

# Best Practices in Clinical Supervision

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# What is Clinical Supervision?

- “Supervision is a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical, and supportive” (Powell & Brodsky, 2004, p.11).

# Clinical Supervision

- Quality clinical supervision is founded on a positive supervisor-supervisee relationship that promotes client welfare and the professional development of the supervisee.
- You are a teacher, coach, consultant, mentor, evaluator, and administrator; you provide support, encouragement, and education to staff while addressing an array of psychological, interpersonal, physical, and spiritual issues of clients (TIP 52-Clinical Supervision, SAMHSA)

# Functions of a Clinical Supervisor

- **Teacher:** Assist in the development of counseling knowledge and skills by identifying learning needs, determining counselor strengths, promoting self-awareness, and transmitting knowledge for practical use and professional growth. (TIP 52-Clinical Supervision, SAMHSA)

# Functions of a Clinical Supervisor

- **Consultant:** Case consultation, monitoring performance, assessing counselors as well as gatekeeper for the agency. In some ways similar to a business consultant so to speak.

# Functions of a Clinical Supervisor

- **Coach:** Very similar to an athletic model where you are supportive, building morale while being constructive and challenging staff to produce their best effort and skills. Often a cheerleader for the troops while alleviating burn-out and mitigating clinical vs. administrative issues.

# Functions of a Clinical Supervisor

- **Mentor:** An experienced supervisor will mentor and teach the supervisee through role modeling, facilitating professional development and identity and trains the next generation of supervisors. (TIP 52- Clinical Supervision, SAMHSA)

# Principles of Clinical Supervision

Clinical Supervision is an essential part of all clinical programs:

Quality of Care

Continued professional Development

Clinical supervision is the primary means of determining the quality of care provided



# Principles of Clinical Supervision

- Clinical supervision enhances staff retention and morale
- Clinical supervision is a primary means of improving workforce retention and job satisfaction (Roche, Todd, & O'Connor, 2007)

# Principles of Clinical Supervision

- Every clinician, regardless of level of skill and experience, needs and has a right to clinical supervision. In addition, supervisors need and have a right to supervision of their supervision.
- The frequency and intensity of the oversight and training will depend on the role, skill level, and competence of the individual (TIP 52-Clinical Supervision, SAMHSA)

# Principles of Clinical Supervision

- Clinical Supervision needs the full support of agency administrators.
- Counselors should be in an environment where learning and professional development and opportunities are valued and provided for all staff.

# Principles of Clinical Supervision

- The supervisory relationship is the crucible in which ethical practice is developed and reinforced.
- The supervisor needs to model sound ethical and legal practice in the supervisory relationship
- This is where ethical practice is translated from a concept to a set of behaviors
- Developing a process of ethical decision making.

# Principles of Clinical Supervision

- Clinical supervision is a skill in and of itself that has to be developed.
- Program and client goals coming together.
- Having a knowledge base to complement a new set of skills.

# Principles of Clinical Supervision

- Clinical supervision in substance abuse treatment most often requires balancing administrative and clinical supervision.
- Often the supervisor may feel caught between two roles-They may complement while they at times conflict

# Principles of Clinical Supervision

- Culture and other contextual variables influence the supervision process: supervisors need to continually strive for cultural competence.
- This involves the counselor's response to clients and the program's response to the cultural needs of the diverse community it serves.

# Principles of Clinical Supervision

- Successful implementation of Evidence Based Practices.
- Supervisors ensure that evidence based practices are successfully integrated into ongoing programmatic activities by training, encouraging, and monitoring counselors.



# Continuum of Cultural Competence

- Cultural Destructiveness: Superiority of dominant culture and inferiority of other cultures; active discrimination.
- Cultural Incapacity: Separate but equal treatment; passive discrimination.
- Cultural Blindness: Sees all cultures and people as alike and equal; discrimination by ignoring culture.
- Cultural Openness (Sensitivity): Basic understanding and appreciation of importance of sociocultural factors in work with minority populations
- Cultural Competence: Capacity to work with more complex issues and cultural nuances.
- Cultural Proficiency: Highest capacity for work with minority populations; a commitment to excellence and proactive effort  
(Source: Cross, 1989)

# Principles of Clinical Supervision

- Supervisors have the responsibility to be gatekeepers for the profession.
- Responsible for maintaining professional standards, recognizing and addressing impairment, and safeguarding the welfare of clients.
- May be necessary to counsel some individuals out of the field because they are ill-suited to the profession.  
(TIP 52-Clinical Supervision, SAMHSA)

# Principles of Clinical Supervision

- Clinical Supervision should involve direct observation methods.
- One of the most effective ways of building skills, monitoring performance, and ensuring quality of care.

# Developing Counselors

Students in early stages (of skills development) typically require higher levels of support and encouragement than do advanced students who can absorb more abstract concepts (Spruill DA, & Benschhoff JM (2000))

# Developing Counselors

- Provide a Comprehensive Assessment
- Build a supportive and individualized supervisory alliance.
- A supervisory learning environment.
- Plan individual and group supervision activities, incorporating learning styles, cultures, etc.
- Encourage supervisees to examine their views regarding culture, race, values, religion, etc.

# Demonstrating Leadership

- If promoted from within: Focus on not being controlling or condescending.
- Take responsibilities for decisions made-Don't blame others for what you did and give credit to others when things succeed
- Always putting the well-being of supervisees above personal accomplishments
- Not being afraid to take appropriate risks that are in the interests of the organization, staff, and clients.
- Protecting and advocating for supervisees, defending them to senior administration, buffering from rapid changes
- Not playing favorites. Most important, not giving orders just to prove who's boss. If you have to prove who is boss, you are not!

# Developing Counselors

- Help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.
- Provide timely and specific feedback to supervisees.
- Create a professional development plan with supervisees-timeline, goals, etc.
- Implement direct supervisory activities

# Developing Counselors

- Help supervisees recognize, understand, and cope with unique problems of transference and counter-transference when working with clients.
- Acknowledge supervisee's development and celebrate accomplishments-Recognition
- Help them develop a personal wellness plan for stress management. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)



# Management and Leadership

Management: Tends to encompass what's happening right now; staffing, audits, complaints, budgets, etc.

Leadership: Where are we going and what do we need to get there??

# Goals of Management

- Motivate People
- Improve Problem Solving
- Promote creativity and innovation
- Enable supervisee to work independently
- Re-energize those who no longer feel challenged
- Stress a healthy work environment-support their job but Don't Do their job! (Jim Clark, Ph.D.)

# Training for Supervision

- Peake et al (2002) found that fewer than 20% of clinical supervisors had any formal training in the process.
- Supervisors cannot teach what they do not understand.
- Effective teaching is more than just familiarity with the subject matter. (Peake T, Nussnaum B. & Tyindell S (2002))

# Things a New Supervisor Should Know

- 1) The reason for supervision is to ensure quality of care.
- 2) Supervision is all about the relationship-a good alliance just like in counseling.
- 3) Culture and ethics influence all supervisory interactions.
- 4) Be human and have a sense of humor-  
Everyone make mistakes!!

# Things a New Supervisor Should Know

- 5) Rely first on direct observation of your counselors and give specific feedback.
- 6) Have a practice model of counseling and of supervision; have a sense of purpose-Counselors need to know what they are going to learn from you!
- 7) Make time to take care of yourself spiritually, emotionally, mentally, and physically.
- 8) You are in a position to advocate for the best interests of the supervisee, the client, and your **organization** (TIP 52-Clinical Supervision, SAMHSA)

# Critical Thinking

- Cognitive processes of conceptualizing, analyzing, applying information, synthesizing, and evaluating. Supervisors are expected to use critical thinking to make sound decisions and solve problems on a regular basis-Help supervisees develop critical thinking skills. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)

# Critical Thinking

- Analyze and evaluate agency issues and policies:  
Goal to improve agency and staff performance and service outcomes.
- Evaluate and select written and oral communication strategies
- Select, adapt, implement, and evaluate appropriate problem solving, decision making, and conflict resolution techniques. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)

# Critical Thinking

- Ask supervisees relevant and clarifying questions and listen critically for content and underlying issues in their self-disclosure
- Negotiate, communicate, and document the resolution of conflicts or disagreement and strategies for resolving performance problems.
- Help supervisees develop sound criteria for self-evaluation and clarify their beliefs, values, and biases. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)



# Some Resistance in the Beginning is normal

-“I’ve been doing this longer than you!!”

-“I’ve completed graduate training!”

-“Your not even in recovery”

-Recognize that this may happen with your supervisees and is often an expression of ambivalence about change and not a personality defect of the counselor

-“How are we going to resolve this-We’re in this together?”

# Promoted from Within

- Don't try to be something that you are not!
- Don't try to fake it.
- Acknowledge that it is new.
- Worst mistake is to try to take the reins too quickly and not considering the staff's reaction to your promotion!

# Skills of the Clinical Supervisor

- A body of knowledge      Teaching
- An attitudinal shift      Counseling
- Skills      Training
- A new identity      Mentoring

# Models of Supervision

- **Competency Based Models:**
- Focus on skills and learning needs of the supervisee.
- SMART: Specific, Measurable, Attainable, Realistic, Timely
- Key strategies include: Applying social learning principles-Role-playing and practice, using teaching, consulting, and counseling.

# Models of Supervision

- **Treatment-based Supervision Models:**
- Train to a particular theoretical approach to counseling
- MI, CBT, DBT, etc.
- Understanding of theory, incorporating approaches and techniques, emphasizes strengths.

# Models of Supervision

- **Developmental Models:**
- Counselors go through different stages of development.
- These stages are not always linear and can be affected by changes in assignment, setting, and population served (Stoltenberg & Delworth, 1987)

# Models of Supervision

- **Integrated Models:**
- Style of leadership combined with a model of treatment, dimensions of supervision.
- Skill and competency development
- Integrated models seek to incorporate EBPs into counseling and supervision.

# Office of Supervisor vs. Role of Supervisor

- The Office refers to the rights and authority that come with the position
- The Role refers to the influence the person has within the organization
- The effective supervisor will use both! (Jim Clark, Ph.D.)



# Office of Supervisor

- Position of Authority:
- Hiring/firing
- Disciplinary actions
- Responsible to customers
- Responsible to external organizations

# Role of Supervisor

- Where your skills and authority are respected and sought out.
- Holding the office doesn't guarantee you the role:
  - Obtaining the Office is an event.
  - Obtaining the Role is a process. (Jim Clark, Ph.D.)

# Skills Valued by Supervisee's

- Knowledge and Expertise
- Open-mindedness-Allows supervisee autonomy
- Encourages supervisee disclosure
- Disclosure of actions, feelings, attitudes, and conflicts.  
(Clinical Supervision: A Competency Based Approach: Falendar & Shafraske, APA).

# Skills Valued by Supervisee's

- Feedback:
- It should be timely, frequent, objective, clear, specific, credible, balanced, and reciprocal
- Feedback should be based on specific behavioral criteria that are within the control of the supervisee. (Heckman-Stone-2003, Trainee Preferences for Feedback and Evaluation in Clinical Supervision, *The Clinical Supervisor*, 22 (1), 21-33

# Skills Valued by Supervisee's

- Take what they learned in school and actually apply it to what they are doing now!!
- A combination of support and confrontation may yield the best results with beginning supervisees (Steward RJ & Neil, DM (2001) Counselor Education 7 Supervision, 41; 131-141.

# Rules of Supervision

- “Do not ask a supervisee to do something you’re not willing to do first”
- Leaders bear pain, they don’t inflict it”
- Take a risk by demonstrating your skills first before asking staff to do so.
- Inspire rather than command staff

# What Supervisee's Typically Don't Want

- A supervisor that is any of the following:
  - Inflexible/Intolerant
  - Insensitive to supervisee's needs
  - Ineffective teaching strategies
  - Unavailable
- Spends too much time on:
  - Administrative issues
  - On their own issues

(Jim Clark, Ph.D., 2011)

# Suggested Strategies

- Modeling: How do we reflect what we do?
- Environment: Is it respectful?
- Questioning: Ask discriminating questions-Why are you doing what you are doing?
- Themes: When meeting with clients, what are the patterns, issues, that come from their communication?

Deal, KH (2003) The Relationship Between Critical Thinking and Interpersonal Skills: The Clinical Supervisor, 22 (20 3-19)



# Ethical and Legal Issues

- You are the organization's gatekeeper for ethical and legal issues!
- Ethical decision making is a continuous, active process.
- Ethical standards are not a cookbook. They tell you what to do, not always how.
- Each situation is unique-It's important that all supervisee's learn to "think ethically" and make sound ethical and legal decisions
- The most complex ethical issues tend to arise in the context of two ethical behaviors that conflict.

# Ethical and Legal Issues

- Therapy is conducted by fallible beings-People make mistakes-hopefully minor ones!
- Sometimes the answer to ethical and legal questions are elusive. (TIP 52-Clinical Supervision, SAMHSA)

# Ethical and Legal Issues

- Direct vs. Vicarious Liability
- Direct liability of the supervisor might include dereliction of supervisory responsibility-”not making a reasonable effort to supervise”.
- In vicarious liability, a supervisor can be held liable for damages incurred as a result of negligence in the supervision process.....example??
- Supervisor liability increases when the counselor has been assigned too many cases, no direct observation, not available to supervise.

# Ethical And Legal Issues

- Dual Relationships and Boundary Issues:
- “The most common basis for legal action against counselors (20 % of claims) and the most frequently heard complaint by certification boards against counselors (35%) is some form of boundary violation or sexual impropriety.”  
(Falvey, 2002b)

# Dual Relationships

Between Supervisors and Supervisees and between Counselors and Clients-Providing therapy for a supervisee, developing an emotional relationship with a supervisee, becoming an AA sponsor for a former supervisee.

Help them look at the gray areas, potential boundary crossings, etc.

# Professional and Ethical Standards

- Know your Code of Ethics!!
- State and Federal statutes regarding duty to report, duty to warn, 42 Code of Federal Regulations, Part 2, HIPPA, etc.
- Follow due process guidelines when responding to grievances. Make sure supervisees understand the organization's employee grievance procedures.

# Professional and Ethical Standards

- Make sure supervisees understand Informed Consent, client's rights, client grievance procedures.
- Use and teach supervisees an ethical decision making model.
- Monitor their practice and ensure their ethical treatment of clients.
- Provide timely consultation/guidance in sticky situations!
- Ensure Supervisees maintain good, thorough documentation, especially in critical situations.

# Professional and Ethical Standards

- Intervene immediately and take action when a supervisee's job performance appears to present problems.
- Report supervisee's ethical violations to the appropriate professional organizations as required.
- Practice only within one's areas of clinical and supervisory competence (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)



# A Step-by-Step Model for Making Ethical Decisions

- Identify the Problem
- Apply a Code of Ethics
- Determine the Nature and Dimensions of the Dilemma
- Consider all Possible Options
- Decide on a Course of Action
- Implement the Course of Action
- Evaluate the Decision

# Counselor Evaluation

- We all like to be liked right???
- Counselors are not always comfortable asking for feedback.
- Supervisors may not like giving clear, concise, and accurate evaluations of staff.

# Counselor Evaluation

- **Formative Evaluation:** Ongoing status report of the counselor's skill development- "Are we addressing the skills or competencies you want and need to focus on?"
- **Summative Evaluation:** More formal rating of the counselor's overall job performance, fitness for the job, and job rating- "How does this counselor measure up?"
- The evaluation process inevitably brings up supervisee anxiety and defensiveness "I thought I was going to throw up on you!!"
- "The supervisee's confidence and efficacy are correlated with the quality and quantity of feedback the supervisor gives to the supervisee."  
(Bernard & Goodyear, 2004)

# Counselor Evaluation

- Direct observation of the counselor's work is the desired form of input for the supervisor.
- The least desired form of input is unannounced observation by supervisors followed by vague, indirect, or hurtful feedback (Powell & Brodsky, 2004)
- Clients are often the best assessors of the skills of the counselor-Supervisors should routinely seek input from clients!

# How to Address Personal Issues that Effect Job Performance

- Question- “How are their issues affecting job performance?”
- Clarify the boundaries of what constitutes acceptable job performance.
- Continually focus on approaches to improve job performance
- Develop a work plan for how the employee will take the necessary steps to improve.
- Help them examine how personal stressors might affect interactions with co-workers/clients.
- Explore how you and the agency can support them in confronting and resolving personal issues that are affecting job:  
Referral to EAP, taking personal/sick time

# Burnout and Compassion Fatigue

- Counselors need time to vent, reflect, listen, and recharge their batteries.
- We need to be the model for that.....nobody gets a prize for being crispy bacon!!
- Normalize their reaction to stress.
- Rest is good; self-care is important.
- Why are they in the field?, What do they want said about them as counselors?

# Avoiding Burnout

- Identify what is stressing them about the organization and learn how to address the situation.
- Assist staff in adopting lifestyle changes to increase emotional resilience.
- Help eliminate “what ifs” and negative self-talk.
- Teach and support generally positive work habits. (TIP 52-Clinical Supervision-SAMHSA)

# Questions, Comments, Concerns??

- Thank You!!
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