and apply them to the supervision setting. That which is useful in bringing about change with clients is also likely to be helpful in bringing about change with supervisees. The psychotherapy-based model of clinical supervision aligns with a particular theoretical approach and follows the framework of the theory that is utilized by both supervisor and supervisee.

Cognitive-Behavioral Model Supervision consists of teaching cognitive-behavioral techniques and correcting misconceptions about this approach with clients. 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 the supervisee's cognitive picture of his or her skills affects his or her ability as a therapist. By focusing on this, the supervisee also learns how to apply these cognitive-behavioral methods with clients (Corey et al., 2021).

Person-Centered Model In the person-centered approach to supervision, the supervisor assumes that the supervisee has immense resources for both personal and professional

development. The supervisor is not viewed as the expert who does all the teaching; rather, the supervisee assumes an active role in this process. Learning that occurs in the supervisory process results from a collaborative venture between supervisor and supervisee. Development of a trusting and facilitative relationship between supervisor and supervisee—characterized by the supervisor's empathy, warmth, and genuineness— provides an atmosphere in which the supervisee can grow and develop (Corey et al., 2021).

Psychodynamic Model is explicated into three categories: patient-centered, supervisee-centered, and supervisory-matrix-centered. In patient-centered psychodynamic clinical supervision, the focus is on the supervisee understanding the patient's behaviors. In supervisee-centered psychodynamic clinical supervision, the focus shifts to the supervisee, where the supervisor helps explore supervisee's anxieties, learning struggles, and resistances. Lastly, supervisory-matrix-centered psychodynamic clinical supervision includes patient and supervisee-centered supervision components with an added focus on the relationship between the supervisor and supervisee (Bohall & Bautista, 2017). Emphasis is placed on the dynamics of supervisees, such as resistance, their way of reacting to clients, and the client's reactions (transference) to the therapist. In psychodynamic approaches, transference and countertransference are viewed as central to the therapy process. With this model of supervision, a great deal of emphasis is given to understanding how client-counselor reactions influence the course of therapy (Corey et al., 2021).

Competency Based Supervision

In competency-based clinical supervision, the focus is on the skills and needs of the supervisee; once identified, mutual SMART goals are implemented. SMART goals are important as they help shape the progress of the supervisee's clinical growth. Demonstrations, modeling, and role-playing are prominent techniques in this model of supervision. As the title suggests, competency-based supervision is focused on clinical competencies; therefore, the ability to perform clinical duties is measured through goal completion (Bohall & Bautista, 2017).

Integrative Models

In the integrated model of supervision, supervisors utilize more than one theory or technique in clinical supervision. This model mirrors the "integrative" theoretical

orientation that many psychotherapists today employ. Essentially, this integration occurs when the psychotherapist utilizes different techniques or interventions from different theoretical orientations with their clients. For example, a supervisor may utilize supervisee-centered psychodynamic supervision by examining supervisee's anxieties with a certain population and then set mutually agreed upon SMART goals to address the anxiety. This would be a combination of psychodynamic and competency-based supervision; therefore, this type of supervision is considered to be integrated (Bohall & Bautista, 2017).

An integrative approach based on various techniques offers more flexibility than does a single approach, because interventions can be combined in a way that uniquely fits the supervisor's beliefs and values about change, the therapeutic process, and the client's needs. Because no one theory contains all the truth, and because no single set of counseling techniques is always effective in working with diverse client populations, integrative approaches hold promise for both counseling practice and the practice of supervision. Some practitioners are critical of an inconsistent eclectic approach that is reduced to a random borrowing of ideas and techniques. At its worst, eclecticism can be an excuse for practice that is not well thought out—a practice that lacks a systematic rationale for what supervisors actually do in their work. Regardless of the approach chosen, it is essential to identify the supervisor's key beliefs underlying the practice of supervision. Supervisors' philosophical assumptions are important because they influence which "reality" is perceived, and they direct attention to the variables that are "set" in carrying out functions as a supervisor (Corey et al, 2021).

Developing your Model/Philosophy of Supervision

In most of the single theory models, supervisors accept an underlying philosophy and incorporate key concepts and specific methods of supervision. If you adopt a primary model, you will need to adapt this theory to your particular supervisory style. If you are interested in using an integrative model of supervision, the task is more complex, for you need to draw from several approaches and integrate these perspectives with the person you are.

Steps toward developing your philosophy of supervision may include (Corey et al., 2021):

- Reflect on the meaning of your own experiences when you were being supervised. What was especially helpful for you? What model of supervision enabled 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 each of them with respect to designing your own model of supervision?

- 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 to provide ideas on how to create, implement, and evaluate techniques. As you attend workshops, be open to ideas that seem to have particular meaning to you and that 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 think about alternative approaches you could take with supervisees. Be open to borrowing techniques from various theories, yet do so in a systematic way. Think about your rationale for the manner in which you carry out your supervisory role and functions with supervisees.

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

Assessment & Evaluation

It is essential to have an evaluation process that is followed consistently and to inform all supervisees of this process as they begin supervision. Remember that there is a direct relationship between the constructs of competence, fairness, and due process. Furthermore, the use of a professional disclosure statement is strongly encouraged to inform supervisees of how they will be evaluated, what standard evaluation will take place, how and when feedback will be provided, how information will be shared, and how often supervision will occur and in what manner (individual and/or group).

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 allowing appropriate time and attention for remediation prior to a negative summative evaluation is the essence of due process (Corey et al., 2021).

All evaluations have several common elements. The first element is a formal agreement between the supervisor and the supervisee regarding expectations for the outcome of the evaluative process. At the beginning of each supervisory relationship, the supervisor, in collaboration with the supervisee, should prepare written, measurable goals and specific guidelines to evaluate the supervisee's performance. In addition, the evaluation should include a time frame for goal attainment and a systematic procedure for disengaging from supervision once the goal has been reached. Tools used to measure supervision goals can be a combination of various pre-determined criteria including case studies, progress notes, conversations, the successful implementation of treatment plans, and client outcomes. To enhance learning and increase the effectiveness of supervision, a systematic procedure for ongoing supervisory feedback is necessary. Feedback during the supervisory process is planned and continuous and in written and verbal form. Planned supervisory feedback allows both the supervisor and the supervisee to make modifications, if needed, to improve professional practice and skill development. Continuous feedback also helps to determine the impact and effectiveness of the received supervision. When using an evaluation as a learning process, clinical and administrative errors can be expected and do occur but should not be addressed in a punitive manner. The final stage of an evaluative process should include a discussion of future challenges that the supervisee may encounter and the resources that the supervisee can use to resolve those challenges (NASW, 2013).

The goals of an evaluation process are to improve the delivery of services to clients, maintain ethical and competent clinical practice, and protect the public. Structuring an evaluation process focused on the supervisory learning experience and the identification of future learning needs is an important part of the supervisory experience. Supervisors have the responsibility of researching and selecting the best evaluative tool for supervision. For purposes of licensing and credentialing, a supervisory evaluation is an aid to public protection. The supervisor is the last gate to competent, independent clinical practice and one of the best resources regarding a supervisee's fitness to practice in the behavioral health field. The supervisor has the responsibility of identifying incompetent or unethical practices and taking appropriate steps to properly address the errors of the supervisee (NASW, 2013).

Feedback

The development of supervisee skill sets hinge on the ability of the supervisor to effectively guide, mentor, and provide appropriate feedback. However, when addressing a deficiency or corrective action, the supervisor must take great care to deliver the message in a way where the message can be received and corrective action taken. Generally, supervisor feedback can be explicated into two forms: destructive and constructive. The difference between the two forms of feedback is the manner in which it is delivered. The intention of destructive feedback is to shame; this shaming oftentimes deviates from the common goal. The end result of this feedback often results in no agreement being reached, strain in the supervisor-supervisee relationship, supervisee defensiveness, and a decrease in productivity (Bohall & Bautista, 2017).

Conversely, the intention of constructive feedback is to focus on improvement and working toward the common goal. When utilizing constructive feedback, the supervisor-supervisee alliance becomes strengthened, mutual goals can be developed, and the line of communication opens. With this being said, for overall workplace stability, constructive feedback is obviously recommended. One way to provide this type of feedback is the "sandwich method." In this method, constructive feedback is separated into three sequential components: a review of supervisee strengths or positive actions, outline of supervisee areas of improvement, and a reiteration of the strengths/positive actions and encouragement to address the areas of improvement. Opponents of this model will propose that it overemphasizes the positive actions or strengths and shields the actual feedback. This is a valid concern; however, the goal and focus of constructive feedback is for the supervisee to accept and initiate a change; therefore, the actions taken are very important. If the process is direct and doesn't outline strengths as well, the supervisee is likely to become de-motivated, the message can be received poorly, and the working alliance will be impacted (Bohall & Bautista, 2017).

The focus of the supervisor's assessment should be on behaviors that the supervisee can take action on; otherwise, the individual is left with hearing something that cannot be changed. If the feedback is on something where change isn't an option, it may be viewed as a scolding for a wrongdoing as opposed to an opportunity for growth (Bohall & Bautista, 2017).

See below for an example Bohall & Bautista, 2017 give for delivering feedback utilizing the sandwich method:

In a review of your notes, your clinical documentation is superb. I think you do a good job

capturing the session in verbal form. When reading your note, I am able to get a good sense of what happened during the session and verify your diagnosis based on the identified symptoms. However, I noticed your notes were not turned in on time. In the future, could you please ensure that all clinical documentation is submitted by the following day? This allows me the opportunity to review them so administrative staff can file them for you as soon as possible. What sometimes works for me is setting aside two blocks of time throughout the day in a quiet space to solely focus on documentation. I'm very impressed with your ability to complete the content of the notes to a very high level. I believe that if you set aside some time throughout the day to complete the notes, I can review them more timely and then filing can be expedited.

Gatekeeping

The gatekeeping function of supervision is important as clinical supervisors help determine the supervisees' competency to proceed in their graduate programs, internships, and ultimately licensure. Therefore, in order to provide an accurate determination, the supervisor must evaluate the supervisee's ongoing and conclusory competency. There are two types of supervisory evaluation: summative and formative. A summative evaluation is a more formal rating of the supervisee's job performance and essentially reports whether or not the supervisee is fit to practice, whereas a formative evaluation is an ongoing status report on the supervisee's progress. One way to evaluate is through direct observation of clinical sessions. This allows the supervisor the opportunity to assess the supervisee's ability to utilize different interventions, complete accurate and appropriate documentation, and develop rapport with clients. Another way to evaluate is to seek input from the supervisee's clients. This allows the supervisor to better understand the patient's experience under their supervisee. Before any evaluation occurs, the supervisor must communicate the methods for assessing supervisee performance and include these methods in the informed consent. When this information is reviewed early in the supervisor-supervisee relationship, it can dispel confusion and further clarify roles in the relationship (Bohall & Bautista, 2017).

Case Study

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 the various therapeutic approaches and can apply them adequately. Recently his confidence in his therapeutic abilities has led him to miss supervision sessions; his reasoning is 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. Nancy has an obligation to Matthew, the agency, and the clients to continue to address these concerns in supervision.

Cultural Competence

The United States is constantly undergoing major demographic changes. The demographic shift is projected 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, it has been less addressed in supervision training. However, professional organizations are aware of its importance. For example, according to NASW, supervisors must have specialized knowledge and understanding about the culture of the client population served by the supervisee, and supervisors should be able to communicate information about diverse client groups to supervisees and help them to use appropriate methodological approaches, skills, and techniques that reflect their understanding of the role of culture in the helping process (NASW, 2013).

Diversity in Supervision

Supervisors are charged with the responsibility of addressing cultural considerations in the supervisory relationship. Supervisors need to actively lead discussions of cultural identities because supervisees, particularly supervisees 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).

Not only is the supervisory relationship made safer by open discussions of cultural

differences, but open discussions also positively affect supervisee growth, both professionally and personally. When supervisors address differences, supervisees tend to self-disclose more often 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 - When supervising trainees from cultural backgrounds other than our own, additional supervisor competencies become important. These competencies include levels of awareness, knowledge, and skill in culturally congruent methods and styles of supervision, as well as the ability to recognize cultural differences in learning styles and the ability to adjust training modalities accordingly. As a supervisor, it is crucial that you understand the concerns of your supervisees and explore these concerns with them. Equally important is having the skills and the willingness to communicate your understanding in a way that avoids cultural misunderstandings.

- Include Multicultural Competencies in the Supervisory Agreement - As a supervisor, it is your responsibility to educate your supervisees about how you will work together in the supervisory relationship. The initial sessions of supervision should allow ample opportunity to explore your cultural similarities

and differences. We suggest that an important way to minimize misunderstandings is to clarify everyone's expectations early in the relationship. Discussion of the supervisory contract is the ideal forum in which to introduce the expectations and requirements regarding the acquisition of multicultural competencies. This is an appropriate time to set the stage for an open and safe discussion regarding cultural issues both within the supervisory relationship and when client cases are reviewed and processed. It is important to develop a relationship that is respectful and reciprocal. Encourage supervisees to bring their concerns to supervision sessions when questions arise regarding cultural perspectives.

- Assist Supervisees in Developing Cultural Self-Awareness - Explore your own cultural awareness as you teach supervisees to do the same. Personal exploration provides the opportunity to examine particular agendas and prejudices so these issues may be addressed. Learning to identify your 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 you as a supervisor to explore questions of bias and cultural perspectives for yourself and to provide the opportunity for your supervisees to do the same.

- Accept Your Limits as a Multicultural Supervisor - Therapists and supervisors are sometimes placed in positions requiring multicultural expertise outside their range of competence. It is not possible to be knowledgeable in all areas, and there will be times when it is appropriate and ethically responsible to seek consultation and possibly referral. If you find yourself in over your head and in need of supervision regarding multicultural issues in the supervisory relationship, seek help. If you are not willing to risk making mistakes, the chances are that you are restricting your opportunities for learning. Asking for assistance 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 his or her scope of competence; this serves as positive role modeling for supervisees as well.

- Model Cultural Sensitivity - As a supervisor, be aware of the impact that your attitudes, views, and practices have on your supervisees and, therefore, on each client that is 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. Remember that you must respect the uniqueness of the

individual as well as the cultural group membership at all times. 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 and 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 type of 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 for you as 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 gain an understanding of a client's symptoms within that client's socio-cultural 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 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. Kelly's reactions to Amalia could be perceived as being condescending, even though that was not likely her intent, and she appears to be responding with her own preconceived biases about the capabilities and experiences of this Puerto Rican young lady and her family. Kelly's supervisor would need to discuss these issues with Kelly and work with her on cultural competence and sensitivity. Specifically, this would be a great opportunity to enlighten Kelly about the importance of family and education in Puerto Rican culture, and to help Kelly acknowledge Amalia's feeling of homesickness and conflict about whether or not she should transfer to a university closer to her family.

Broaching

Discussion of cultural identities can strengthen the supervisory relationship in multiple ways, which has been linked to more effective counselor development and enhanced client outcomes. How, then, should supervisors lead discussions of cultural identities in the supervisory relationship? Broaching is an accessible method of acknowledging cultural differences that supervisors can use to address and examine the cultural factors in the intercultural supervisory relationship, the supervisee's counseling relationship, and the supervisee's development more broadly. Broaching is an ongoing behavior, attitude, and strategy that counselors use to address and examine the cultural factors impacting a client's life and/or presenting problem. Broaching is a strategy that reflects a consistent attitude of openness and authentic commitment to learning about others (Jones et al., 2019).

The supervisor can utilize broaching to acknowledge cultural factors between the

supervisee and supervisor, examine the impact of culture in the counseling relationship (between the supervisee and his/her/their client), and determine how cultural discussions can be a source of growth throughout supervision. Broaching is most effective when supervisors have a consistent attitude of openness and genuine commitment to learning about their supervisees and expanding their own self-awareness. Broaching is designed to begin a dialogue about how supervisee and supervisor identities impact the work in supervision. It is not a discussion of world events or a lesson about a certain cultural group per se, although both may be included at times. The focus is more narrowly on the work between the people in the relationship and the intersections of their identities that are most salient. The supervisor is tasked with inviting supervisee disclosure by explicitly acknowledging the relevance of culture, openly receiving what is said by the supervisee, and working through ideas and concerns during the supervision process (Jones et al., 2019).

Continuum of Broaching Styles

The continuum is developmental in nature and can aid in assessing one's level of readiness to broach, as follows ((Jones et al, 2019):

- Avoidant: The avoidant style would apply to supervisors who prefer to focus on general supervisory goals and concerns rather than culture-related topics. For example, a supervisor operating in this part of the continuum might work from a race-neutral perspective and would not initiate dialogue about cultural identities or the intersectionality of identities.

- Isolating: An isolating broaching approach would address cultural identities and concerns in a surface-level way. Supervisors who use an isolating approach may acknowledge a supervisee's comment about cultural considerations but redirect the discussion without addressing it in more detail.

- Continuing/Incongruent: The continuing/incongruent supervisor may be interested in broaching cultural identities but may be unsure of how to do so effectively. Sometimes anxiety or concern about saying things in the "right" way can interfere with execution in this part of the continuum.

- Integrated/Congruent: Integrated/congruent supervisors view broaching as much more than a technique, and it has become a consistent, ongoing part of their supervision. Supervisors who operate in this part of the continuum consider broaching an intrinsic part of their professional identity, and they reflect on how

culture influences the supervisee, the supervisory relationship, and the supervisee's counseling relationship with clients.

- Infusing: Supervisors who work from the infusing broaching style are committed to social justice and equality in a way that transcends their professional work and is evident in their daily life beyond supervision.

Broaching may seem like a daunting task, but any supervisor who is open, respectfully inquisitive, and committed to supporting supervisees can broach cultural identities effectively with training, practice, and support. It is important that supervisors work to build trust with supervisees and remember that broaching is an ongoing behavior. Broaching social and cultural identities in the supervisory relationship is an important strategy for providing effective clinical supervision. It aids in creating a stronger supervisory relationship that allows for open, genuine intercultural dialogue, and it aids in meeting the ethical duty of supervisors to address diversity and multiculturalism in the supervisory relationship. All supervisory relationships are intercultural in nature, and rich learning can occur when supervisors initiate dialogue about ways in which supervisees' identities impact their work (Jones et al, 2019).

Legal & Ethical Issues

Behavioral health supervisors are the profession's gatekeepers for ethical and legal issues. First, they are responsible for upholding the highest standards of ethical, legal, and moral practices and for serving as a model of practice to staff. Further, they should be aware of and respond to ethical concerns.

Providing ethical supervision is of the utmost importance to ensure patient safety and supervisee growth. Being trained in supervision, having established informed consent, having goals for supervision, and knowledge of current ethical codes are some requirements for ethical supervision. Oftentimes, senior or experienced practitioners are thrust into a supervisory role with minimal or no training; this represents an ethical issue as a superb practitioner may not necessarily be a good supervisor. Therefore, appropriate training in supervision is required to further ensure supervisee growth and client safety. Generally, informed consent includes the clarification of expectations, the identification and implementation of mutually agreed-upon goals, outlining potential difficulties that may arise, and reviewing any problem-solving processes in advance. A common ethical concern in the supervisor-supervisee dyad is that of multiple relationships. In terms of supervision, multiple relationships occur when a psychologist is

in a professional role (supervisor) with someone (supervisee) and at the same time is in another role with this person; if it can be reasonably expected to impair the psychologist's role, exploit the supervisee, or cause harm, it is unethical. Although generally not advised, multiple relationships do occur. Given the variety of roles that psychologists are involved in, dual relationships cannot be completely avoided; however, these situations can be managed judiciously and thoughtfully (Bohall & Bautista, 2017).

Legal Aspects of Clinical Supervision

Ethical and legal aspects of clinical practice and supervision are not synonymous. 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 code 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 allowed an individual to have confidential communications with a professional. It prevents the courts from requiring 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.

Legal issues that generally arise in the supervisory process include negligence and liability. Negligence in supervision is where the supervisor fails to complete the expected practice of supervision. There are three forms of liability that can arise in the supervisory process: direct liability, statutory liability, and vicarious liability. Direct liability is the action or a lack of action that is a dereliction from the responsibility to appropriately monitor a supervisee. Direct liability may include assigning a supervisee a duty when that individual does not exhibit competency and not appropriately evaluating the supervisee, among other instances. In vicarious liability, supervisors may also be held responsible for the actions of their supervisees. This type of liability can occur even if there is no supporting evidence of a supervisor's direct negligence or carelessness in the supervisory process. Given that supervisors are in a position of authority, supervisors may be vicariously liable for the conduct of their supervisees. Lastly, statutory liability is where the professional violates requirements set forth in administrative regulations or statutes in the practice of behavioral health. Examples of these statutes include state-specific mandated reporting requirements for child or elder abuse (Bohall & Bautista, 2017).

Telehealth Legal Considerations

Clinical supervisors should be familiar with the Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH). The (HITECH) was passed to widen the scope of privacy and security protection under HIPAA regarding the protection of confidential information that is transmitted via digital technology (Durham, T.G., 2017). Technology now provides the opportunity to complete clinical work and clinical supervision outside of traditional face-to-face interaction. Technology-based clinical supervision is being introduced as a means of allowing supervisors to engage in key elements of clinical supervision (such as direct observation, skill-building, and evaluation) while in a different location than the counselor. This creates many possibilities for innovative ways to provide clinical supervision; however, it also opens up a broad area of concern around the security and protection of confidential information. For instance, there is an increasing number of platforms available for interactive audiovisual technology (IAVT), but not all are HIPAA or HITECH compliant (Durham, T.G., 2017).

Supervisors utilizing technology to deliver supervisory services must ensure the transmission of the chosen platform is encrypted as a means of avoiding access by others to confidential information. Not all popular means of electronic meeting platforms are encrypted. Moreover, while some common videoconferencing platforms can be used for conversations between supervisors and supervisees, they are not appropriate for any transmission of protected information. If videoconferencing is used to share videos of client sessions or any confidential information via live supervision, a fully-vetted and encrypted HIPAA and HITECH-compliant platform must be used. Ethical principles such as informed consent, vicarious liability, multiple relationships and confidentiality all come into play when considering new technologies. This new era of online therapy and the use of electronic transmission in counseling and clinical supervision brings great potential for expanded and efficient services. However, we must be vigilant in following all ethical guidelines (Durham, T.G., 2017).

Case Study

A counselor you supervise has a client who has difficulty getting to the clinic for outpatient sessions every week due to transportation problems. Unbeknownst to you, the counselor has previously, on occasion, provided clinical sessions over the internet using one of the more commonly used free platforms for face-to-face communication. However, this particular platform is not secure and thus does not protect the

information shared during the conversations. Although the counselor was very proud of finding a new and creative way to conduct therapy, this was not discussed in supervision before these sessions occurred. Additionally, the counselor failed to ensure that the method used met all confidentiality regulations (Durham, T.G., 2017).

Dual Relationships and Boundary Issues

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

A multiple relationship occurs when a supervisor is simultaneously in a professional role and at least one more role (professional or nonprofessional) with the supervisee. The process of supervision 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 multiple relationship with a supervisee, it is good practice for supervisors to consider options, alternatives, and the potential impact of doing so on their objectivity and judgment. Although multiple roles and relationships cannot always be avoided, supervisors have the responsibility to manage them in ethical and appropriate ways. Ethically, supervisors need to clarify their roles and be aware of potential problems that can develop when boundaries become blurred, and they must be able to recognize boundary crossings and violations. Unless the nature of the supervisory relationship is clearly defined, both the supervisor and the supervisee may find themselves in a difficult situation at some point in their relationship. If the supervisor's objectivity becomes impaired, the supervisee will not be able to 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 warn 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).

Case Study

 A supervisee was assigned a case of someone known to him or her (not a close friend but an acquaintance). This was not brought to the supervisor's attention at the onset of the assignment; in fact, this did not become apparent until the supervisee had been seeing this person for several weeks (and had developed what appeared to be an effective clinical relationship). As it turns out, this client is a friend of the supervisee's spouse and there is a rare chance they could see each other at social events. The supervisee sees nothing out of the ordinary but felt it necessary to inform the supervisor since one of these encounters occurred during the last week (Druham, TG, 2017). It now becomes the responsibility of the supervisor to process this situation with the supervisee and to assess its appropriateness.

When reviewing the different types of supervision, ethical considerations, legal considerations, and developmental levels for the supervisor and supervisee, this more than supports the notion that supervision is a complex process. Given this complexity, the simple "graduation" from seasoned psychotherapist to supervisor is inappropriate and unethical unless competency is obtained (Bohall & Bautista, 2017).

Supervision Contract

The use of 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 should occur in the supervisory relationship. Be sure to clarify the distinction between a supervision contract and informed consent documents. The supervision contract is the larger document. It may, in fact, contain the informed consent between supervisors and supervisees as well as forms and guidelines needed for informed consent between supervisees and clients. We often speak of the supervisor–supervisee informed consent and the supervision contract synonymously because there is much overlap of information. Informed consent primarily outlines duties, training philosophy, expectations, and evaluation of the supervisee. The supervisee–client informed consent document outlines the boundaries of the counselor–client relationship, the training status of the supervisee, and confidentiality (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 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 follow 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 provide informed consent to clients

- Reporting procedures for legal, ethical, and emergency situations

- Confidentiality policy

- A statement of responsibility regarding multicultural issues

- Financial arrangements (if applicable)

A supervision contract serves as the foundation for establishing the supervisory relationship by specifying the roles, tasks, responsibilities of supervisee and supervisor and performance expectations of the supervisee. The contract includes a delineation of the following elements (APA, 2018):

- Content, method, and context of supervision— logistics, roles, and processes

- Highest duties of the supervisor: protection of the client(s) and gatekeeping for the profession

- Roles and expectations of the supervisee and the supervisor, and supervisee goals and tasks

- Criteria for successful completion and processes of evaluation with sample evaluation instruments and competency documents

- Processes and procedures when the supervisee does not meet performance criteria or reference to such if they exist in other documents

- Expectations for supervisee preparation for supervision sessions (e.g., video review, case notes, agenda preparation) and informing supervisor of clinical work and risk situations

- Limits of confidentiality of supervisee disclosures, behavior necessary to meet ethical and legal requirements for client/patient protection, and methods of communicating with training programs regarding supervisee performance

- Expectations for supervisee disclosures including personal factors and emotional reactivity (previously described, and worldviews)

- Legal and ethical parameters and compliance, such as informed consent, multiple relationships, limits of confidentiality, duty to protect and warn, and emergent situation procedures

- Processes for ethical problem-solving in the case of ethical dilemmas (e.g., boundaries, multiple relationships)

Since there are a number of items to address in the first supervisory session, it may be advantageous to schedule a double supervision session to ensure there is sufficient time to review everything and answer questions in the supervisory orientation. The checklist below offers a helpful agenda for the first supervisory session (Corey et al, 2021).

Supervision: First Session Checklist

___ 1. Build rapport.

___ 2. Review supervision contract.

___ 3. Inform supervisee of factors regarding supervisor that might influence 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 of them after reviewing them and having questions answered.

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 (previously discussed), 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 (SAMSHA, 2022).

Burnout & Supervision

Burnout in the workplace refers to the state of mental and physical exhaustion caused by one's professional life. Human service providers are particularly susceptible to burnout and it is therefore imperative that supervisors educate their supervisees about this issue as well as self-care. Burnout is a psychological syndrome that occurs in professionals who work with other people in challenging situations. It is characterized by emotional exhaustion; feeling overburdened and depleted of emotional and physical resources, depersonalization; a negative and cynical attitude toward people, and a diminished sense of personal accomplishment. It has been found to have a long list of negative personal and professional consequences including job dissatisfaction, low organizational

commitment, absenteeism, intention to leave the job, and turnover (O'Conner et al., 2018).

Burnout has negative impacts on the physical and mental well-being of the individual worker and the welfare and functioning of the team and organization in which the person works. In addition, it is associated with lower productivity and impaired quality of care provided.   Those working in the mental health field are especially vulnerable to burnout due to factors such as the stigma of the profession, demanding therapeutic relationships, high caseloads, threats of violence from clients, and client suicide. Interventions to prevent and reduce burnout should focus on the promotion of professional autonomy, manageable caseloads, the development of good team function, and the provision of quality clinical supervision (O'Conner et al., 2018).

Burnout happens gradually. The signs and symptoms can be subtle at first but become worse the longer they continue. Being aware that burnout can be physical, emotional, and behavioral will help identify the signs early on so that action can be taken to reduce stress and avoid a major breakdown.

Physical symptoms include:

- Feeling tired or drained

- Having difficulty sleeping

- Experiencing a change in appetite

- Dealing with headaches or muscle pain

- Frequent illnesses

Emotional symptoms include:

- Lacking motivation

- Experiencing feelings of self-doubt

- Failure or loneliness

- A cynical or negative outlook

- An overall feeling of dissatisfaction

Behavioral symptoms include:

- Social isolation

- Failure to fulfill responsibilities

- Procrastinating and taking longer to get things done

- Work-related anger outbursts

- Using food, drugs, or alcohol to cope

Supervisors should be assessing for burnout with their supervisees on a regular basis. Addressing burnout at early stages will help supervisees recover faster and learn their own warning signs and self-care routines. Supervisors should be watching for supervisees reporting exhaustion; this fatigue can present itself both mentally and physically. When supervisees make statements that their energy feels zapped, this could be a warning sign for burnout, and it should be discussed. Should supervisees report feelings of indifference or numbness, they may be experiencing depersonalization. This can also be the case if supervisees are becoming more cynical in their work or lacking the ability to communicate effectively with people. When supervisees begin to experience a reduction in personal accomplishment or performance the supervisor needs to intervene for the safety and well-being of the supervisee and client. This can manifest when supervisees feel their work is insufficient and they are incapable of performing their work duties. They may experience a loss of pleasure in work that was previously joyful, their creativity may wane, and it can become harder for them to concentrate (Sultana et al, 2020).

Interventions to combat burnout are both individual and systemic. Only focusing on what the supervisee can do to change or practice self-care may feel as if all of the blame is on that individual. However, there is likely a need for boundary setting that should be initiated by the supervisor and for changes at the organizational level. Potential strategies for addressing burnout may include the following (Sultana et al, 2020):

- Making healthcare providers aware of potential burnout: Burnout can be prevented if the providers are made aware of the risks and prepared for potential occupational stress. Such awareness can reduce the stigma linked to mental health conditions like burnout and help in developing resilience.

- Promoting positive mental health, mindfulness, and self-care practices: Positive mental health can prevent work-related stress and burnout. Several strategies include decreasing the workload, improving work schedules, promoting self-management, and initiating mindfulness-based stress reduction and mental

health promotion activities for reducing the risks of burnout.

- Ensuring the availability of mental health services to behavioral health professionals: Providing mental health services can be challenging but such opportunities should be explored. Potential strategies to improve access to mental health services may include involving mental health experts in multidisciplinary teams who may provide services or refer healthcare workers showing symptoms of burnout to appropriate resources. In addition, group-based counseling or peer support sessions may effectively address burnout and improve mental health.

- Leveraging digital technologies to prevent burnout: In recent years, digital interventions are increasingly being used to improve health services and outcomes. One approach can be the balanced use of electronic health records to coordinate work schedules, monitor healthy work patterns, and address the risks of overburdening healthcare providers. Counseling and interventions using digital platforms like mobile phones, apps, or internet-enabled devices can be an alternative option.

- Creating an enabling environment through organizational approaches: It is essential to improve organizational measures to create a lasting positive impact on the work culture and to address workplace stress. Potential strategies include improving workflow management, organizing services focusing on reducing workload, enhancing interoperability, arranging discussions and exchanging opinions, improving communication skills, provisions for adequate rest and exercise, organizing workshops on coping skills, and devising policies and practices for reducing burnout among the healthcare workforce.

Case Study

Karen is a marriage and family therapist who has worked at her current position at an outpatient community mental agency for four years. Initially, her caseload was 20 clients per week, but due to understaffing and her experience and knowledge, her caseload gradually increased 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 to make sure their needs are met. 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 or 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. Karen's supervisor brings up these observations in supervision in a caring and concerned manner and Karen 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 who could be transferred to a different colleague who would be a better fit, and a few who are not appropriate for the agency and need a different level of care. With the help and support of her supervisor, Karen is able to bring her caseload down to 24 clients. While Karen believes this is a manageable number and that she will be able to be effective, she and her supervisor agree to continue to monitor the situation.

Conclusion

Clinical supervision in a complex interaction that requires skill and care to be completed effectively. New supervisors are often thrust into their supervisory role with minimal to no training for the position. When reviewing the different types of supervision, ethical and legal issues related to supervision, and the different skill sets of a supervisor, simply promoting a seasoned psychologist or therapist to a supervisory position without appropriate training or experience can be problematic and unethical.

Clinical supervisors and supervisees need to be aware of the complexities of supervision and recognize the importance of effective supervision early in their professional careers. By understanding the responsibilities of clinical supervision, those who find themselves promoted to a management or supervisory position without appropriate preparation can advocate for themselves to receive the necessary training to become competent in their new duties.

Effective supervisors strive to learn new skills, new roles, and grow with each new supervisory interaction they have. They recognize the need for ongoing education to be competent and effective supervisors and they are not afraid to ask for help from more experienced supervisors when needed.

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Appendix A: Supervision Contract Tips

AAMFT Approved Supervision Designation: Standards Handbook, 2021

Supervision contracts are used to detail how, and under what conditions, clinical supervision will be provided. The contract represents the discussion and agreements between the Approved Supervisor and the person to be supervised/mentored. The following are some issues that should be considered in the development of a supervision contract, whether the contract will be for supervision mentoring or direct supervision of MFTs/trainees.

- Logistics - when and where will the supervision be conducted, length of supervision sessions, etc.

- Clarification of preferred therapy and supervision philosophies.

- Clarifications of supervisory relationships - describe roles and responsibilities.

- Roles of multiple supervisors - if more than one supervisor is working with the supervisee, how will cases be divided, under what conditions may the supervisors discuss the progress of the supervisee?

- Goals of the supervision - what does the supervisee want to learn or accomplish; will supervision hours count toward licensure, association membership, etc.?

- Methods of supervision - expectations about how case information will be presented (notes, videotape, etc.) to the supervisor.

- Evaluation procedures - when will formal evaluation discussions take place, will they be documented, and what is the evaluation criteria?

- Any issues, rules, or regulations are specific to the agency/institution in which the therapy and/or supervision will be conducted. (Ex: rules about videotaping, removing case notes from the premises, etc.)

- Reporting requirements and emergency procedures for high-risk or abusive clients.

- How the supervisee can reach the supervisor in cases of emergency.

- Adherence to ethical guidelines - what code(s) of ethics does the supervisee agrees to abide by. (Note: In the contract, the parties can agree to abide by a certain code even if they are not members of the organization that promulgated the code).

- Information that the trainee-supervisor relationship is confidential and its limits.

- Record keeping - how records of supervision will be kept, both session notes and the log of supervision.

- Notification of clients that the therapy is being supervised and by whom.

- Payment for supervision - amount, when payments are due.

- How disagreements between the supervisor and supervisee will be brought forth and resolved.

- When the supervisory relationship will end, and conditions under which the contract may be continued.

Appendix B: Sample Establishing Supervision Expectations

Clinical Supervision in the Helping Professions Corey et al., 2021

Introductions and Establishing Expectations About the Supervisory Experience

Supervisor

___ 1. Introduce yourself; discuss your counseling experience and your supervisory style.

___ 2. Describe your role as a supervisor (being a role model, mentor, monitoring client welfare, teaching therapeutic skills, providing regular verbal and written feedback and evaluation, and ensuring compliance with legal, ethical, and professional standards).

___ 3. Ask the supervisee about his or her learning style and developmental needs.

Supervisee

___ 1. Introduce yourself and describe your clinical experience and training.

___ 2. Briefly discuss the information you want to address during the supervisory meetings.

___ 3. Describe the therapeutic skills you want to enhance and the professional development opportunities you want to experience during the next three months.

List three therapeutic skills you would like to further develop.

1.
_____

2.

_____

3.

_____

List three specific counseling or professional development experiences you would like to have during the next three months. (Attending a conference, facilitating a group, presenting a paper)

1.

_____

2.

_____

3.

_____

Expectations of the Weekly Supervisory Meetings

The weekly supervisory meeting will take place face-to-face in a professional environment that ensures confidentiality. Decide the location, day, and time.

_____   _____   _____

Location   Day   Time

Supervisee

____ 1. Discuss your expectations about the learning process and interest in reviewing audiotapes, videotapes, and case notes.

Supervisor

____ 1. Describe the structure and content of the weekly supervisory meetings.

___ 2. Discuss your expectations regarding supervisee preparedness for supervisory meetings (audiotapes, videotapes, case notes).

Expectations Regarding Evaluation

Supervisee

___ 1. Discuss your interest in receiving weekly feedback in areas such as relationship building, counseling techniques, client conceptualization, and assessment.

Supervisor

___ 1. Discuss your style of providing verbal feedback and evaluation.

___ 2. Provide the supervisee with a copy of the formal evaluation you will use; discuss the evaluation tools and clarify specific items that need additional explanation.

___ 3. Discuss the benefit of self-evaluation; provide a copy of self-evaluation forms and clarify specific items that need additional explanation.

Expectation of the Supervisory Relationship

Supervisor and Supervisee

___ 1. Discuss your expectations of the supervisory relationship.

___ 2. Discuss how you will work toward establishing a positive and productive supervisory relationship. Also, discuss how you will address and resolve conflicts.

___ 3. The supervisory experience will increase the supervisee's awareness of feelings, thoughts, behavior, and aspects of self that are stimulated by the client. Discuss the role of the supervisor in assisting with this process.

___ 4. Share your thoughts with one another about the influence of race, ethnicity, gender, sexual orientation, religion, and class on the counseling and the supervision process.

Supervisee

___ 1. Describe how you would like to increase your awareness of personal cultural assumptions, constructs, and ability to work with clients from diverse cultures.

Supervisor

___ 1. When you are unavailable to provide weekly supervision, or are unable to address crisis situations, discuss an alternate supervisor who will be available.

Dual Relationships

Supervisor

___ 1. Discuss the nature of the supervisory relationship and the importance of not being involved in a dual relationship.

Expectations of the Supervisory Process

Supervisor

___ 1. Describe your theory of counseling and how it infl uences your counseling and supervision style.

___ 2. Discuss your theory or model of supervision.

Supervisee

___ 1. Discuss your learning style and your developmental needs.

___ 2. Discuss your current ideas about your theoretical orientation.

Additional Information or Concerns Not Previously Discussed

1.
_____

2.

_____

3.

_____

4.

_____

_____   _____

Supervisor's Signature   Date

_____   _____

Supervisee's Signature   Date

Appendix C: Sample Supervision Contract

AAMFT Approved Supervision Designation: Standards Handbook, 2021

We have decided to enter into a supervision experience together and we have gone over a number of issues in order to help us create an agreed-upon context for that experience. The purpose of this contract is to outline those issues and to serve as a resource for our work together.

<u>Therapist/Trainee</u>

Name

_____

Address

_____

_____

<u>Supervisor</u>

Name

_____

Address

_____

_____

Outline of Logistics

We have agreed to commit _____ (length of time or

number of contacts) to some form of supervision contact, beginning

_____ and continuing until _____. We

have decided to divide up this time in the following ways:

_____

_____

In the case of a client cancellation, we have decided

_____

_____

In case of an emergency, we have discussed the following procedure(s):

_____

_____

Note: If you think you, a client, or another individual is in imminent danger, first call the

police department and then follow the procedure above.

Clarification of the Supervision Relationship

My supervision style

_____

_____

_____

Confidentially

_____

_____

_____

Plan for providing feedback to one another

_____

_____

_____

Plan for handling stumbling blocks/disagreements/etc.

_____

_____

_____

Additional clarifications

_____

_____

_____

Identification of Goals

We have identified the following goals for our work together

_____

_____

_____

_____

_____

_____

_____   _____

Therapist Signature   Supervisor Signature

_____   _____

Date   Date

Appendix D: Sample Supervision Contract

Clinical supervision in the Helping Professions Corey et al., 2021

I, Dr. Rebecca T., as the supervisor, offer this agreement to you, Alex R., as the supervisee, and consent to the following conditions set forth for this supervisory relationship. Please read the agreement and sign your name if you fully understand and consent to the conditions.

Professional disclosure of supervisor: This includes but is not limited to the supervisor providing professional credentials, licensures, certifications, etc. Dr. T. is a clinical psychologist licensed in the state of Kentucky since 1994. She received her Ph.D. in clinical psychology from the University of Nebraska in 1992. Relevant coursework and experience:

- One graduate course and two 6-hour workshops in supervision

- Two graduate courses and an 8-hour workshop in ethical and legal issues in counseling

- Has been a practicing supervisor since 1994.

Supervision Model of Supervisor

I follow the developmental model of supervision in which I provide fairly intense supervision early in the relationship, including direct observation of therapy sessions, frequent homework assignments and role-playing, providing more guidance, etc. Then as you progress in skills, knowledge, and competency, you will be given more responsibility and the supervision will be less intense. This is not to imply you will ever work independently as we will always share 100% of the responsibility. It simply means that as you develop professionally, I will encourage you to exercise more judgment and confidence in your skills and decision-making abilities.

As the supervisor, I agree to the following:

- I will provide a minimum of one hour of individual supervision weekly for the patients you are providing services to as part of the requirements of the university practicum.

- I will adhere to APA's Ethical Principles of Psychologists and Code of Conduct (2002) and help you with the awareness of and application of the ethical principles and standards. As part of my ethical responsibilities, I will disclose any factors that might influence your consent to participate in a supervisory relationship with me.

- During supervisory sessions, I will focus on two primary areas: your personal development as a professional and the development of your clinical skills. As part of this concentration, I will help you with developing skills in the areas of case conceptualization, identifying a theoretical orientation, becoming more culturally sensitive, selecting and applying empirically supported techniques, and identifying processes, types of clients, or skills with which you may have difficulty.

- I will not allow you to accept a case that is outside the limits of my competence or too complicated for your level of skill. Therefore, I will observe your intake session of each prospective client, and you and I will discuss each case to determine if it is appropriate for your level of skill and my areas of competency.

- In addition to weekly informal feedback, I will evaluate your performance and provide you with written, formal feedback two times during the semester. The areas of the evaluation will include your professional development, clinical skills, and performance/behavior in supervision and with your peers in practicum. The semester will include a midterm and final evaluation. At that time, I will review the evaluation with you and ask that you sign it to indicate your receipt of the evaluation. You will receive a copy of the evaluation form so you will know from the outset what the criteria are for evaluation. Please be aware that the original evaluation will be entered into your student fi le and will be discussed with other members of the graduate faculty who participate in your training. Such practice is usual and customary for training programs in clinical psychology.

Also be aware that if you receive a negative evaluation from me, it can serve as a full or partial basis for your retention in or dismissal from the program. If such a situation should occur and depending on the reason(s) for the evaluation, then you may have the remainder of the semester to make improvements, you may have to repeat the practicum, or you may be dismissed from the program. If you disagree with the evaluation that you receive, then you may follow the appeals process described in the Student Review & Retention Policy located in your student handbook.

From you, the supervisee, I expect the following:

- You are to have knowledge of and adhere to the APA's Ethical Principles of Psychologists and Code of Conduct.

- You are to act in accord with the practicum policies and procedures.

- You are to be prompt and prepared for each of the supervisory sessions. Being prepared means you are to provide the case fi les with completed progress notes and forms for review (preferably prior to our session) and my signature and the videotape(s) for that week's session(s). It also means you are to have identified on the videotape any areas during the therapy session that are of particular concern to you and that you want to discuss.

- At the outset of treatment with each prospective client, you are to present him/her with the informed consent form, read it aloud, and explain each of the components verbally, specifically including the limits of confidentiality. This explanation is to include your status as a student-in-training and that you are being supervised by me. You are also to explain that as your supervisor I will often be observing the sessions behind the one way mirror and/or on the videotapes. This explanation should also include any other individuals who might observe your work, such as other graduate students or faculty members who will be observing your work as part of peer-observation and group supervision. Please provide the client with my name and university phone number. I want your videotape of this session and I want your progress notes to indicate what you told the potential client regarding the elements of informed consent, limits of confidentiality, and your status as a student-in-training. The notes should also reflect the response of the client that indicated his or her understanding.

- You are expected to maintain healthy boundaries with your clients. Sexual contact with your clients is ABSOLUTELY FORBIDDEN. However, it is not uncommon for clients or therapists to experience feelings of sexual attraction for one another; therefore, I must be informed of any sexual attraction between you and your client so that we may discuss the experience and the best manner with which to handle the situation if deemed necessary.

- Since you and I share 100% of the responsibility for your client's welfare, I expect you to immediately inform me of any problems. Such problems include but are not limited to suspected child, elder, or dependent abuse; domestic violence; report of danger to self or others; or use of any nontraditional treatment

methods.

_____   _____

Signature of Supervisee   Date

_____   _____

Signature of Supervisor   Date

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