Mindful
Continuing Education

Clinical Supervision in Behavioral Health

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Introduction

Behavioral healthcare is an essential component of our medical system. In fact, Mental Health America Inc. (2020) states that 18.57% of adults in the United States in 2020 will experience a mental illness. 4.38% of adults will experience a serious mental illness in 2020 (Mental Health America Inc., 2020). As you can see, these statistics show the need for person-centered and intensive mental health services in the United States. Because of the prevalence of mental health disorders and struggles, it is necessary to have a provider pool of behavioral health professionals who are competent and ethically trained. Clinical supervision helps in this process.

Clinical supervision is a mandatory component of every licensed behavioral health professional's training. Upon completion of a schooling program, the professional will apply for a license that allows him/her to practice with the support of a clinical supervisor. Once the clinical supervision period has been completed, the professional can apply for a license that allows him/her to practice independently. The supervision period will look different depending on a person's license and state that he/she is licensed in. For example, a Psychiatric Nurse and a Social Worker who both live in Florida will likely have very different supervision programs to complete before they can practice as licensed professionals independently. Supervision ensures that the professional provides services in an appropriate, evidence-based, and ethical manner.

Because the nature of each professional supervision relationship and requirements will be different, this lesson will explore the requirements for a variety of different behavioral health positions. Generally speaking, however, supervision provides a responsibility to the general public because it ensures that the public is receiving services that are monitored for quality and effectiveness.

Clinical Supervision Functions and Roles

Generally speaking, a clinical supervisor for any behavioral health position will adhere to a role with four main functions. These are identified as the teacher, coach, mentor, and consultant (Aspirace, 2015). While this will look different for each position, and this will be explored, it is important to keep in mind these four functions. They are defined more deeply as:

1. ***Teacher:*** the teacher function helps the learner to develop his/her knowledge and skills through the process of identifying tools that help promote learning, identifying the learner's strengths and weaknesses, and helping the learner to become more self-aware.

2. ***Coach:*** the coach function helps the learner by building and promoting morale, modeling, cheerleading, promoting strengths, suggesting approaches, and helping the learner to avoid burnout.

3. ***Mentor:*** the mentor function facilitates the overall personal and professional development of the learner. Mentors promote the learner's identity and really focus on the next generation of professionals as a whole.

4. ***Consultant:*** the consultation function allows learners to staff their client cases, monitor the performance of their client's progress, and assess the application of theory in the learners' work.

A helpful clinical supervisor will understand the importance of each of these four functions and explain this to the professionals that he/she supervises. The supervision sessions should focus on all of the different functions within these different roles the supervisor will play so that there is an equal balance between the types of supervision being provided. For example, a helpful supervisor cannot provide just consultation and forget about the importance of mentorship and coaching and vice versa (Aspirace, 2015).

The following information is specific to the functions and roles of clinical supervisors in the various behavioral health positions.

Psychologist

The Association of State and Provincial Psychology Boards (2019) defines competence within the discipline of psychology as integrating the professional's knowledge, skills, attitudes, and values in a way that ensures the protection of the public. The role of the clinical supervisor within psychology is to ensure that the Licensed Psychology Associate is prepared and able to be given the authority to practice psychology independently upon completion of supervision.

The supervisor is required to meet the following skills and use them during supervision as identified by the ASPPB:

- The supervisor can deliver services in multiple ways and modalities to the learner
- They can develop a supervisory relationship and alliance
- They provide objective feedback and help develop learning plans with the associate
- They can teach the associate to engage in self-assessing and identifying ways to grow
- They can assess the development and learning level of the associate
- They work within a multicultural lens to supervision and psychology
- They elicit feedback from the associate(s)
- They set professional boundaries

- They understand when to seek consultation from other peers
- They can be flexible to meet the needs of the associate
- They can engage in scientific thinking and apply theory in practice

The role of the psychology clinical supervisor is as follows:

- Assume responsibility for the work done by the associate
- Ensure that the associates services are consistent with their education, the needs of the agency, and meet competency requirements
- Assist the associate in planning to meet the needs of the clients they are supporting
- Have a general knowledge of the clients the associate is supporting and ensure their welfare needs are being met
- Teach the associate how to respond to emergencies that his/her clients might present
- Ensure that the associate understands laws and regulations around practice and adheres to them
- Intervene as needed during any services that do not meet the health and safety needs of the clients supported by the associate
- Terminate the associates services as needed to protect clients from harm or the public from harm
- Adhere to reporting requirements to ethics boards as needed
- Ensure the associate understands theory, scientific evidence, and cultural factors in psychology that impact service delivery
- Be available as needed for emergency consultation or be able to arrange supervision with another professional in the event supervisor is not available
- Adhere to professional boundaries
- Engage in a way that does not interfere with services
- Maintain records regarding supervision provided and keep them for at least seven years after the supervision relationship ends (ASPPB, 2019)

Psychiatrist

Psychiatry has a clinical supervision requirement that tends to look different than other behavioral health professionals. Psychiatrists are responsible for the diagnosis, prevention, and treatment of psychiatric conditions, addiction

disorders, and emotional disorders (ACGME, 2019). They are required to provide clinical judgment that is consistent with research in the field. This is learned through education and applied learning during a residency period. Because psychiatrists attend medical school, they may have had a longer education and more intensive clinical supervision process. Psychiatrists are responsible for completing a 48-month residency in which they receive clinical supervision prior to becoming doctors who can independently practice.

Psychiatry residents are required to work with their attending physician who has been approved by the Accreditation Council for Graduate Medical Education. This attending physician is responsible for the services administered by the resident during residency.

The role of the attending physician is clinical supervision is as follows:

- Ultimate responsibility for the patients being served by the resident
- Monitoring of services being provided by resident
- Ensure that services being provided are safe and effective
- Ensure that the resident develops their skills, knowledge, and attitude in order to practice independently upon completion
- Be immediately available to resident on-site or by phone
- Offer a post-hoc review of care provided by the resident
- Provides direct and indirect supervision
- Delegating tasks to residents
- Educate residents on professional boundaries and ethics
- Ensure that the residents are taking care of their own health and wellbeing
- Teach residents to recognize the signs of fatigue and lack of sleep and address them as needed

Psychiatric Nurse

Registered Nurses (RN) who focus on mental health or psychiatric are required to complete rotations in nursing school in order to practice independently. More advanced nursing degrees, such as an Advanced Registered Nurse Practitioner (ARNP) can focus their entire degree in mental health, but generally speaking, RNs will complete a rotation in psychiatry at the end of their schooling if they have an interest in pursuing behavioral health upon graduation.

Professionals who finish rotations at the end of their school program will be able to test and become a Registered Nurse. Once they have their RN they can practice independently.

Clinical supervision will be provided during the rotation period at the end of the degree program by a nurse supervisor at the location of the rotation. For example, a student might have his/her rotation at a nursing home or inpatient psychiatric unit. There will be a nurse supervisor employed at that location who will provide supervision. It may or may not be the nurse manager.

The role of clinical supervision in psychiatric nursing is as follows:

- To ensure students are up to date with changes in the healthcare system during their learning (Essays UK, 2020)
- To meet professional expectations from the public
- To ensure the nurse is ready for providing healthcare services upon graduation
- To ensure the nurse can practice ethically, appropriately, and safely

The function of the nurse supervisor during clinical supervision is as follows:

- Mentor the learning nurse and introduce him/her to the profession
- Ensure the learning nurse meets the standards of care and effectiveness
- Ensure learning competencies are being met
- Work collaboratively to meet the needs of the learner
- Work with lecturer/teachers as identified by the curriculum and the national standards of nursing
- Provide psychosocial support to the learning nurse
- Provides constructive feedback

The requirements the nurse supervisor has during clinical supervision is as follows:

- Be prepared and on time to supervision sessions and ensure there are no interruptions
- Be reliable, respect contracts, and maintain confidentiality
- Avoid any dual roles
- Focus on quality professional practice that is sustainable
- Address challenges the learning nurse has

- Seek specialty assistance as needed
- Communicate concerns to the education organization as needed
- Attend professional updates and learning opportunities (Essays UK, 2020)

Marriage and Family Therapist

Marriage and Family Therapists (MFT) attend a graduate program specific to learning to provide therapy services to couples and families. Upon graduation and prior to independently practicing, MFT professionals are required to practice under the supervision of a licensed clinical supervisor as identified by the American Association of Marriage and Family Therapy (AAMFT, 2019).

MFT supervisors provide the following functions to the MFT supervisee:

- Assessing the learning needs of the supervisee regarding systems theory; family development; family issues; gender issues; cultural issues; intervention needs; human development; sexuality; and ethical responsibilities
- Developing a learning plan as identified by the above assessment
- Assessing progress and providing feedback on learning
- Communicating concerns to the supervisee as soon as they are identified regarding the delivery of services and any potential ethical concerns
- Developing a contract with the supervisee
- Offering caseload review and taking caseload responsibility of the supervisee
- Teaching the supervisee how to handle suicidal threats and self-harm issues
- Teaching the supervisee how to handle dangerous situations that are identified in the treatment process
- Providing legal responsibility for the supervisee
- Focusing work on couples and family therapy needs
- Adhering to boundaries and maintenance of professional relationship (AAMFT, 2019)

Social Worker

Social Workers who have completed a Master of Social Work degree program have the option to complete a license in clinical social work upon graduation. To meet this requirement they will have to complete a certain number of hours of direct client work and supervision before testing for their license. Different states require a different number of direct supervision hours. For example, in Oregon, a

Social Worker must complete 3500 total hours in social work, 2000 direct client hours, and 100 supervision hours that are all documented prior to applying for his/her license. They do this work with an associate clinical license.

Another social worker who is licensed and certified to provide supervision will offer clinical supervision to the associate. **The requirements for being a clinical supervisor for social workers include:**

- A license to practice social work in the state that supervision is provided (ASWB, 2019)
- Coursework for supervisors
- Completion of continuing education credits in supervision
- Three years post-licensure work in the field
- Approval by licensing board to supervise

The role of the clinical supervisor for social workers is as follows:

- Assess the associates' learning goals, experience, development, knowledge and help them identify a learning plan
- Provide supervision within the context of that plan and the requirements as identified by the National Association of Social Work
- Monitor the documentation and direct client work of the associate
- Perform evaluations of the associate's progress
- Address inappropriate behaviors and take corrective actions as needed
- Promote self-awareness, professional development and contributions of the associate
- Educate them in financial practices such as insurance reimbursement and fee setting as well as record-keeping
- Assess their cultural responsibility and provide education to ensure it is adequate
- Help the associate to manage his/her stress and wellbeing
- Teach socio-cultural sensitivity
- Monitor the use of technology that the associate uses for supervision
- Remain current with the social work knowledge base, laws, regulations, and professional practices
- Ensure the associate adheres to the ethical code of social workers (ASWB, 2019)

Substance Use Counselor

The last common professional in behavioral health to discuss for the purposes of this lesson is a substance use counselor. Substance use counselors, like other professionals mentioned, are required to complete clinical supervision upon graduation and before licensure in their field (Jones & Branco, 2020).

Clinical supervision for substance use counselors may look a bit different than other professions because many substance use counselors are also in recovery and may be providing peer support-type services. The main goals for clinical supervision in substance use services include promoting the professional development of the counselor, ensuring client welfare, ensuring evidence-based practices are used, ethical guidelines are adhered to, services are consistent, and that no harm is being done to the clients. There is also a great deal of focus on substance use services in reducing vicarious trauma that the professionals are exposed to. The clinical supervisor is responsible for supporting the new professional with all of these main goals (Jones & Branco, 2020).

Case Study: Katherine

Katherine is a 25-year-old recent graduate with a Marriage and Family Therapy degree. She recently began working in community mental health and prefers to work with families with young children. Katherine has just met her new clinical supervisor who will also act as her administrative supervisor to the organization. Katherine's supervisor's name is Theodore. He is a Licensed Marriage and Family Therapist (LMFT) who has been at the organization for over 20 years and who enjoys providing supervision.

During Katherine's first few weeks of her employment, she meets with Theodore weekly. During these sessions, he teaches her about the values and mission of the organization and about the kinds of modalities used at the organization in behavioral health. Upon completion of her onboarding and training, Katherine is prepared to begin seeing clients and she is excited to do so. Prior to seeing clients, she meets with Theodore and they identify that they are transitioning into a new stage in the supervisory relationship where they will be not just learning but analyzing progress and working toward achieving goals. Katherine identifies her goals as working with children who have separated parents and working with parents to accomplish strong and healthy co-parenting relationships. She wants to work on her de-escalation skills, her Cognitive Behavioral Therapy skills, and gain strong clinical note writing skills. Theodore validates this. Before he assigns her clients to work with, Theodore identifies his expectations and explains the supervisory process to Katherine. He asks her what she needs from him in order to feel supported and seen in their relationship. They discuss needs and goals and begin establishing a trusting relationship where she feels comfortable to staff her cases with him.

Later in her career, Katherine looks back on this supervisory experience as very positive.

Case Study: Joshua

Joshua is a 45-year-old substance use counselor. He has been working in substance use and community mental health for the last 15 years and he feels extremely confident in his work. He was recently hired at an inpatient treatment facility to work with youth who use substances and have had criminal records.

On Joshua's first day at his new job, he meets with his new supervisor. Joshua is already licensed but he still receives clinical supervision from his employer because it is an important part of the field. Joshua appears very confident during his first supervision session with his new supervisor, Susie. Susie has not worked in substance use treatment as long as Joshua has and he makes several comments about this in their first meeting.

Joshua tells Susie that he will complete all the new hire training because it's required but that he really just wants to get down to business providing treatment to the kids as soon as possible. He doesn't ask any questions about the organization or the policies that are in place.

Susie, as his new clinical supervisor, has a really difficult time connecting with Joshua in their supervisory relationship because he appears to feel as though he is an expert and he does not appear interested or invested in their supervision together.

Susie eventually seeks supervision from her manager for how to navigate this conflict in their supervisory relationship regarding Joshua's disinterest. Eventually, Joshua is terminated because of his noncompliance with supervision and the agency feeling as though he was not a good fit for their organization.

Principles of Clinical Supervision

As already identified there are many different positions that are held under the umbrella of behavioral health. Each position will adhere to different values and principles. However, generally, the principles in clinical supervision in behavioral health are similar (Aspirace, 2015). These have been identified by a panel of professionals as:

1. Clinical supervision is a necessary and essential component to learning and working in behavioral health
2. Clinical supervision helps to enhance the morale of an organization's staff and helps promote retention

3. All clinicians, regardless of position held and experience, need supervision. This is not limited just to the licensure and learning process. Even after a professional is licensed, he/she should seek ongoing supervision and support. Supervisors also have the right to clinical supervision
4. Agencies need to support supervision in order to best support clients and programs
5. The relationship between the supervisor and supervisee is crucial to promoting and adhering to ethical standards in behavioral health
6. The ability to provide clinical supervision to other professionals is a skill that should be learned and promoted. It does not inherently exist simply because of a person's title or experience
7. Clinical supervision requires the balance of both clinical and administrative supervision tasks and responsibilities
8. Culture should always be considered and applied during the supervision process
9. Supervisors must always strive to be culturally aware and competent
10. Supervisors must ensure that evidence-based services are being administered and applied
11. Clinical supervision must involve direct observation methods when possible

This panel also identified the importance of observing the following truths during the supervision process. The first is that the primary goal of supervision is to protect clients. This should always be at the forefront of the supervisor's thoughts and planning during supervision. Next, is that supervision is about the relationship that the supervisor and supervisee develop. The better the relationship, the more effective the supervision will be, as long as professional boundaries are adhered to. Culture will shape the supervision process and relationship and the supervisor needs to always consider this. Next, supervisors should have a sense of humor during the supervision process. They should remember that supervision can be anxiety-provoking for the supervisee. They might feel anxious or worried to do things right and fear doing them wrong. If the supervisor can be human and kind and have humor, this can help the experience. It's also important for supervisees to know that their supervisor makes mistakes and learns from them as well. Nobody is perfect during the supervision process. Next, it is important that the supervisor seeks specific, objective, and measurable data. This is the best way to determine the skills of the professional. It is also important to plan the way the supervisors will teach skills so that they can meet the specific learning needs of the individuals and ensure they are communicating evidence-based practices. Next, supervisors must understand their unique positions in supporting their agency, their supervisees, and the clients of their agency through supervision. This is an opportunity to develop the profession and field of behavioral health and it

should be respected. Finally, supervisors should understand that their health and wellness is equally as important as those around them and it should be nurtured (Aspirace, 2015).

The following information is specific to the principles of clinical supervisors in the various behavioral health positions.

Psychologist

The supervisor who oversees the services being delivered by the Licensed Psychology Associate is responsible for adhering to ethical principles during the clinical supervision period. The supervision process for psychologists is deeply integrated with the values of the profession. The first value identified by the ASPPB is appreciating that both the supervisor and the supervisee have responsibilities in the relationship and learning process (ASPPB, 2019). There should be a respect and sensitivity between the two people in the relationship and an understanding that the differences and diversity between them are not only acceptable but to be celebrated. The next value for supervision is understanding that supervision should be both supportive and challenging. The professional should be challenged to learn and synthesize more in this relationship as he/she spends more time in the supervision relationship. He/she should never feel as though supervision is easy. The relationship should empower the supervisee and promote his/her commitment to learning and ongoing development. The next value in supervision is the health of the supervisee. There should be a balance between the self-care and wellness of both the clients and the supervisee who offers psychology services. While they may have to balance the needs of the agency they work for and the clients they support, they have to adhere to meeting their own health and safety needs as well. The supervisor should be checking in on this progress to ensure that the health needs of the supervisee are being met. Finally, the supervision process understands that science and empirically-based supervision is a principle that cannot be compromised (ASPPB, 2019).

Psychiatrist

The principles of psychiatry clinical supervision are identified by the steps of supervision that the clinical supervisor will adhere to (Borders, 2018). These steps are identified below:

1. ***Initiating supervision:*** during this initial stage in supervision, the principle that is most noteworthy is that the clinical supervisor values the ability to establish a professional working relationship that is supportive to the resident. He/she creates an alliance based on the resident's preferred learning style.

2. ***Goal setting:*** during this stage the principle the supervisor adheres to is constructing goals that are realistic, measurable, and attainable for the learner. It addresses competence and promotes the delivery of effective

services while creating a therapeutic relationship with the patients they see. Psychiatry values ongoing meetings to address the progress that residents are making during their supervision period.

3. ***Giving feedback:*** this principle in supervision requires that the supervisor gives regular, ongoing, timely, concrete, descriptive, and directive feedback to the learner. It also values both indirect and direct supervision and feedback from patients during sessions.

4. ***Conducting supervision:*** psychiatry values multiple models of supervision including individual, group, and triadic supervision models. Regardless of the model, it values professional supervision with face to face contact that is based on learning plans and goals identified within the supervision relationship.

5. ***Supervisory relationship:*** Psychiatry values the relationship that is developed between the supervisor and supervisee greatly because data shows that this relationship supports the best practice of the learner when it is established well. There must be trust and an environment that is safe and mutually supportive or the learner will not glean as much from the experience. Supervisors must avoid transference and any dual relationships at all costs.

6. ***Diversity:*** Supervisors must recognize the privilege they hold in the supervisory relationship and adhere to diversity and cultural factors. They must engage in their own ongoing development where culture and sensitivity are considered.

7. ***Ethics:*** Supervisors must adhere to the ethics identified within psychiatry as a profession. This is especially important where informed consent and confidentiality are concerned. Clients needs and welfare must be put before anything else.

8. ***Documentation:*** Supervisors must value the documentation process to show evidence of the learning that is taking place during supervision. This helps with accountability and protects the clients the supervisee is supporting.

9. ***Preparation:*** Clinical supervision in psychiatry values that all supervisors are well prepared for their supervision sessions. It asks that they always use evidence-based and up-to-date interventions with learners and teach it to them (Borders, 2018).

Psychiatric Nurse

There are principles in psychiatric nursing just like any other profession. Because nurses provide hands-on medical services they might be different than those of counselors or therapists.

The principles of clinical supervision in nursing is identified as the following:

- Supervision should encourage the nurse to be self-expressive (Mamta, 2016)

- It should promote the capabilities of the nurse
- It should initiate more responsibility on behalf of the nurse
- It will be an opportunity to cooperate with others and therefore create a team atmosphere
- It will promote interpersonal relationship skills
- It will allow the nurse to have autonomy
- Supervisors will give instructions based on policies identified
- It will meet the needs of the nurses individually
- The supervisor will always act as a leader by providing encouragement and help
- The supervisor should operate in a democratic way
- The supervisor should plan for supervision and be organized
- The supervisor will respect the nurse's personality and individual identity
- The supervisor will focus their attention on teaching, helping, linking, and evaluation

The best psychiatric nurses will work within the principles above and have the following traits according to Mamta (2016): thoroughness, fairness, tactfulness, and enthusiasm. They will take the initiative, act, have emotional control, and work on their teaching skills always (Mamta, 2016).

Marriage and Family Therapist

All professionals becoming licensed in Marriage and Family Therapy (MFT) will receive supervision. The supervisors are required to adhere to the principles and ethics of clinical supervision. These principles were established by the American Association for Marriage and Family Therapy. They state:

> "*Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client" (Zur, 2016)*
>
> *"Marriage and family therapists maintain high standards of professional competence and integrity."*

This quote speaks to the principle of professionalism that is held in MFT. Supervisors are responsible for helping their supervisees develop new skills by providing ongoing assessments of their current skills and exposing them to new specialty areas of treatment. Supervisors do not exploit or harass their supervisees

or patients of their supervisees. They must always adhere to professional standards.

> *"Marriage and family therapists do not exploit the trust and dependency of students and supervisees."*

This quote explains that supervisors understand the influence and power that they hold in the supervisory relationship and they respect that position. They do not exploit others or create dependency in learners. Their goal is for learners to be able to enter the profession with skills that allow them to practice independently and safely. They always work toward this. They do not provide therapy or have relationships with learners outside of the supervisory relationship. They maintain confidentiality as identified by law.

> *"Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means."*

Before beginning supervision, supervisors will develop a plan that if it includes the use of technology is compliant and considerate. Supervisees must consent to the use of technology and if they prefer to have in-person supervision more often, supervisors should accommodate this as they are able. Supervisors will ensure that learners are fully trained on how to use technology and are competent in their use because they understand this has an impact on the clients who receive services.

> *"Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices."*

Before a supervisory relationship is identified, there will be a clear plan in place for the payment of supervision. After supervision has occurred, the supervisor must give reasonable and ethical notice to end the supervisory relationship.

> *"Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis."*

Supervisors accurately represent themselves during advertising. They promote competent work that protects communities (Zur, 2016)

Social Worker

Supervisors must ensure that their clinical supervision is consistent with the principles of supervision in social work. There are many principles that they must adhere to. These are identified as:

- ***Accountability to the community:*** agencies and individuals must protect all vulnerable people and communities at large. Supervision is one of the ways that this occurs because it ensures that services are focused on the dignity and worth of the clients (Abbott, 2017).
- ***Social policy implementation:*** supervisors are required to see that social policy is implemented into the services the supervisee is providing.
- ***Complexity and consistency:*** supervisors help the social worker to develop skills for addressing unpredictable situations with consistency, clarity, and calmness. This promotes the best outcomes in difficult situations. Social workers should be prepared to take on complex and unique cases and supervision will help them do so.
- ***Reporting methods:*** supervisors must teach social workers to meet mandatory reporting requirements for safety and legal purposes
- ***Protection:*** the protection of the clients being served is perhaps the most important principle of supervision.
- ***Shared decision making:*** supervisors should teach social workers to act collaboratively and provide assistance to patients where major life decisions are concerned instead of answering their questions and developing their plans for them. Social workers should always work with the client and not for them. They must be engaged in the therapeutic process in a collaborative way.
- ***Liability:*** supervision provided must protect both the patients and the professionals involved in care (Abbott, 2017).

Substance Use Counselor

There are several essential competencies, intermediate competencies, and advanced competencies that are identified in substance use treatment that providers need to have in order to be effective (SAMHSA, 2020). Clinical supervisors teach these competencies as a principle of their care.

The essential competencies are as follows:

- Counselors must have the ability to administer assessments, perform diagnostic impressions, and conduct screenings

- They must be able to engage in an appropriate way with patients, have the ability to de-escalate situations, and know how to operate under a mental health crisis in an effective and helpful way
- They must understand how to refer patients for services and coordinate care as needed for patients

The intermediate competencies that are being taught are as follows:

- The ability to integrate a mental health diagnosis into a treatment plan
- The ability to assess for needs and social functioning
- The ability to provide engagement and education around substance use with patients and staff
- The ability to provide crisis intervention effectively
- The ability to provide group treatment, relapse prevention, and family interventions

The advanced competencies that are being taught are:

- Understanding transtheoretical models of behavior and readiness to change behavior
- Motivational interviewing skills
- Relapse prevention models are being utilized
- Using the DSM-5
- Understanding and assessing levels of functioning
- Applying knowledge of medications and side effects in care
- Collaboratively integrating a treatment plan
- Involving family and friends in treatment
- Helping the client extend their psychosocial support networks

Clinical supervisors are teaching to the above elements with the goal of staff learning advanced competencies. Supervisors in substance use treatment understand that extensive staff education is essential to the success of treatment programs because universities do not have a wide variety of substance use courses to offer generally.

One of the great principles of substance use treatment is continuing education and training as well as cross-training. Cross-training is identified as training for more than one discipline at a time. This principle assumes that individuals who are trained in substance use and corrections, for example, are more effective in the

field because there is such a great amount of overlap in the needs of the patients. Cross-training helps to reduce barriers to treatment, increase understanding of the patient and their needs, and promote integrated work (SAMHSA, 2020).

Case Study: Emma

Emma is a social worker. She is one year from completing her Licensed Clinical Social Worker (LCSW) credential and is very excited. She is two years into her supervisory relationship with Lauren, her supervisor, and has felt it has been a positive experience so far.

Emma brings to supervision a difficulty she is having. She is working with an aging adult with Alzheimer's disorder who is triggering Emma because her grandfather passed away from this disorder several years back. Emma sees her grandfather when she works with this client and is having a difficult time separating herself from the family member feelings she knows all too well.

Emma and Lauren discuss this in supervision. Lauren offers Emma therapeutic support including accessing the Employee Assistance Program for her own counseling to process this loss. She completes this and is still struggling to support this patient. Together Emma and Lauren decide it is in Emma's best interest and the best interest of the patient to discharge him from her caseload and put him onto someone else's caseload for care and management.

During this process, Lauren supported and validated Emma, offered her resources, asked her to troubleshoot and work through them, and ultimately supported her in transferring him off of her caseload because she wasn't able to stop being triggered by this patient. Lauren provided supervision consistent with the principles of clinical supervision. Emma reported this to be extremely helpful to her.

Case Study: Julie

Julie is a psychiatric nurse who recently transitioned from working in a residential treatment setting to outpatient behavioral healthcare. She was feeling burned out from the intensive work in residential care and is looking forward to working in an outpatient setting.

She recently started this new job and is beginning to identify a peer who is difficult to work with. Her peer seems to gossip about other staff and patients. Julie has made comments such as "are you sure that's true?" and "I don't want to talk about this" to her peer but the peer hasn't stopped this behavior.

Julie decides to take her concerns to her clinical supervisor. Julie's clinical supervisor states "yeah, we know she does that and we've given her feedback but

she won't stop. Unfortunately, she's a good nurse and we're understaffed so there's not much we can do."

Julie is very disappointed by this reaction. She was hoping to be given skills to navigate the experience but was met with invalidating statements that led her to believe she had to simply accept this person's behavior as normal and okay. Julie felt so uncomfortable she decided to transfer to another department after several months of this ongoing behavior.

Julie wishes she had better supports during this time because she would have liked to have learned better conflict resolution skills but she did not feel supported by her clinical supervisor in order to do so.

Guidelines for Clinical Supervision

Psychologist

There are seven domains with a total of 28 competencies in the guidelines of clinical supervision (Kangos, Ellis, Berger, Corp, Hutman, Gibson, & Nicolas, 2018). The seven domains are supervisor competence; diversity; the supervisory relationship; professionalism; assessment/evaluation/feedback; problems of professional competence; and ethical, legal, and regulatory considerations.

These guidelines for supervisors provide a framework for how to become an appropriate supervisor and help the professional to engage in self-assessment. The guidelines for supervisees promote competency-based learning to ensure their practice needs are met. The guidelines generally act to ensure that supervision meets the standards and regulations identified within psychology as a profession and ensures that high-quality supervision is offered.

Under the domain of supervisor competence, supervisors are required to act in a professional capacity in order to model that for others. Supervisees, however, should not assume the competence of their supervisors. They should establish a trusting professional relationship and ask supervisors about their experience, its limits, and the reasons for their supervision methods. Supervisors should provide routine evaluations for their supervisees and supervisees should complete evaluations of their supervisors on a routine basis as well.

Under the domain of diversity, it is necessary for both supervisors and supervisees to understand the impact of diversity in self-awareness, in the supervisory relationship, and in client outcomes.

Under the domain of a supervisory relationship, the supervisor should create a relationship that promotes trust and an appropriate emotional bond. Safety should

be felt in the relationship by both parties. Additionally, the relationship should focus on goals and tasks in learning.

Under the domain of professionalism, the supervisor should be teaching skills, knowledge, and attitudes in a way that accurately and well represents the community of psychology. Supervisors are expected to provide education, training, and assessments regarding the progress and ongoing needs of the supervisee.

Under the domain of assessment and feedback, the guidelines state that live observation or recorded sessions are the most helpful tool for establishing the skill and understanding of the professional. Supervisors must be open and transparent during the feedback and assessment process. The feedback they offer must be based in research, be objective and direct, and documented. Feedback cannot be punitive or shameful in nature. This should be a collaborative process. The supervisee must be open to feedback and ideally appreciative to receive it because this will promote their learning and abilities as a professional. Additionally, supervisors are expected to inquire from their supervisees about the quality of their supervision and identify if there are unmet needs that must be addressed.

Under the domain of problems of professional competence, the guidelines state that supervisors must adhere to any and all contracts in place regarding supervision with the individual and the institution or organization they might be employed with. Supervisors are expected to address problems promptly as a problem that occurs could impact a client's health and wellness. Supervisors must be responsible in the development of planning to reduce problems. They understand that they are a gatekeeper to a supervisee offering care and they should not take this position lightly. They must respect it and act appropriately and professionally.

Under the domain of ethics, legal, and regulatory obligations, the guidelines state that supervisors practice ethical decision making. They follow the APA guidelines for ethics and other laws and regulations that are applicable. Their most important role is to support clients in accordance with ethics and policies of best practice (Kangos, et al., 2018).

Psychiatrist

According to the Accreditation Council for Graduate Medical Education (2019), the guidelines for the learning and working environment in psychiatric are as follows:

- Quality of care and a focus on safety for the residents and patients are of utmost importance
- Professionalism through modeling by supervisors is necessary
- Professional development is of great focus for physicians and psychiatrists

- All learning should promote curiosity, problem-solving, discovery and be intellectually rigorous
- Supervision is committed to the wellbeing of supervisees, patients, faculty, and all health care system members

It also states that residents and supervisees will receive training in quality management and improvement processes in order to understand healthcare disparities. Supervisees will have the opportunity to develop skills to improve patient care through quality improvement activities and auditing (ACGME, 2019).

Marriage and Family Therapist

The American Association for Marriage and Family Therapy (2019) has identified guidelines for supervision in the field. It states:

- Supervisors must understand their legal responsibility for overseeing cases by supervisees
- They must teach supervisees to represent themselves appropriately and professionally when interacting with patients and their communities
- They should understand the level of training the supervisee has received and look to enhance this to fill in knowledge gaps
- Supervisees need to have access to their supervisors on a regularly scheduled period and as needed in between these scheduled times
- There must be a contract between the supervisor and supervisee to identify the plan for supervision and expectations in supervision
- Progress of supervisees should be reviewed on an ongoing basis after goals and learning plans are developed. Evaluations completed by the supervisor should always be shared with the supervisee to inform their personal and professional development
- Progress should also be documented as early as possible
- Supervisors must understand that they serve as gatekeepers between patients and professionals providing services and they must respect this role and not exploit it
- Supervisors adhere to confidentiality practices and do not disclose the work of their supervisees or how they feel about it. However, supervisors are entitled to supervision themselves and must appropriately address any concerns or needs of their supervisees in their own supervision period as long as anonymity is maintained

- Supervisors are expected to adhere to laws, rules, and regulations around practice

There are guidelines in MFT practice for what is not acceptable clinical supervision as well. These include:

- Peer supervision is not appropriate to replace supervision by a professional supervisor
- Supervision of former faculty or family members will make the supervisory relationship more difficult
- Supervisors must follow the AAMFT Code of Ethics
- Supervisors are not to provide therapy to their supervisees
- Supervision cannot include only group or classroom-style supervision. Supervisees are entitled to one-on-one supervision (AAMFT, 2019)

Social Worker

There are guideline domains in social work supervision similar to other professions. These are identified by the National Association of Social Workers (2020) as context in supervision; conduct of supervision; legal and regulatory issues; ethical issues; technology; evaluation and outcomes; and terminating the supervisory relationship.

Under the domain of context in supervision, the guidelines state that both supervisors and supervisees must understand the scope of their practice. They must understand their education and credentialing and what it allows them to do and not do in practice and stay within this. If supervisees live in the communities they practice in, they must notice and avoid dual relationships by establishing strong professional boundaries and recognizing them. Supervisors and supervisees must both understand the cultural context and apply it in their work. It is highly recommended to access cross-cultural supervision. Finally, conflict resolution should be professional and contractual.

The next domain, conduct of supervision, states that supervisees depend on the skills of their supervisors and so supervisors must be objective in their practice. They do this through negotiating a contract based on mutual goals, providing regular feedback, maintaining communication, and helping supervisees to understand the beliefs they hold about their clients and limit inappropriate and unprofessional beliefs that are held. Supervisors must be confidential and act as leaders and role models. They do this through practicing competency, modeling appropriate self-care, and referring to other providers as necessary.

The third domain in supervision guidelines is legal and regulatory issues. Under this domain, it is important that supervisors share in the responsibility that their

supervisees have with clients. Supervisors assume liability for the care being provided under them. They ensure that services are exceeding the expectations of standards of practice, ensure that services are documented, monitor services, and address any issues that arise. They adhere to rules, laws, and regulations regarding care and teach these to their supervisees.

Under the fourth domain, ethical issues, supervisors, and supervisees are both responsible for adhering to the NASW Code of Ethics as a guide in supervision and application of care. Supervisors must be skilled and able to provide ethical supervision. They must use appropriate decision-making skills, set strong boundaries and maintain them, and always focus on the goals identified at the beginning of the supervision relationship. Social workers should self-disclose in an appropriate and discreet way. They must attend to safety and identify which methods of practice are helpful.

Under the fifth guidelines domain, technology, it is important for both parties to use technology appropriately during the supervision process. Nothing will replace in-person supervision the same way that technology can. However, it is acceptable to use emerging technologies in supervision as long as state and federal guidelines are being adhered to.

Under the sixth guidelines domain, evaluation and outcomes, it is necessary for everyone to understand that assessment is a crucial component to the supervision process. The evaluations that are provided will impact the supervision relationship and process greatly. They must be contextual, objective, and helpful. They must be fair and clear and based on formal agreements made between both parties. Tools used during assessment include case studies, progress notes, conversations, treatment plans, and client outcomes. Supervisors and supervisees should engage in critical conversations about progress and outcomes in a way that promotes future learning and development of skills.

Under the final guideline domain in social work supervision, terminating the supervisory relationship, is information about how to begin and end supervision. Termination occurs if a supervisor leaves an organization, if a professional achieves his/her licensure requirements, or if an agreement is made to terminate the supervision relationship. It is important that any issues are addressed in supervision that could lead to termination long before this occurs. If a supervisory relationship is terminated, the supervisee should have a final assessment of his/her skills and progress towards goals as well as skills to continue developing after the relationship is terminated (NASW, 2020).

Substance Use Counselor

The Substance Abuse and Mental Health Services Administration (2020) has identified guidelines for supervision in substance use care. These state that there must be a clear contract for expectations in supervision, ongoing review periods

and feedback periods, and a commitment to professional development. SAMHSA further identifies what these domains entail:

1. In establishing a clear contract for expectations the following must be discussed:
    a. The models of supervision that will be used
    b. The methods and content discussed in supervision
    c. The frequency of supervision and the length of sessions
    d. The guidelines for ethics and the legal and regulatory requirements
    e. How to access the supervisor in an emergency
    f. If the supervisor is unavailable what backup supports are in place
2. Ongoing review and feedback is further explained as:
    a. Regular performance evaluations that review clinical skills and how expectations are being met
    b. The development of a learning plan as needed and identified by supervisee goals and needs of the organization
    c. Written feedback on areas of focus
    d. Direct observation will be utilized
    e. Feedback will promote trust and safety in the supervisory relationship
    f. Feedback will be accurate and represent skills, progress, and needs
    g. Direct observation will be pre-arranged
3. Commitment to professional development is identified as:
    a. Learning plans that document goals, objectives, and methods for achieving goals
    b. The learning plan will be regularly updated
    c. Ongoing supervision will focus on these goals
    d. Training, workshop, and conference opportunities will be explored and offered to the supervisee in order to meet the learning goals identified (SAMHSA, 2020)

SAMHSA also identifies guidelines for new clinical supervisors. It states that new supervisors should be prepared that as they transition into their new role they might prefer to maintain or establish friendships with supervisees but they must be

aware of this and maintain professional boundaries. They state that supervision can be draining and that tools to manage self-care should be utilized from the very beginning. SAMHSA has the following suggestions for new supervisors:

- Learn policies regarding supervision before starting and establish procedures for adhering to laws and regulations
- Understand how to hire and fire and affirmative action laws
- Seek information from Human Resources to establish your path and plan for supervision
- Ask for a several month period of time for learning your new role and during this time do not make changes to your policies or procedures but rather find your personal style and voice
- Learn about your supervisees
- Invest time and effort into understanding the goals of your supervisees
- Develop skills to identify objective goals with ways to measure progress
- Learn methods to support staff in reducing stress and make appropriate and healthy decisions
- Attend all training opportunities provided to become a strong and confident supervisor who supports his/her supervisees as best as possible (SAMHSA, 2020)

Documentation of Supervision

Documentation is a crucial function of supervision. For both the supervisor and supervisee, documenting the process and progress made helps with learning, accountability, and legal requirements. The outline of a supervision record, regardless of the type of professional and/or the model that the supervisor uses, should look similar. The Center for Credentialing and Education (2020) suggests this framework.

- Identify the needs addressed in the supervision session
- Write a brief summary of the evaluation of the supervisee
- Notate the sessions
- Identify any missed or canceled sessions
- Identify cases that were discussed or staffed and decisions that were made
- Identify significant problems that were discussed and how they were resolved and/or if they remain unresolved (Center for Credentialing and Education, 2020)

Case Study: Tom

Tom is a psychiatric resident in his final year of residency. He has loved his residency at an inpatient hospital and believes this is the setting he would like to be hired full time upon completion. He has worked closely with his clinical supervisor during his residency.

Tom recently lost his aging mother to cancer and has been experiencing sadness, depression, and anxiety. He values his residency and hasn't taken any time off because he feels it is a good distraction from what is going on at home.

Tom's clinical supervisor has been observing him in recorded sessions with patients and notices that he is quick to prescribe instead of troubleshooting psychosocial issues. He also notices that he has been fairly short in his interactions with patients. This behavior is not consistent with how Tom has acted during his residency prior to his mother's death.

Tom's supervisor knows this is a very sensitive topic but identifies it is his ethical responsibility to support Tom in having better patient care and bedside manner. Tom's supervisor has decided that he is going to ask Tom to take a bit of time off of work to navigate this situation with his family and has recommended that he talk with a counselor for processing his own grief and sadness. Tom's supervisor also asked him to make sure he gets enough sleep and eats well during his time away. Tom's supervisor was very clear that this is not a punishment but rather an opportunity for him to rest and address his feelings so that he can come back providing the best patient care. Tom's supervisor points out in the recording opportunities for improvement of his skills but does so in a way that is nonjudgmental and kind.

Tom agrees with the objective feedback his supervisor offered after watching the recording together. He is grateful his supervisor gave him the opportunity to take extra time off and process his feelings. He gets a few weeks of counseling support and has a plan for addressing self-care needs upon returning to the hospital. Tom's patient care is greatly improved upon coming back.

Case Study: Jessica

Jessica is an Associate Psychologist working toward licensure. She receives weekly supervision from a supervisor she pays for services as she is practicing in a private practice model. She notices that she is having a difficult time focusing on their supervision together because she feels an attraction to her supervisor that impacts her learning.

She feels less likely to bring up her anxiety or feelings of doubt because she doesn't want her supervisor to feel she is incompetent. Jessica knows she isn't getting the full extent out of her supervision because of her attraction to the clinical supervisor.

Jessica decides to ask a peer for support. Her peer tells her that this is a common experience that people have in supervision but that if it is impacting her ability to learn that she should address this. Jessica meets with her supervisor and lets him know that she is having thoughts and feelings that make it difficult to focus during supervision.

Jessica's supervisor thanks her for letting him know this difficulty is coming up and together they decide to discontinue the supervision relationship.

Jessica finds and hires another supervisor whom she is not attracted to and feels much safer and more confident in the supervisory relationship. She followed her ethical responsibility in this situation and is proud of herself for doing so.

Models of Clinical Supervision

Developmental Model

There are many different models that have been used historically in clinical supervision and supervisory relationships. While different supervisors may prefer to use different models, it is important to note that any model that is used must be evidence-based and research-supported.

The first model worthy of discussion is a developmental model of supervision (Australian Institute of Professional Counselors, 2020). The developmental model of supervision believes that every professional is always developing and growing his/her skills. The goal for developmental supervision is to always be identifying growth areas and to maximize an individual's skill set. Therefore, the clinical supervisor sees his or her role as one of helping the supervisee identify areas for growth.

The developmental model identifies several different stages of development. They are as identified:

1. ***Beginner:*** the goal in the beginning stage is to focus on developing skills. In this phase, the supervisee is often anxious to learn and highly motivated to engage in supervision. It is not appropriate to give supervisees complex cases during this period of time as it could greatly overwhelm them and cause them to be disabled by fear and anxiety. During this stage, it is necessary to grow one's confidence and trust in him/herself. The professional begins to develop his/her own professional identity at this time. In this stage, the learner requires a great deal of structure and support/validation. He/she often has very little self-awareness and may have hyper-focus on irrelevant factors in the process
2. ***Intermediate:*** the goal in this stage is to focus on the ability to work in complex cases. This may disrupt some of the confidence that the supervisee is

building but it is important to do this. Supervisees often begin to establish their independence and may only ask for specific help during the intermediate phase of this model. Some supervisees may develop the opposite and become very dependent. The awareness of the supervisees should be more on their clients than their own learning. They begin to identify complex factors in the treatment process and have a general sense of best practices for treatment. During this phase, they struggle with balance.

3. ***Advanced:*** the goal in this stage is to establish the professionals' identities in their work. Their motivation tends to be stable and while they still doubt themselves, their doubts should not be disabling in the way it might have been in the beginning stage of learning. Supervisees are generally clear about what they need in supervision and will advocate for it and seek consultation as needed. They know their limitations and take responsibility for treatment with patients. They accept their strengths and weaknesses and display understanding and empathy. They can offer their clients various tools in sessions because their knowledge base is extensive.

The developmental model of clinical supervision has two main assumptions. This first is that the professionals are required to progress through these various stages as their learning continues. The second is that each stage requires different settings and expectations. Supervisors should be able to assess the stage where their supervisees are and create an atmosphere to support learning based on that stage. As the supervisees progress, the supervisor must progress their supervision sessions to meet new needs, goals, and expectations.

Please note that learning is not linear. A person likely will become intermediate or advanced in one skill or with working with one client profile but when he/she is required to learn another skill or work with a very different client profile, he/she reverts to the beginner stage. Therefore, supervision must revert back as well.

Orientation Specific Model

Many professionals adhere to specific models of behavioral healthcare. For example, certain counselors might adhere to mostly Cognitive Behavioral Therapy or Dialectical Behavioral Therapy. In doing so, they specialize in a certain type of treatment that generally serves a group of people with similar symptoms, needs, and presentations. For these professionals, the likely model of supervision is the orientation-specific model. This means that the supervision focuses on how to teach a person to apply this specific model of therapy.

In supervision, the professionals will analyze the modality and apply it to their patients. They will work to improve the supervisee's skillset in that modality and hone it. They will work to integrate it into their practice setting.

The following are examples of orientation-specific models:

1. Psychoanalytic supervision focuses on psychoanalysis. The supervision sessions will focus on teaching the supervisee how to psychoanalyze and develop treatment plans in psychotherapy. They will focus on developing patience and respecting the patient's power, participation, and resistance. This occurs in four stages: the opening stage; the mid-stage; the working stage; and the last stage. During the opening stage, the supervisee learns about the supervisor's experience, strengths, and weaknesses. During the mid-stage, the professionals will work through conflict and learn resolution skills. During the working stage, the professionals do the bulk of the supervision work. Finally, the last stage focuses on the supervisor encouraging independence in the supervisee.

2. Behavioral supervision focuses on identifying problem behaviors and learning more adaptive behaviors and skills. The supervisor will teach the supervisee how to identify problem behavior and teach him/her skills that can be helpful to teach to patients to improve behavior and situations. Role-play is often a helpful skill in this form of supervision. Empathy, the ability to be genuine, and unconditional positivity is extremely useful in this form of supervision.

3. Client-centered supervision focuses on stepping into the experience of the supervisees and helping them through their experience. There must be a great deal of trust in the supervisory relationship to work toward motivation and growth together in order to identify helpful therapeutic modalities. Modeling occurs in this relationship to teach the supervisees how to engage with their patients.

4. Cognitive-behavioral supervision focuses on helpful and unhelpful behaviors and the natural consequences of those behaviors. During this supervision, the professionals work on analyzing skills, teaching skills, building rapport, setting goals, developing plans, and implementing strategies for plans, and finally, evaluation.

5. Micro-skill focused supervision focuses on the following process: teaching one skill at a time, presenting the skill through modeling, practicing the skill, and mastering the skill through practice and feedback. After one skill is learned, the professional's transition to another skill the supervisee needs or wants to learn (Australian Institute of Professional Counselors, 2020).

Integrated Model

In the integrated model of supervision, supervisors and supervisees choose the modalities that best work for them and integrate them all. In this model, the professional might adhere to two or three different models and apply them all as needed during the supervision process.

An example of an integrated model is the discrimination approach. In this approach, the goal is to organize the supervision process for the supervisor. It provides a structure for the supervisor to utilize in order to be most effective. It

states that the supervisor has three main roles. They are as follows: the teacher, the counselor, and the consultant. When supervisors are in the teacher role they focus on lecturing and instruction. When in the counselor role they focus on identifying transference, vicarious trauma responses, and other personal struggles that are coming up for the supervisee in their practice. Finally, when in the consultant role they focus on relating to the supervisee as a professional. They might provide guidance or clinical ideas on a case (Behavioral Health Providers Association of New Mexico, 2020).

Another example is the systems approach model. In a systems approach the supervisory relationship is at the heart of the supervision and the tasks are contextual factors that might be related to a variety of different systems or approaches (Behavioral Health Providers Association of New Mexico, 2020.

Social and Eclectic Models

Social and eclectic models focus on the various roles of the professionals (Center for Credentialing and Education, 2020). For example, it identifies the supervisor as the teacher, counselor, therapist, facilitator, consultant, and auditor. It expects the supervisor to monitor, evaluate, model skills, and support the supervisee. This is similar to the other models listed.

The Hawkins and Shohet model of supervision is considered to be "eclectic" in nature. This is because it focuses on five different factors. They are the role of the supervisor; the developmental stage of the supervisee; the orientation/modality the provider adheres to (for example, Cognitive Behavioral Therapy); the contract in the supervisory relationship; and the setting or modality (Center for Credentialing and Education, 2020).

Contextual Factors in Clinical Supervision

There are many different factors that impact clinical supervision across all professional identities. Culture plays one of the biggest roles in supervision and the supervisory relationship (Aspirace, 2015).

Clinical supervisors must recognize the impact that the following identities have on the relationship: social identities, political, economic, and cultural (SAMHSA, 2015). They should understand the basic concepts of social, political, economic, and cultural systems and their impact on mental health services. They should have an understanding of the history that led to the current status of the systems and work to understand and support their supervisees as related to cultural contextual factors. There must be an appreciation for the differences between and within cultures in order to be most successful in the supervisory relationship and in how supervisees work with their patients.

Supervisees should engage in self-examination of their attitudes towards different people and cultures (Aspirace, 2015). It is the responsibility of the supervisor to provide them support as needed during this process.

It is important that supervisors receive feedback on how well they support cultural competencies and create safe spaces for supervision. If they receive feedback that this is an area that they struggle or need to continue to develop skills in, it is within their ethical obligation to seek supervision for themselves and get additional support.

Additional cultural/contextual factors that must be considered are race, ethnicity, age, gender, discipline, and recovery status. All of the identities the supervisee has within these domains can impact the supervisory relationship.

Cultural competency is defined as "the ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services as well as staff who provide services." (Aspirace, 2015) It is essential that professionals learn and apply cultural competency.

The following continuum is identified within cultural competency:

Cultural destructiveness	Believing there is a dominant culture and other cultures are less than that. In this group, there is active discrimination against other cultures
Cultural incapacity	Separate but equal treatment. In this group there is passive discrimination
Cultural blindness	A person who sees culture but believes that all people are alike. This group discriminates by ignoring culture
Cultural openness	A basic understanding and appreciation for cultures and understanding of importance to work for minority groups
Cultural competence	The capacity to work with complex issues and cultural nuances
Cultural proficiencies	A commitment to excellence and proactive work at the highest capacity for minority populations

Addressing Contextual Factors in the Supervisory Relationship

In order to prevent an inability to create a safe, trusting, and supportive supervisory relationship, the supervisor should inquire about the supervisee's identities. The following questions are recommended for the beginning of

establishing supervision with someone in order to learn the specific context of that relationship:

1. Tell me about yourself and your background in terms of what brought you to this profession.
2. Are there any specific pronouns you would like me to use with you?
3. What worldviews do you bring to this work that might be helpful for me to know?
4. What struggles or challenges do you have in working with patients who might be different from you?

It is recommended that supervisors take as many ongoing education credits and attend as many conferences as possible to promote cultural proficiency.

Case Study: Laura

Laura is a queer social worker who recently established a supervisory relationship with an older person who is retired from social work, with the exception of providing supervision. The supervisor is not familiar with the terms that Laura uses to identify their self. Laura prefers them and they pronouns.

Before beginning the supervisory relationship, Laura's new supervisor asked Laura to explain why they use non-binary pronouns and this is very off-putting to Laura. Laura does not feel the need to justify their identity to the supervisor. Laura's new supervisor apologizes for offending Laura and states: "I have simply never heard anyone use this term before. Perhaps you could explain to me the history behind the term and what it means to you. I want to make sure I validate and support your experience in our supervisory relationship and in order to do so, it is helpful to me to understand."

Laura agrees and provides education to their new supervisor and the supervisor appears to understand and uses the appropriate pronouns. Moving forward they have no issues and looking back, Laura is grateful to have had the opportunity to teach their supervisor about pronouns and identity because they are confident the supervisor will appropriately use terms when out in the community.

Addressing Burnout in Clinical Supervision

Almost all behavioral health providers will experience burnout at one point or another. It is necessary that across all types of supervision burnout is being addressed and self-care and wellness strategies are being taught. Burnout is experienced at significant rates when employees have high expectations of

themselves; feel as though their work is never enough; when they lack training or support; when they do not feel supported or appreciated; when they have high demands and a lack of time or resources; and when they are in roles they are not prepared or trained for (Workplace Strategies for Mental Health, 2020).

Supervisors should be prepared to recognize the signs of burnout from their supervisees. Some of the symptoms they can look for are depressive symptoms such as isolation, lack of energy, and irritability. Other symptoms could be when supervisees have little motivation or are making errors regularly. They might have physical symptoms such as headaches and fatigue. They could become suspicious of their peers and be negative or sarcastic. They might be self-medicating with alcohol or other substances. This kind of burnout and symptoms can be very detrimental to the service application that behavioral health professionals can offer. It must be addressed. If burnout is not addressed it can lead to:

- Health disparities and disorders
- Depression (which can lead to self-harm and suicide)
- Job dissatisfaction
- Lack of productivity
- Employee issues (absenteeism, lying, breaking rules, etc.)
- Low workplace morale
- Accidents with clients
- High turnover

Supervisors might see these symptoms and outcomes and must follow up with their staff or supervisees. Often supervisees might say things such as “I’m fine” or “I’m just tired” or “work is difficult right now but I know it will get better soon”. These statements should also be triggering to the supervisor to provide support. If individuals are unable to recognize their own burnout they are a danger to themselves and patients in behavioral health. Professionals are ethically responsible for noticing and addressing their burnout. Clinical supervision must help in this process.

The following strategies should be utilized by all clinical supervisors in order to address burnout:

- Support supervisees to identify what might be happening within an organization that is contributing to stress (Aspirace, 2015)
- Support supervisees to develop skills to navigate change at micro, mezzo, and macro levels

- Identify important training opportunities for addressing secondary trauma, compassion fatigue, and burnout
- Teach self-care strategies and tools
- Process vicarious and secondary trauma with supervisees
- Support holistic wellness and lifestyle changes
- Teach emotional intelligence
- Support the development of psychosocial supports in supervisee's lives
- Support the supervisee to stop believing he/she has to take everything on and "save the world"
- Ask the supervisees what they do for fun and promote engaging in these activities."
- Document progress to eliminate burnout or status of potential burnout (Aspirace, 2015)

Inevitably in behavioral health, supervisors will always come across the "yes" supervisees. These are the supervisees who have a difficult time setting boundaries and who, if given the opportunity, will take on more and more work until they cannot manage it all (Workplace Strategies for Mental Health, 2020). These professionals are referred to as "overachieverSupervisors should note the overachieving status in their supervisees and help them navigate this. They can do this by avoiding giving the overachiever too much work. They should provide them work that is consistent with their competence level and not over or under it. They should give the high achievers choices that do not involve doing everything and they should provide psychoeducation to the overachiever to help them become more aware of this tendency and reduce it. Some of the strategies to changing the way high achievers think about and complete their behavioral health work could be:

- To stop multitasking
- To identify a reasonable pace for completing work and stick to it
- Breaking down tasks that seem overwhelming
- Identify how to measure success appropriately
- Take breaks from work
- Avoid overtime that is not necessary
- When off work or on vacation, do not be tuned in to work-related processes such as email, on-call status, etc. (Workplace Strategies for Mental Health, 2020)

Case Study: Joey

Joey is a Marriage and Family Therapist who has been providing counseling for the past two years. Joey's caseload should be at 20 but because a peer of his left, he has a caseload of 32 individuals. This is extremely overwhelming to Joey because he has to see each of these individuals for one hour per week. This makes it difficult for Joey to get his charting in, do research, and ensure high quality of care.

Joey has begun working overtime to complete this work. When he leaves work at night he has stopped going to the gym and begun meeting friends at a local bar. He is drinking several nights per week and he is tired at work and complaining often. His supervisor notices how tired he appears and how down his mood is.

During their supervision, his supervisor addresses his concerns with Joey. He states to Joey: "I've noticed how you seem tired and less positive lately. Can you tell me what you're feeling and how I can help you?". Joey admits feeling overwhelmed and that he isn't taking great care of himself. He asks to reduce his caseload to 25. His supervisor agrees that this is a good decision and within one week he has a caseload of 25 people with his supervisor carrying the rest of the caseload until the position is filled again.

Within a month or so, Joey returns to his normal self. He isn't working overtime nearly as often and he feels energized and motivated to exercise again after work. He has stopped drinking as much. Joey is grateful that his supervisor addressed these symptoms he was presenting because he believes that he would have continued to say "yes" without asking for support and that could have been dangerous for him. Joey and his supervisor work on his high achieving status in supervision now to ensure this does not happen again.

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