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COURSE MATERIAL and EXAM for the Clinical Supervisor Credential (CSC)

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COURSE MATERIAL

Clinical Supervision: A Key to Treatment Success[1]

Intense competition for limited substance abuse program funds, combined with increased scrutiny of program costs and results, has created a need for better understanding of how clinicians, organizations and systems can work together to improve treatment outcomes. While clinical supervision has long been regarded as a significant part of the addiction treatment process, the importance of effective supervision has gained increased attention in this competitive environment. The emphasis on evidence-based practice has also contributed to renewed focus on the supervision process. This article will focus on the elements of effective clinical supervision in addiction treatment and explore the role of the clinical supervisor in an evidence-based practice environment.

Models of Supervision[2]

There are significant parallels between the supervision of staff and therapeutic

[1] This section is reprinted from an article written by Gail D. Dixon, MA, CAPP, NIDA, Project Manager, Southern Coast Addiction Technology Transfer Center, "Clinical Supervision: A Key to Treatment Success" (2004) *Southern Coast Beacon*, retrieved from http://www.attcnetwork.org. This material is made available by the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Metal Health Services Administration, (SAMHSA), is in the public domain, and may be reproduced or copied without permission from CSAT or the authors. Citation of the source is appreciated by ATTC, CSAT and SAMHSA. For the purpose of brevity, the article has been edited and a number of the resource citations have been excluded.

[2] In the original article, this section is preceded by a section titled "Definition of Clinical Supervision" which includes information presented later in this Course Material. This section was deleted from the Course Material to avoid duplicative information.

work with clients. In both relationships, one participant is charged with the responsibility of facilitating growth and change in the other participant through focused or structured interactions. There are some critical differences between counseling and supervision. Gallon (2002) has provided the following framework to make the comparison:

DIFFERENCES BETWEEN COUNSELING AND SUPERVISION

	COUNSELING	CLINICAL SUPERVISION	ADMINISTRATIVE SUPERVISION
PURPOSE	Personal growth Behavior changes Decision-making Better self understanding	Improved job performance	Assure compliance with agency policy and procedure
OUTCOME	Open-ended based on client needs	Enhanced proficiency in knowledge, skills and attitudes essential to effective job performance	Consistent use of approved formats, policies, and procedures
TIME FRAME	Self-paced; longer term	Short-term and on-going	Short-term and on-going
AGENDA	Based on client needs	Based on service mission and design	Based on agency needs
BASIC PROCESS	Affective process which includes listening, exploring, teaching	Assessing worker performance, negotiating learning objectives, and teaching / learning specific skills	Clarifying agency expectations, policy and procedures, assuring compliance

In general, models of clinical supervision have been classified by the philosophical framework that under-lies the process. Clinical supervision models fall into these four basic categories: psychotherapy-based, developmental, social-role and eclectic. Developmental models of supervision have dominated supervision thinking and research since the 1980s. Developmental conceptions of supervision are rooted in developmental psychology–the description, explanation and modification of individual behavior across the life span. Such models are based on two basic assumptions:

- In the process of moving toward competence, counselors move through a series of stages that are qualitatively different from one another
- Each supervisee stage requires a qualitatively different supervision environment if optimal supervisee satisfaction and growth are to occur (Chagon and Russell, 1995).

One of the most prominent writers on clinical supervision for the addiction treatment field is Dr. David Powell. Powell (1993) indicates that a model of supervision has a number of layers:

- Philosophical foundation - the theory of change that underlies the counseling approach to be used;
- Descriptive Dimensions - specific characteristics of the counseling and supervision processes;
- Contextual factors - characteristics of client, counselor, supervisor and setting that affect the supervision environment; and
- Stage of development - level of training, knowledge and skill of both supervisor and counselor.

In Powell's view, the focus of supervision is behavioral change and skill acquisition. In other words, the emphasis should be on helping staff learn how to use personal skills and attributes in counseling to promote behavioral change in the client. Powell notes that models of supervision have tended to emphasize either skill development or the emotional/interpersonal dynamics and self-discovery of the worker. In chemical dependency, the emphasis has been on skill development. However, newer models have incorporated both. Stoltenberg and Delworth (1987) have developed an integrated developmental model for supervision that is used by Powell. In this model, the developmental levels of both counselor and supervisor are viewed with regard to: autonomy, self and other awareness and motivation.

Critical Issues in Supervision

In most addiction treatment agencies, clinical and administrative supervision are performed by the same person. It is important to balance the time spent in supervision between these two elements. A supervisor is very often positioned within the organization between upper management and front-line staff who are implementing organizational programs and policies. This micro-macro balance creates an inherent tension within the demands and expectations of these two organizational layers. The clinical supervisor must negotiate this balance in a way that facilitates both growth in the counselor and effectiveness in the organization.

It is important to consider ethical principles that influence the practice of supervision. The same concerns for appropriate boundaries, maintaining

confidentiality and unconditional positive regard that characterize the counseling relationship apply to the relationship between counselor and supervisor. The clinical supervisor must also make a commitment to his or her own growth and skill development within the changing context of the addiction field in order to provide the highest quality of supervision possible. The clinical supervision process focuses on building particular counselor skills or competencies.

Role of Clinical Supervision in Evidence-Based Practice

Clinical supervision has taken on increasing importance as the addiction field has moved toward evidence-based practice. Often, the clinical supervisor is the critical agent of change within the addiction treatment agency. As a change agent, the clinical supervisor must be familiar with the change process, adept at assessing readiness to change both within the agency and the counselor, and skilled at overcoming resistance. Another part of the supervision challenge is to be an advocate for the counselors (and by extension the clients) by promoting changes in the organization that can facilitate and enhance the work of the counselors. Counselors may have higher levels of satisfaction and be more productive if they feel organizational policies are working for and not against them. This challenge usually falls on the supervisor's shoulders. While managers and administrators often initiate the move toward evidence-based practice within a particular setting, supervisors and counselors are key to understanding which specific evidence-based interventions are timely and relevant for their clients' problems. That means they must provide leadership in the agency on the selection of evidence-based practices that address these needs.

One critical area of supervision in the evidence-based environment is the focus on training. Counselors and supervisors often tend to seek training in small doses of novel treatment models rather than the more intensive dosage needed to fully master a specific evidence-based model. To provide leadership and promote staff development, supervisors must also be well trained in the evidence-based practice (and its conceptual model) that is being implemented and must be able to monitor adherence to that model. The clinical supervisor may be required to supplement initial training with both formal and informal follow-up learning opportunities. In addition, the clinical supervisor may be given the responsibility of monitoring adherence to the evidence-based model to assure fidelity in implementation. This task may be difficult for supervisors whose philosophy of supervision has been more exploratory or insight-oriented, rather than skill-focused. Additional training in supervision for the specific evidence-based practice may be required.

Models of Clinical Supervision[3]

When you, as a counselor, hear the word "supervision" you may feel uncomfortable or even threatened. Clinical supervisors may also feel the same way, and may approach supervision as "something that has to be done". Clinical supervision can be a beneficial experience that can enhance the professional growth and confidence of both the supervisor and the supervisee. Keep in mind that the goal of the clinical supervision process, ultimately, is to enhance and support the best clinical skills and lead to improved outcomes for clients.

What Is Clinical Supervision?

There are several definitions of clinical supervision. Bernard and Goodyear (1998) offer this definition that has come to be accepted within the counseling profession:

"Supervision is an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession."

Another definition by Powell, D. & Brodsky A. (2004) states that:

"Clinical supervision is a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical and supportive."

There are important differences between clinical supervision, administrative supervision and counseling:

- Clinical supervision emphasizes improving the counseling skills and effectiveness of the supervisee.
- Administrative supervision emphasizes conformity with administrative and procedural aspects of the agency's work (e.g. using correct formats for

[3] This section is reprinted from the "Clinical Supervision" series of articles (2005) in the *Addiction Messenger*, a publication of the Northwest Frontier Addiction Technology Transfer Center, and was retrieved from http://www.attcnetwork.org. This material is made available by the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Metal Health Services Administration, (SAMHSA), is in the public domain, and may be reproduced or copied without permission from CSAT or the authors. Citation of the source is appreciated by ATTC, CSAT and SAMHSA. For the purpose of brevity, the article has been edited and a number of the resource citations have been excluded.

documentation, and complying with agency leave policies).

- Clinical supervision emphasizes developing counselor effectiveness through positive changes in knowledge, attitudes and skills. It is not a counseling or treatment relationship.
- Both supervisor and supervisee should know that the supervisor will only intervene to improve performance, not to be unnecessarily critical or arbitrary.
- A clinical supervisor has a role as expert, authority, mentor and representative of the treatment agency in relationship to the counselor.
- Quality supervision is based on a relationship that is respectful, is clear regarding authority and accountability, and involves clear expectations for each person.

Developmental Models

Developmental models of clinical supervision propose that supervisees pass through several developmental stages that supervisors need to take into account, for example, Stoltenberg, McNeil, and Delworth's Integrated Developmental Model (IDM) of clinical supervision, proposes 3 distinct levels of counselor development:

Level 1

Level 1 counselors who are just entering the field, take in theories about therapy and assimilate them according to their own personal experiences. They may be anxious about being a counselor, their lack of seasoned skills and knowledge, and the fact that they are being regularly evaluated, but their motivation level is high.

Supervisory Intervention

- Observation is crucial for Level I counselors. Relying on self-reports isn't sufficient because, at this level, counselors may not always perceive accurately what they are doing in a session with a client. Observation should be direct, i.e., in person, by videotape, or at least by audiotape.
- While skills training can help entry level counselors gain confidence, additional interpretation and support from supervisors will be necessary for skills to really take hold.
- Group supervision can provide a good training ground in which the Level 1 counselor can learn from their peers.

Level 2

The Level 2 counselor generally emerges a year or two after graduation, with consistent supervision during this time. Level 2 counselors become increasingly comfortable with a range of skills, and may begin to explore various approaches and current trends.

Supervisory Interventions

- Level 1 interventions can be used, but less frequently for Level 2 counselors. Counselors should be challenged to provide reasons for using certain interventions with clients. Supervisors should provide strong support and empathy for the Level 2 counselor, and constructive feedback should be "sandwiched" between positive statements regarding their growth and support.
- Counselors at this level start to develop a readiness and openness that allows for discussion and processing their personal issues related to self-awareness, defensiveness, transference and countertransference, and the supervisory relationship. The supervisor should provide a balance between supporting and mentoring the supervisee, and fostering their independence and self-assurance.

Level 3

Counselors at this level empathize with and understand their client's view of the world which allows them to explore important information while discarding the irrelevant. Autonomy increases at this level and the supervisory relationship becomes more collegial.

Supervisory Interventions

- This level of counselor will benefit from more facilitative actions such as support, caring, and even confrontation, when needed.

Another developmental model of supervision, the Skovholt and Ronnestad Model, looks at a supervisee's growth throughout the lifespan. The eight stages they suggest are briefly described below. If you are a supervisor, you may want to reflect on these and think about which stage of growth your supervisees may be in. Would this information affect your supervision style? If you are a supervisee reading about these stages, do you see yourself? How might this information help you and your supervisor make your supervision more effective?

Stage 1: Competence

Counselors at this stage, having some experience with clients, use what they already know - a conceptual model based on "common sense".

Stage 2: Transition to Professional Training (First year of graduate school)

The task of counselors at this stage is to assimilate valuable information from a number of sources and apply this to their practice. They are learning additional exciting ideas and techniques.

Stage 3: Imitation of Experts (Middle years of graduate school)

Counselors imitate experts at a practical level while still having an openness to ideas. They are developing a conceptual map - although it is not complex.

Stage 4: Conditional Autonomy (Internship)
Counselors function as professionals at this stage. They are refining their skills, conceptual ideas, and techniques.

Stage 5: Exploration (Graduation - lasts 2-5 years)
Counselors explore beyond what they have been taught. They may reject previously accepted ideas and models.

Stage 6: Integration (lasts 2-5 years)
As professionals, counselors work towards developing authenticity. Their conceptual system is individualized so it "fits" them and their approach to working with clients may be eclectic or integrated.

Stage 7: Individuation (lasts 10-30 years)
The main task of this stage is for the counselor to further individualize and personalize their conceptual system, which in turn deepens their authenticity.

Stage 8: Integrity (lasts 1-10 years)
Counselors at this stage of their working life have a conceptual system that is highly individualized and integrated.

Stages of change and development are an important underpinning of many interventions, including addiction treatment itself. Applying some of the same principles of recognizing and working from where someone is developmentally can also help the clinical supervision process. The take home message here is simple: As a supervisor you can become more sensitive to your supervisees' current level of readiness to move to another level or stage of professionalism and gear your interventions accordingly. As a supervisee, you can request the kind and amount of supervision you need, and then be receptive to it.

What Happens In Good Supervision?[4]

Supervision is an intervention that extends over time. This distinguishes it from trainings and workshops, which may be brief. The fact that it is on-going allows the supervisor-supervisee relationship to grow and develop. A high-quality supervisory relationship entails a combination of facilitating attitudes, behaviors and practices. Understanding what factors contribute to high-quality in the supervisory relationship is the focus of [this section].

A Supportive Relationship

Falander and Shafranske (2004) state that facilitating attitudes consist of supervisor empathy toward the supervisee's developmental process and the creation of a sense of teamwork between them. Facilitating behaviors from the supervisor include warmth, understanding, affirmation, acceptance, and respect along with a non-judgmental outlook. Practices that facilitate supervision and the supervisee's learning include encouragement to explore and experiment as well as establishing a comfort level with the supervisee that allows for disclosures of actions, feelings, and conflicts.

Although supervisors and supervisees may look at supervision differently, it's generally agreed that the amount and quality of supervision are important. Often, supervisors think of good supervision as being based on feedback to the supervisee (cognitive structuring behaviors), while supervisees valued being directly taught in a supportive and facilitative relationship (autonomy-giving behaviors).

Supervisory Agreement

The supervision contract helps prepare the supervisee for the supervisory experience. Contracts are created by the primary supervisor, together with the supervisee, and are designed to orient the supervisee to supervision as well as to serve as a roadmap for the entire experience. Contracts can highlight and clarify mutual goals and minimize differing agendas.

Osborn and Davis (1996) recommend that supervision contracts include the following:

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Purpose, goals, and objectives. The guiding principle here is promoting supervisee development and safeguarding clients.

Context of services. This part defines when and where supervision will take place, the type of monitoring and supervision model that will be used.

Evaluation. It is important to identify the criteria to be used in assessing performance plus the evaluation methods, instruments, and schedules that will be followed.

Duties and responsibilities of the supervisor and supervisee. This section outlines the actions that both the supervisor and supervisee are committed to in order to make supervision successful.

Procedural considerations. At a minimum the agency's emergency procedures and record keeping format need to be clarified. An additional statement could be added that defines how conflicts within supervision will be resolved.

While supervision contracts establish explicit tasks and responsibilities for the supervisor and supervisee, there is also an implicit Supervisee Bill of Rights, which Munson (2002) describes as:

1. A supervisor who supervises consistently and at regular intervals,
2. Growth-oriented supervision that respects personal privacy,
3. Supervision that is technically sound and theoretically grounded,
4. Criteria that are made clear in advance, and evaluations based on actual observation of performance, and
5. A supervisor who is adequately skilled in clinical practice and trained in supervisory methods.

Goals and Objectives

Bernard and Goodyear (2004), propose that supervision has two central purposes:

1. *To foster the supervisee's professional development*
   The supervisor and supervisee should have a set of precise and concrete goals to accomplish during their time together. Goals should be derived from the supervisor's observations, agency requirements, and the supervisee's developmental needs and wishes. Supervisees early in their career will be developing skills and competencies needed for licensure or certification. Others with more experience will be moving along the continuum of clinical proficiency and enhancing autonomy.
2. *To ensure client welfare*
   As a supervisor, it is crucial to monitor client care as an essential

supervision goal. Although the supervisor is an ally of the supervisee, action must be taken in situations involving potential harm to the client. The concept of *vicarious liability* means that the supervisor can be held liable for any harm done by the supervisee.

Through establishing supervision goals, objectives and addressing supervisee needs, a working alliance can be developed. Three elements compose the alliance: the extent to which the supervisor and supervisee *agree on goals*, the extent to which they *agree on the tasks* necessary to achieve the goals, and *the bond* of trust and caring that develop between them.

With regard to “Agreement on Goals” it is valuable to clarify both goals and expectations in supervision - expectations can be viewed as a person’s “anticipatory beliefs about the nature and outcome of supervision”. Sometimes the supervisor and supervisee can have differing expectations due to the supervisee being uninformed about roles they need to assume in supervision. Using the supervision contract will facilitate clarification and further the congruence of expectations.

What Makes Supervision High Quality?
When conflict resolution, open disclosure, mentoring, culture, and gender are willingly addressed, the ingredients are present for a high quality supervisory experience.

Conflict Resolution
Conflicts regarding style (direction and support) of supervision are more easily resolved than conflicts over theoretical orientation or therapeutic approaches, while conflicts involving personality issues were the most challenging. All, however, need to be dealt with. Supervisors need to identify problems and initiate a discussion of them, rather than waiting for the supervisee. It is critical for supervisors to respond nondefensively to negative feedback or disagreements experienced by the supervisee.

Disclosure With Supervisors
The trust and communication, essential to the supervisory alliance, are greatly influenced by disclosures by both parties. Supervisor disclosures can encourage and be a model for supervisee disclosures. Supervisor self-disclosures should focus on observations of the supervisee, emotional reactions, accounts of personal counseling struggles and successes, and other feedback.

Mentoring
As a mentor, the supervisor serves as a teacher, advisor, and role model. Mentoring can be sought out by the supervisee (protégé), or develop as the

supervisory relationship evolves into a working alliance.

Culture
Culture and diversity issues are addressed in high quality supervision and guided by an attitude of discovery, exploration, and critical thinking. Supervisees will appreciate openness, support, and not being stereotyped. Clinical work is challenging, especially when cultural issues are present. Supervision that addresses cultural implications as a two-way dialogue is often valued by supervisees.

Gender
Male supervisees may respond more to supervisors that place an emphasis on evaluation and peer observation, while for females, the absence of sexist language and attitudes are important (Falander and Shafranske, 2005). Supervisors are not as valued by male supervisees when they feel they have to compete for their attention with other supervisees, when they are not taught practical skills, and where exploration is not encouraged. Female supervisees have an unfavorable reaction when sexist language is used, stereotypes are upheld, and when they feel devalued based on their sex within the supervisory relationship.

Important Characteristics
In summary, characteristics of healthy supervisory relationships include:
- Bidirectional trust, respect and facilitation,
- A commitment to enthusiasm and energy for the relationship,
- An adequate amount of time committed to supervision,
- Sensitivity to supervisee's developmental needs,
- Encouragement of autonomy,
- Sense of humor,
- Comfort in disclosing and discussing perceived errors,
- Clarity of expectations, and regular feedback,
- A nondefensive supervisory style, and
- A clear understanding of the rights and responsibilities of both the supervisee and supervisor.

Competencies for healthy and effective supervision include:
- Capacity to enhance supervisees self-confidence through support, appropriate autonomy, and encouragement,
- Capacity to model strong working alliances and develop strong supervisory alliances with supervisee,
- Ability to dispense feedback, give constructive criticism, and provide formative and summative evaluation,
- Knowledge of multiple formats of supervision and skill in each format,

- Adaptability and flexibility,
- Excellent communication of case conceptualization, with a strong theoretical stance,
- Ability to maintain equilibrium and, as appropriate, a sense of humor, even in the face of crisis,
- Ability to identify and bring up potential conflict situations or areas of discomfort with the supervisee, and
- Openness to self-evaluation and to evaluation by supervisees and peers.

Creating A Learning Environment[5]

The style and personal qualities that a supervisor brings to supervision are important parts of the learning process and can facilitate the atmosphere of a learning environment. Style, as described by Munson (1993) is "a manner that permits the supervisor to use it to promote learning and guide interaction in supervision." The qualities they demonstrate to the supervisee can form the bases for their behaviors and actions. Munson (1993) states that "supervision should be a mutual sharing of questions, concerns, observations, speculations, and selection of alternative techniques to apply to practice."

To facilitate the learning environment both the supervisee and supervisor should have an openness to the thought that learning is a continuous, developmental, life-long process. Supervisees that are open and receptive to learning and feedback also contribute to learning. Supervisors can give attention to the assessment of supervisee's individual learning needs at the beginning and throughout the supervisory relationship.

Creating a learning environment and culture is something that can be modeled by the supervisor. A supervisor can begin by viewing supervisees as "learners" and reward those who acquire, apply and share new knowledge.

Learning should be constant, and supervisors can create the culture for making it happen through encouraging staff learning independently or in small groups. Group meetings in an agency can be structured in a way that puts a focus on learning. Participatory learning including teaching, role-play practice, and problem solving are often the best ways for adults to acquire new knowledge and

[5] This section is reprinted from the "Clinical Supervision" series of articles (2005) in the *Addiction Messenger*, a publication of the Northwest Frontier Addiction Technology Transfer Center, and was retrieved from http://www.attcnetwork.org. This material is made available by the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Metal Health Services Administration, (SAMHSA), is in the public domain, and may be reproduced or copied without permission from CSAT or the authors. Citation of the source is appreciated by ATTC, CSAT and SAMHSA. For the purpose of brevity, the article has been edited and a number of the resource citations have been excluded.

skills.

Creating the Environment
Embedding learning into an organization goes beyond the supervisors. Managers, staff, and natural leaders can also endorse and commit to creating a climate for learning. They can be actively and visibly engaged in the learning process to foster a climate of discovery and innovation.

The learning environment should encourage an understanding that the results of learning and professional development are tied to strategic choices made by the organization and not just a frill or an "add-on."

Structural Supports
Structural supports can be put in place to facilitate the learning environment. Such supports can include making time available to employees to engage in discussion, reading, reflecting, and debriefing. These communication processes facilitate teamwork, networking, information-sharing, openness to information, and feedback.

Human Resource Practices
An agency that nurtures learning looks it, rewards it, and builds it through clinical supervision that emphasizes continuous learning. Making coaches, mentors and learning opportunities available are all part of a learning agency. Within a learning environment, all staff are valued for their contributions, questions, suggestions and insights. Helping staff thrive is seen as a value held in the agency.

Learning Culture
An agency can put in place mechanisms which support individuals, reduce discomfort and increase ease with regard to "not knowing". Acknowledging that you don't "have all the answers" can be difficult but is necessary to successfully implement an organizational culture that supports a learning environment. Examples of how to do this include:

- Normalize:
  - Confusion, uncertainty and questions can be seen as normal and a necessary part of learning.
- Establish Supports for Learning:
  - "Communities of Practice" that enable informal dialogue on work-related issues can create an atmosphere for identifying questions or innovations. They can take many forms, such as: creating a place and time for conversation about ideas and the impatience that can go along with not having all the answers, and/or holding "exploratory" opportunities with leaders in the agency and experts

who are active within the group.

- Skill-Building in Dialogic Skills:
    - Staff can be encouraged to learn the skills of inquiry and collaborative exploration, rather than ending a conversation with a convenient decision for the sake of being expedient. Helping staff and managers understand when it's appropriate to use these skills, and when fast-track decision-making is appropriate can also be valuable.
- Regularly Marking Progress:
    - Boundaries can be placed around the process of exploration time. Take time to clarify what is known and what has been learned so progress can link learning with decision-making, priority-setting and action.

Learning should be constant, and agencies can create the culture to make it happen through:

- Developing an atmosphere that values staff learning on their own and through others,
- Facilitating learning by making your group meetings useful and appropriate for learning, and
- Addressing and using the lessons learned from previous projects within your agency as an invaluable part of the learning process.

Working within a learning environment doesn't have to take a lot of time. Enlist the aid of staff and spend just a little time on education over the course of each week. When a learning environment has been established staff may begin thinking ahead, solving problems and challenging themselves - becoming a much more productive group - and that's the whole purpose: creating an environment in which learning is an investment for the future.

Supervisory Relationship

A positive supervisory alliance is an important part of a productive learning environment. The following paragraphs focus on the alliance structure and approaches that can address alliance strain and difficulties in the supervisory relationship.

The alliance is constructed by both the supervisor and supervisee with both being responsible for its development.

The qualities that affect the development of a learning atmosphere also affect the supervisory relationship. Interpersonal and professional qualities such as empathy, warmth, respect, making time for sharing clinical knowledge and skills, and establishing a clear progression of supervision goals, contribute to the

development of an effective supervisory alliance and learning environment. Negative experiences which may occur can result in stress or impasses in the alliance if they are not effectively addressed. These experiences can threaten the working alliance and compromise the supervisor's ability to monitor the treatment the supervisee is providing and to safeguard the client. Dealing with negative experiences promptly in an atmosphere of learning can be valuable to the alliance.

Negative experiences or events involving shame, parallel process, and boundary violations are particularly important since they can have a significant impact on the alliance.

Shame
Supervisees may feel embarrassed when personal lapses or influences are discussed with a supervisor. They may also feel shame when a discrepancy is discovered between their performance and personal or agency standards. Moments of shame should not be surprising considering the demands and high standards expected of addiction professionals.

Supervisors can explore the supervisee's feelings of shame or embarrassment by focusing attention on the supervisee's experience of the supervisor's comments and recommendations in an empathetic and supportive manner which facilitates learning. Supervisors can also acknowledge the challenges involved in learning the addiction counseling profession.

Parallel Process
Parallel process occurs when the quality of the supervisory relationship affects the counselor-client relationship. A positive supervisory alliance can enhance the quality of client relationships. The reverse can be true when a negative supervisory experience adversely affects clients. Maintaining an awareness of parallel process can be a challenge, especially if the counselor does not feel supported by the supervisor.

Boundary Violations
Maintaining appropriate boundaries contribute to a safe and trusting professional relationship. Violations of professional or personal boundaries and/or professional ethics undermine supervisory relationship.

Supervisors are responsible for safeguarding both the counselor and the client, ensuring ongoing improvements in clinical care and counselor skill in an environment that values learning. Creating such an environment encourages an ongoing assessment of quality, a value for personal growth and development, and a concern for continuously improving client outcomes.

Other Ways to Improve the Environment

The focus here has been on the importance of a positive learning environment in treatment agencies. There are, in fact, many factors that can impact the work environment. Here are several worth considering:

- The gift of trust - trust gives staff the freedom to make decisions about tasks.
- Inclusion - replace isolation with inclusion, information and a sense of belonging to the team.
- Time and space - help staff get off the treadmill at work. Staff can get ill not from too much to do but from feeling they have too much to do all at once, all the time.
- Clear expectations - give staff a clear picture of what is expected and what priorities they are being asked to attend to.
- Job fulfillment - appreciation for doing good work and helping them realize that what they do contributes to the agency's success.
- Sharing success - help employees to see that success is something to share, not own. Share the credit.
- Email and voicemail - email overload is a huge source of frustration and anxiety in the workplace. Try to have a real person answer the phone when possible.
- The gift of clarity - in setting a future direction for the company. Productive staff need this sense of direction.
- Listening - is an art form, hearing not only what others say but understanding how they feel and what they need to do their job.
- Redistributing workloads wisely - heavy workloads are a major stress. Staff can worry their workload is preventing them from doing a good job.

Excerpts from the ***Technical Assistance Publication (TAP) Series 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors***[6]

Section III: Foundation Areas

Effective clinical supervisors are skilled, experienced clinicians. They are knowledgeable about substance use disorders and generally accepted, research-based assessment, intervention, treatment, and recovery strategies. It is important that supervisees believe that their supervisors have substantial knowledge and skill to pass along. However, knowledge and skill as a counselor are not enough to ensure success as a clinical supervisor.

[6] Center for Substance Abuse Treatment. *Competencies for Substance Abuse Treatment Clinical Supervisors*. Technical Assistance Publication (TAP) Series 21-A. DHHS Publication No. (SMA) 07-4243. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2007. Commonly referred to as "TAP 21-A" or "TAP 21-A Supervisor Competencies." Retrieved from http://www.samhsa.gov.

The specific tasks, responsibilities, and roles of supervisors vary depending on agency mission, target population, theoretical model, treatment modality, and general structure. However, some basic competencies are common to a variety of settings and professional disciplines. These basic concepts are reflected in the foundation area competencies in this document. They are common across the variety of disciplines and interest groups that provide care for clients with substance use disorders. The competencies identified as *foundation areas* complement those found in the transdisciplinary foundations section of TAP 21. Clinical supervisors in substance use disorder treatment settings are expected to be familiar with the knowledge described in the transdisciplinary foundations.

The framework used here identifies five foundation areas in clinical supervision:

- FA1: Theories, Roles, and Modalities of Clinical Supervision;
- FA2: Leadership;
- FA3: Supervisory Alliance;
- FA4: Critical Thinking; and
- FA5: Organizational Management and Administration.

Each contains several competencies that, taken together, define the work of the clinical supervisor.

FA1: Theories, Roles, and Modalities of Clinical Supervision
Although some similarities exist between counseling and supervising, there are many important differences. Clinical supervision has its own knowledge base, and supervisors must understand different theoretical perspectives. They also must understand the roles clinical supervisors are expected to fill and the various modalities, or ways of implementing supervision, that are available.

The Competencies

- Understand the role of clinical supervision as the principal method for monitoring and ensuring the quality of clinical services.
- Appreciate the systemic role of the clinical supervisor as a primary link between management and direct services.
- Understand the multiple roles of the clinical supervisor, including consultant, mentor, teacher, team member, evaluator, and administrator.
- Be able to define the purpose of clinical supervision specific to the organization's clinical and administrative contexts, including supervisory goals and methods.
- Be familiar with a variety of theoretical models of clinical supervision, including (but not limited to) psychotherapy-based, developmental, multicultural, integrative, and blended models.
- Be able to articulate one's model of supervision.
- Be familiar with modalities of clinical supervision, including individual,

group, direct observation, and consultation.
- Be familiar with the current research literature related to recommended practices in both substance use disorder treatment and clinical supervision.
- Be familiar with the literature regarding multiple learning strategies (e.g., instructions, demonstrations, role plays, critiques).
- Recognize the importance of establishing with the supervisee a productive, healthy learning alliance focused on improving client services and job performance.
- Understand and reinforce the complementary roles of members on a multidisciplinary team.
- Understand the importance of assessing needs and carefully planning and systematically implementing individual and group supervisory activities that promote clinical and program service improvement.

FA2: Leadership

Leadership is an important element of clinical supervision. Leadership may be defined as a bidirectional social influence process in which supervisors seek voluntary participation of supervisees to achieve organizational goals, while providing leadership in the management structure of the agency. Leaders mentor, coach, inspire, and motivate. They build teams, provide structure, create cohesion, and resolve conflict. In addition, leaders build organizational culture, facilitate individual and organizational growth and change, and foster a culturally sensitive service delivery system by consistently advocating, at all levels of the organization, the need for high-quality clinical care for all patients or clients of the agency.

The Competencies

- Use a leadership style that creates and maintains an environment based on mutual respect, trust, and teamwork.
- Be a role model by taking full responsibility for one's decisions, supervisory practices, and personal wellness.
- Seek job performance feedback from supervisees, peers, and managers to improve supervisory practices.
- Create, regularly assess, and revise a personal leadership plan to provide direction for one's continuing professional development.
- Seek out and use leadership mentors to assist with one's personal development, knowledge acquisition, and skill development.
- Understand the historical context of treatment for substance use disorders and use that understanding to participate in developing the agency's guiding vision and its related mission, principles, and sense of purpose.
- Clarify agency vision, mission, and service goals and objectives for the supervisee.

- Interpret agency mission, policies, procedures, and critical events. Effectively communicate those interpretations to supervisees and foster an organizational climate that promotes continuous improvement and excellence in client care.
- Understand, monitor, and ensure compliance with State and Federal regulations and accrediting body (e.g., Commission on Accreditation of Rehabilitation Facilities, Joint Commission on Accreditation of Healthcare Organizations, Council on Accreditation) standards for the delivery of substance use disorder treatment.
- Recognize the safety and security issues facing the organization and participate in enforcing and enhancing organizational policies that ensure the safety and security of clients, personnel, and facilities.
- Understand and acknowledge the power differential inherent in the supervisor-supervisee relationship, using power fairly and purposefully avoiding the abuse of power.
- Proactively structure and schedule clinical supervision activities.
- Teach, mentor, and coach in the context of the organization's core values.
- Provide honest feedback—positive, constructive, and corrective.
- Guide through motivational empowerment rather than control. Facilitate work through team building, training, coaching, and support.
- Plan and organize for orderly workflow, controlling details without being overbearing.
- Empower and delegate key duties to others while maintaining goal clarity and commitment. Delegate mindfully, considering both the supervisee's professional development and the agency's needs.
- Encourage supervisee participation in communicating observations, ideas, and suggestions to agency management.

FA3: Supervisory Alliance

Clinical supervision takes place in the context of the supervisor–supervisee relationship. A positive supervisory alliance includes mutual understanding of the goals and tasks of supervision and a strong professional bond between supervisor and supervisee. To be effective, a supervisor must have a clear understanding of the nature and dynamics of this relationship.

The Competencies

- Be familiar with the literature about supervisory alliance, including key factors that strengthen or compromise the supervisory alliance, supervisory contracting, and relational issues (e.g., transference and countertransference).
- Understand the complex, multilevel, and bidirectional nature of the supervisory triad of client, counselor, and supervisor. Maintain an awareness of potential dual relationships and boundary violations within

the triad.

- Recognize that the supervisor–supervisee relationship develops over time and that the stage of relationship development influences the rules, roles, and expectations of the alliance.
- Conceptualize the supervisor–supervisee relationship as a learning alliance that provides for role induction, includes agreement on goals and tasks, and recognizes the bond that develops between the supervisor and the supervisee.
- Understand the value of mentoring as a dynamic way of forming an alliance, teaching counseling skills through encouragement, and giving suggestions for accomplishing goals.
- Create an explicit supervisory contract that clarifies expectations and goals, the relationship's structure and evaluative criteria, and the limits of supervisor–supervisee confidentiality.
- Present as a credible professional who possesses knowledge and expertise relevant to the setting and the population being served.
- Model ethical behavior vis-à-vis the supervisee and reinforce ethical standards in the relationship between the supervisee and the supervisee's clients.
- Be continually alert to the effects of one's interpersonal style on the supervisee.
- Maintain appropriate boundaries in forming and maintaining a safe and trusting professional relationship.
- Attend to cultural, racial, gender, age, and other diversity variables essential to a productive supervisor–supervisee relationship.
- Understand, recognize, and know how to ameliorate the effects of personal counter-transference triggered by the supervisee's interpersonal style, the supervisee's developmental issues, or the supervisee's unresolved personal issues.
- Recognize interpersonal conflict and supervisory impasses, accept appropriate responsibility, and actively participate in resolving difficulties.

FA4: Critical Thinking

Critical thinking refers to the 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; they also must help supervisees hone critical thinking skills.

The Competencies

- Understand the various contexts (e.g., organizational, political, societal, cultural) in which supervision is conducted.
- Analyze and evaluate agency issues and policies to better understand, clarify, and participate in the continuous improvement of agency and staff

performance and service outcomes.
- Evaluate and select written and oral communication strategies appropriate to the audience and purpose.
- Select, adapt, implement, and evaluate appropriate problem-solving, decision-making, and conflict resolution techniques.
- Apply experience, insight, and lessons learned to new situations.
- Apply critical thinking to information gathering by evaluating the content of the information and the credibility of its source.
- Ask supervisees relevant and clarifying questions and listen critically for content and underlying issues in their self-disclosure.
- Help supervisees develop skills in case conceptualization and analysis of client–counselor interactions.
- Negotiate, communicate, and document the resolution of conflicts or disagreements and strategies for resolving performance problems. Document outcomes.
- Develop sound criteria for self-evaluation and clarify personal beliefs, values, and biases.
- Help supervisees develop sound criteria for self-evaluation and clarify their beliefs, values, and biases.

FA5: Organizational Management and Administration
Management can be defined as the process of working with and through others to achieve organizational objectives in an efficient, legal, and ethical manner. Administration, in the context of this document, is the day-to-day implementation of the organization's policies and procedures.

Although clinical supervision is distinguished from administrative supervision in some models of supervisory practice, the two significantly overlap in the real world. Virtually all clinical supervisors have responsibility for some management and administrative activities, but the scope of these activities can vary widely depending on the organization.

The Competencies
- Recognize that organizational and managerial skills and tasks enhance clinical supervision.
- Understand and consistently apply agency policies, procedures, organizational structure, and communication protocols.
- Understand the legal demands and liabilities inherent in supervisory and clinical services, including the vicarious liabilities incurred in supervising interns and students.
- Be familiar with and abide by current principles, laws, ethical guidelines, and agency policies regarding personnel management.
- Learn to implement effective disciplinary and administrative management

techniques that enhance clinical supervision and accomplishment of the organization's mission.
- Understand and ensure supervisee compliance with State program licensing requirements and with other State and Federal laws and statutes.
- Understand and ensure supervisee compliance with the substance use disorder treatment standards of the organization's healthcare accrediting body (e.g., Commission on Accreditation of Rehabilitation Facilities, Joint Commission on Accreditation of Healthcare Organizations).
- Monitor and maintain the human and technical resources needed to meet organizational and program objectives.
- Evaluate and contribute to improving the organization's cultural proficiency.
- Possess and continually improve organizational and time management skills.
- Understand and work within the organization's budgetary constraints.
- Effectively apply technology, within agency and regulatory limits, for communication, program monitoring, report writing, problem-solving, recordkeeping, case management, and other activities.
- Ensure the maintenance, storage, and security of employee records and protected health information consistent with the organization's policies and procedures, government regulations, and ethical principles.

Section IV: Performance Domains

Performance domains identify specific areas of clinical supervision practice that are essential to protecting client welfare, achieving agency goals, and improving clinical services. To ensure high-quality service delivery, supervisors work to develop and maintain competence among direct service staff while adhering to high professional and ethical standards. Supervisors provide supervisees with appropriate feedback while facilitating knowledge and skill development. To accomplish these tasks, supervisors must gather objective information on which to base an evaluation of their supervisees' performance. Supervisors also perform administrative tasks that preserve and build the organizational culture.

The framework used here identifies five performance domains:
- PD1: Counselor Development;
- PD2: Professional and Ethical Standards;
- PD3: Program Development and Quality Assurance;
- PD4: Performance Evaluation; and
- PD5: Administration.

The competencies listed within each performance domain identify the specific abilities and responsibilities that clinical supervisors must master to be effective

in the essential roles they play in the service delivery system.

Counselor development and performance evaluation are discussed here as two separate performance domains because each requires a distinct set of competencies. It is important to note, however, that each is integral to the other. Performance evaluation without a counselor development process would not necessarily lead to improved counselor proficiency. Similarly, counselor development activities in the absence of performance evaluation would likely be untargeted, general, and of less value to the counselor.

PD1: Counselor Development
The continuous development of staff clinical skills is key to the delivery of high-quality client care. Counselor development is a complex process that involves teaching, facilitating, collaborating, and supporting counselor self-efficacy. Supervisors must facilitate this process in the context of a collaborative supervisor–supervisee relationship and within professional, ethical, and legal guidelines. Supervisors also must consistently maintain a multicultural perspective.

The Competencies

- Teach supervisees the purpose of clinical supervision and how to use it effectively.
- Ensure that comprehensive orientation is provided to new employees, including in areas such as the organization's client population, mission, vision, policies, and procedures.
- Build a supportive and individualized supervisory alliance that respects professional boundaries.
- Maintain a constructive supervisory learning environment that fosters awareness of oneself and others, motivation, self-efficacy, enthusiasm, and two-way feedback.
- Conceptualize and plan individual and group supervision activities, incorporating supervisees' preferred learning styles, cultures, genders, ages, and other appropriate variables.
- Encourage supervisees to examine their views regarding culture, race, values, religion, gender, sexual orientation, and potential biases.
- Help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.
- Provide timely and specific feedback to supervisees on their conceptualizations of client needs, attitudes toward clients, clinical skills, and overall performance of assigned responsibilities.
- Create a professional development plan with supervisees that includes mutually approved goals and objectives for improving job performance, how goals and objectives will be met (including the respective

responsibilities of the supervisor and the supervisee), a timeline for expected accomplishments, and measurements of progress and goal attainment.
- Implement a variety of direct supervisory activities (e.g., role play, live supervision/observation, review of audiotaped and videotaped sessions, presentation/discussion of case studies) to teach and strengthen supervisees' theoretical orientation, professional ethics, clinical skills, and personal wellness.
- Help supervisees recognize, understand, and cope with unique problems of transference and countertransference when working with clients with substance use disorders.
- Acknowledge supervisees' development and celebrate accomplishments through frequent rewards and recognition.
- Encourage and help supervisees develop a personal wellness plan to manage their stress and avoid compassion fatigue and burnout.

PD2: Professional and Ethical Standards

Supervisors work in a complex environment subject to professional, statutory, and regulatory guidelines. This domain identifies competencies related to protecting the public, clients, and staff members. It also describes the development of supervisors' professional identity and integrity in the context of professional supervisory practice.

The Competencies

- Be familiar with relevant professional codes of ethics (see Appendix B), client's rights documents, and laws and regulations that govern both counseling and clinical supervision practices.
- Ensure that supervisees are familiar with generally accepted professional codes of ethics, State and Federal statutes regarding duty to report (e.g., child abuse) and duty to warn (e.g., threat of physical violence against a reasonably identifiable victim or victims), Federal confidentiality (e.g., 42 Code of Federal Regulations, Part 2) and privacy (e.g., Health Insurance Portability and Accountability Act) rules and regulations, and other legal constraints on the counseling relationship.
- Follow due process guidelines when responding to grievances and ensure that supervisees know their rights as employees and understand the organization's employee grievance procedures.
- Ensure that supervisees are familiar with client's rights and understand client grievance procedures.
- Ensure that supervisees inform clients about the limits of confidentiality (e.g., child abuse reporting, specific threats of violence).
- Ensure that supervisees inform clients about supervision practices (e.g., direct observation, session transcripts) and obtain documented informed

consent from clients as appropriate (e.g., signed releases for audio or video recording of sessions).
- Learn about supervisees' cultures, lifestyles, beliefs, and other key factors that may influence their job performance.
- Use and teach supervisees an ethical decision-making model, such as that described by Corey and colleagues (2002), as a guide for supervisory and clinical practice.
- Understand the risks of dual relationships and potential conflicts of interest in the supervisor–supervisee relationship and maintain appropriate relationships at all times.
- Help supervisees develop awareness of possible dual relationships in the client–counselor relationship.
- Monitor supervisees' clinical practice to enhance their competence and ensure their ethical treatment of clients.
- Provide timely consultation and guidance to supervisees in situations that present moral, legal, and/or ethical dilemmas.
- Ensure that supervisees maintain complete, accurate, and necessary documentation at all times, including detailed descriptions of actions taken in critical situations.
- Intervene immediately and take action as necessary when a supervisee's job performance appears to present problems.
- Report supervisees' ethical violations to the appropriate professional organizations and State bodies as required.
- Maintain familiarity with consensus- and evidence-based best practices in the treatment of substance use disorders.
- Build supervisory competence by actively participating in professional organizations and in a variety of relevant professional and educational activities.
- Seek supervision and consultation to evaluate one's personal needs for training and education, receive and discuss feedback on supervisory job performance, and implement a professional development plan.
- Practice only within one's areas of clinical and supervisory competence.
- Develop and maintain a personal wellness plan for physical and mental health and encourage supervisees to develop and maintain personal wellness plans.

PD3: Program Development and Quality Assurance

Program development is the process of guiding the natural evolution of a service delivery organization to maximize the potential of its staff and resources to meet the needs of the population it serves. Quality assurance (QA) is the process of designing, implementing, monitoring, and improving a program's activities to ensure maximum effectiveness and efficiency of services within the limitations of the agency and its operating environment.

The extent to which clinical supervisors are responsible for program development and QA activities varies, depending on the size, structure, and mission of the organization. However, all clinical supervisors have *some* responsibility for these activities.

The Competencies

- Structure and facilitate staff learning about specific consensus- and evidence-based treatment interventions, program service design, and recovery models relevant to the organization and the population it serves.
- Understand the limitations of addiction treatment in general; its relationship to sustained, long-term recovery; and the specific limitations of the models or design in use by supervisees.
- Understand and be able to apply principles of technology transfer to assist in the adoption and implementation of new clinical practices.
- Identify, develop, and obtain appropriate learning and treatment resource materials that meet the needs of the agency, its clients, and supervisees.
- Plan and facilitate in-service training and other organizational activities that support application of empirically based clinical interventions that are responsive to needs of the agency, clients, and supervisees.
- Understand the balance between fidelity and adaptability when implementing new clinical practices.
- Be familiar with the methods used to analyze the organization's developmental needs and clinical outcomes, including regular needs assessments.
- Advocate within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement, and retention in treatment.
- Understand the organization's QA plan and comply with all monitoring, documenting, and reporting requirements.
- Develop program goals and objectives and counselor development plans that are consistent with the organization's QA plan.
- Solicit, document, and use client feedback to improve service delivery.
- Provide diversity training and other experiences that empower one to become an advocate for the organization's target population and an agent of organizational change.
- Build and maintain relationships with referral sources and other community programs to expand, enhance, and expedite service delivery.
- Develop skills to advocate for clients throughout the entire continuum of care.

PD4: Performance Evaluation

Counselor evaluation is central to the assurance of high-quality client care. It is a professional and ethical responsibility of clinical supervisors to regularly monitor

the quality of supervisees' performance, to facilitate improvement in supervisees' clinical competence, and to assess supervisees' readiness to practice with increasing autonomy. As such, this domain is closely related to Counselor Development (PD1). The competencies in each are distinct yet highly complementary and interactive.

The Competencies

- Communicate agency expectations about the job duties and competencies, performance indicators, and criteria used to evaluate job performance.
- Understand the concept of supervision as a two-way evaluative process with each party providing feedback to the other, including constructive sharing and resolution of disagreements. Actively encourage supervisees to provide feedback to the supervisor regarding the supervisor's performance.
- Assess supervisees' professional development, cultural competence, and proficiency in the addiction counseling competencies.
- Differentiate between counselor developmental issues and those requiring corrective action (e.g., ethical violations, incompetence).
- Assess supervisees' preferred learning style, motivation, and suitability for the work setting.
- Use multiple sources of quantitative and qualitative data, direct and indirect observations, and formal and informal methods of assessment to ensure substantiated and accurate evaluation.
- Institute an ongoing formalized, proactive process that identifies supervisees' training needs, actively involves supervisees in conjointly reviewing goals and objectives, and reinforces performance improvement with positive feedback.
- Communicate feedback clearly, including feedback regarding performance deficits, weak competencies, or harmful activities. Provide timely written notification of all performance problems and ensure that supervisees understand the feedback.
- Evaluate the competency, including the fidelity, with which supervisees implement research-based treatment protocols.
- Address and manage relational issues common to evaluation, including anxiety, disagreements, and full discussion of performance problems.
- Guide and evaluate supervisees' ability to use a range of evaluative tools (e.g., process recordings, memory work, audiotapes and videotapes, direct observation) and encourage them to use the most effective techniques available in the setting.
- Skillfully use agency evaluation tools and procedures.
- Self-assess for evaluator bias (e.g., leniency, overemphasis on one area of performance, favoritism, stereotyping) and conflict with other

supervisory roles.
- Adhere to professional standards of ongoing supervisory documentation, including written individual development plans, supervision session notes, written documentation of corrective actions, and written recognition of good performance.

PD5: Administration
Clinical supervisors' administrative responsibilities are the executive functions of the position, those duties that help the organization run smoothly and efficiently. Administrative responsibilities include following the organization's policies and procedures (including those related to human resource management), ensuring the maintenance of case records, monitoring case documentation, assisting in financial resource development (e.g., grant proposal writing), and developing relationships with referral sources in the community. Administrative responsibilities also include program development and quality assurance, which are addressed separately in PD3. Although the competencies described below are administrative in nature, many overlap significantly with clinical functions and serve to ensure the quality of services being delivered within the agency. As noted previously, the range of administrative functions clinical supervisors are responsible for will vary from agency to agency.

The Competencies
- Participate in developing, maintaining, applying, and revising the organization's policies, procedures, and forms.
- Monitor, evaluate, and provide feedback regarding supervisees' compliance with administrative policies and procedures.
- Understand and ensure that supervisees understand the organization's chain-of-command and communication protocols.
- Monitor, evaluate, and provide guidance regarding the supervisees' case recordings, including session notes, treatment plans, correspondence, and behavioral contracts.
- Establish and maintain an efficient and comprehensive recordkeeping system that provides clear, chronological documentation of supervisory activities.
- Recommend personnel actions to maintain high standards of clinical care (e.g., hiring, performance recognition, disciplinary action, suspension, termination of clinical staff).
- Maintain and regularly update clinical staff job descriptions according to agency policies and procedures.
- Understand and help supervisees understand and manage the relationships among clinical services, fee assessment and collection, and overall fiscal responsibility.
- Understand and comply with procedures necessary for processing third-

party payment claims, if applicable.
- Participate actively in the organization's resource development activities (e.g., grant application or proposal writing).
- Develop and rely on schedules, deadlines, and reminders to meet service needs and ensure completion of assigned projects and tasks.
- Ensure that supervisees have proper training for using information technology systems and have access to technical assistance and other resources.
- Obtain regularly scheduled diversity, crisis management, and safety training for oneself and supervisees.
- Develop and comply with intraorganizational and interorganizational agreements that expand, enhance, and expedite service delivery.
- Maintain security of all supervisory notes, assessments, and other pertinent documents.
- Structure and facilitate effective staff meetings.

Appendix B: Professional Code of Ethics Specific to Clinical Supervision[7]

The National Board for Certified Counselors, Center for Credentialing and Education: The Approved Clinical Supervisor Code of Ethics
Updated September 2005

In addition to following the Code of Ethics of their mental health credentialing body, approved clinical supervisors shall:

1. Ensure that supervisees inform clients of their professional status (e.g., intern) and of all conditions of supervision.
   Supervisors need to ensure that supervisees inform their clients of any status other than being fully qualified for independent practice or licensed. For example, supervisees need to inform their clients if they are a student, intern, trainee or, if licensed with restrictions, the nature of those restrictions (e.g., associate or conditional). In addition, clients must be informed of the requirements of supervision (e.g., the audio taping of all clinical sessions for purposes of supervision).
2. Ensure that clients have been informed of their rights to confidentiality and privileged communication when applicable. Clients also should be informed of the limits of confidentiality and privileged communication. The general limits of confidentiality are when harm to self or others is threatened; when the abuse of children, elders or disabled persons is suspected and in cases when the court compels the mental health

[7] This section excludes the portion of Appendix B that reprints the "Ethical Guidelines for Counseling Supervisors" from the Association for Counselor Education and Supervision (ACES).

professional to testify and break confidentiality. These are generally accepted limits to confidentiality and privileged communication, but they may be modified by state or federal statute.

3. Inform supervisees about the process of supervision, including supervision goals, case management procedures, and the supervisor's preferred supervision model(s).
4. Keep and secure supervision records and consider all information gained in supervision as confidential.
5. Avoid all dual relationships with supervisees that may interfere with the supervisor's professional judgment or exploit the supervisee.
   Any sexual, romantic, or intimate relationship is considered to be a violation. Sexual relationship means sexual conduct, sexual harassment, or sexual bias toward a supervisee by a supervisor.
6. Establish procedures with their supervisees for handling crisis situations.
7. Provide supervisees with adequate and timely feedback as part of an established evaluation plan.
8. Render assistance to any supervisee who is unable to provide competent counseling services to clients.
9. Intervene in any situation where the supervisee is impaired and the client is at risk.
10. Refrain from endorsing an impaired supervisee when such impairment deems it unlikely that the supervisee can provide adequate counseling services.
11. Supervisors offer only supervision for professional services for which they are trained or have supervised experience.
    Supervision should not include assistance in diagnosis, assessment, or treatment without prior training or supervision. Supervisors are responsible for correcting any misrepresentations of the qualifications of others.
12. Ensure that supervisees are aware of the current ethical standards related to their professional practice, as well as legal standards that regulate the practice of counseling.
13. Engage supervisees in an examination of cultural issues that might affect supervision and/or counseling.
14. Ensure that both supervisees and clients are aware of their rights and of due process procedures, and that you as supervisor are ultimately responsible for the client.
15. Refrain from supervising a relative or immediate family member.

Examination Questions

The correct answers to the questions on this exam are based on the information contained within this Course Material. Each question has four possible answers. Select the most correct answer to each question. If there is a conflict between the information contained within this Course Material and what you have learned from other sources, answer the questions based upon the information contained within this Course Material.

1. There are some critical differences between counseling and supervision, and Gallon (2002) has provided a framework of the differences between "Counseling," "Clinical Supervision" and "Administrative Supervision" to make the comparison. Please select which of the following is the primary PURPOSE of **Clinical Supervision** as identified in the material:
   a) Improved job performance.
   b) Personal growth, behavior changes, decision-making, better self-understanding.
   c) Assure compliance with agency policy and procedure.
   d) None of the above.

2. There are some critical differences between counseling and supervision, and Gallon (2002) has provided a framework of the differences between "Counseling," "Clinical Supervision" and "Administrative Supervision" to make the comparison. Please select which of the following is the targeted OUTCOME of **Clinical Supervision** as identified in the material:
   a) Open-ended based on client needs.
   b) Enhanced proficiency in knowledge, skills, and attitudes essential to effective job performance.
   c) Consistent use of approved formats, policies, and procedures.
   d) None of the above.

3. There are some critical differences between counseling and supervision, and Gallon (2002) has provided a framework of the differences between "Counseling," "Clinical Supervision" and "Administrative Supervision" to make the comparison. Please select which of the following is the underlying AGENDA of **Clinical Supervision** as identified in the material:
   a) Based on client needs.
   b) Based on agency needs.
   c) Based on service mission and design.
   d) None of the above.

4. There are some critical differences between counseling and supervision, and Gallon (2002) has provided a framework of the differences between "Counseling," "Clinical Supervision" and "Administrative Supervision" to

make the comparison. Please select which of the following is the BASIC PROCESS of **Clinical Supervision** as identified in the material:

a) Clarifying agency expectations, policy and procedures, assuring compliance.
b) Assessing worker performance, negotiating learning objectives, and teaching / learning specific skills.
c) Affective process which includes listening, exploring and teaching.
d) None of the above.

5. Dr. David Powell (1993) has indicated that a model of supervision has a number of layers. Which of the following describes the "Stage of development" layer:

a) The theory of change that underlies the counseling approach to be used.
b) Specific characteristics of the counseling and supervision processes.
c) Level of training, knowledge and skill of both supervisor and counselor.
d) None of the above.

6. Dr. David Powell (1993) has indicated that a model of supervision has a number of layers. Which of the following describes the "Descriptive Dimensions" layer:

a) The theory of change that underlies the counseling approach to be used.
b) Specific characteristics of the counseling and supervision processes.
c) Level of training, knowledge and skill of both supervisor and counselor.
d) None of the above.

7. Dr. David Powell (1993) has indicated that a model of supervision has a number of layers. Which of the following describes the "Philosophical foundation" layer:

a) The theory of change that underlies the counseling approach to be used.
b) Specific characteristics of the counseling and supervision processes.
c) Level of training, knowledge and skill of both supervisor and counselor.
d) None of the above.

8. In Powell's view, the focus of supervision is behavioral change and skill acquisition. In other words:

a) The emphasis should be on advancement of the supervisor's skills.
b) The emphasis should be on using personal skills for the purpose of acquiring self-promotion.

c) The emphasis should be on helping staff learn how to use personal skills and attributes in counseling to promote behavioral change in the client.
d) None of the above.

9. It is important to consider ethical principles that influence the practice of supervision. The concerns for appropriate boundaries, maintaining confidentiality and unconditional positive regard that characterize the counseling relationship:
a) Are completely different when considering a counselor / client relationship and a counselor / supervisor relationship.
b) Apply to the relationship between counselor and supervisor.
c) Have nothing to do with the counselor / supervisor relationship.
d) None of the above.

10. Counselors may have higher levels of satisfaction and be more productive if they feel organizational policies are working for and not against them. This challenge usually falls on the shoulders of the:
a) Client.
b) Counselor.
c) Supervisor.
d) Executive management.

11. There are several definitions of clinical supervision. Which of the following is identified in the Course Material?
a) *"Supervision is an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession."*
b) *"Clinical supervision is a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical and supportive."*
c) Both of the above.
d) Neither of the above.

12. Stoltenberg, McNeil, and Delworth's Integrated Developmental Model (IDM) of clinical supervision proposes three distinct levels of counselor development. According to the IDM, which of the following is an INCORRECT statement about **Level 1** counselors?
a) These counselors who are just entering the field take in theories about

therapy and assimilate them according to their own personal experiences.
b) These counselors may be anxious about being a counselor, their lack of seasoned skills and knowledge, and the fact that they are being regularly evaluated.
c) These counselors generally do not have a high motivation level.
d) Observation of this level of counselors is crucial, and should be in person, by videotape, or at least by audiotape.

13. Stoltenberg, McNeil, and Delworth's Integrated Developmental Model (IDM) of clinical supervision proposes three distinct levels of counselor development. According to the IDM, which of the following is an INCORRECT statement about **Level 2** counselors?
a) This level of counselor generally emerges a year or two after graduation, with consistent supervision during this time.
b) These counselors may be anxious about being a counselor, their lack of seasoned skills and knowledge, and the fact that they are being regularly evaluated.
c) These counselors become increasingly comfortable with a range of skills, and may begin to explore various approaches and current trends.
d) Counselors at this level start to develop a readiness and openness that allows for discussion and processing their personal issues related to self-awareness, defensiveness, transference and countertransference, and the supervisory relationship.

14. Stoltenberg, McNeil, and Delworth's Integrated Developmental Model (IDM) of clinical supervision proposes three distinct levels of counselor development. According to the IDM, which of the following is an INCORRECT statement about **Level 3** counselors?
a) This level of counselor generally emerges a year or two after graduation, with consistent supervision during this time.
b) Counselors at this level empathize with and understand their client's view of the world which allows them to explore important information while discarding the irrelevant.
c) Autonomy increases at this level and the supervisory relationship becomes more collegial.
d) This level of counselor will benefit from more facilitative actions such as support, caring, and even confrontation, when needed.

15. The Skovholt and Ronnestad Model of supervision looks at a supervisee's growth throughout the lifespan. The eight stages they suggest include **Stage 1 – Competence,** which may be described as which of the

following?

a) Counselors at this stage, having some experience with clients, use what they already know - a conceptual model based on "common sense."
b) The task of counselors at this stage is to assimilate valuable information from a number of sources and apply this to their practice.
c) Counselors imitate experts at a practical level while still having an openness to ideas.
d) Counselors function as professionals at this stage. They are refining their skills, conceptual ideas, and techniques.

16. The Skovholt and Ronnestad Model of supervision looks at a supervisee's growth throughout the lifespan. The eight stages they suggest include **Stage 4 – Conditional Autonomy,** which may be described as which of the following?

a) Counselors at this stage, having some experience with clients, use what they already know - a conceptual model based on "common sense."
b) The task of counselors at this stage is to assimilate valuable information from a number of sources and apply this to their practice.
c) Counselors imitate experts at a practical level while still having an openness to ideas.
d) Counselors function as professionals at this stage. They are refining their skills, conceptual ideas, and techniques.

17. The Skovholt and Ronnestad Model of supervision looks at a supervisee's growth throughout the lifespan. The eight stages they suggest include **Stage 6 – Integration,** which may be described as which of the following?

a) Counselors explore beyond what they have been taught. They may reject previously accepted ideas and models.
b) As professionals, counselors work towards developing authenticity. Their conceptual system is individualized so it "fits" them and their approach to working with clients may be eclectic or integrated.
c) The main task of this stage is for the counselor to further individualize and personalize their conceptual system, which in turn deepens their authenticity.
d) Counselors at this stage of their working life have a conceptual system that is highly individualized and integrated.

18. The Skovholt and Ronnestad Model of supervision looks at a supervisee's growth throughout the lifespan. The eight stages they suggest include **Stage 8 – Integrity,** which may be described as which of the following?

a) Counselors explore beyond what they have been taught. They may

reject previously accepted ideas and models.
b) As professionals, counselors work towards developing authenticity. Their conceptual system is individualized so it "fits" them and their approach to working with clients may be eclectic or integrated.
c) The main task of this stage is for the counselor to further individualize and personalize their conceptual system, which in turn deepens their authenticity.
d) Counselors at this stage of their working life have a conceptual system that is highly individualized and integrated.

19. Falander and Shafranske (2004) state that facilitating attitudes consist of:
a) Supervisor empathy toward the supervisee's developmental process
b) The creation of a sense of teamwork between them.
c) Both A and B above.
d) Neither A nor B above.

20. The supervision contract can help prepare the supervisee for the supervisory experience. Which of the following statements is INCORRECT regarding the development and utilization of such a contract?
a) Contracts are created by the primary supervisor together with the supervisee.
b) Contracts are designed to orient the supervisee to supervision as well as to serve as a roadmap for the entire experience.
c) Contracts can highlight and clarify mutual goals and minimize differing agendas.
d) None of the above statements is correct.

21. Osborn and Davis (1996) recommend that supervision contracts include all of the following EXCEPT:
a) Purpose, goals, and objectives.
b) Fiscal and salary objectives.
c) Duties and responsibilities of the supervisor and supervisee.
d) Procedural considerations.

22. While supervision contracts establish explicit tasks and responsibilities for the supervisor and supervisee, there is also an implicit Supervisee Bill of Rights, which Munson (2002) describes to include which of the following?
a) Growth-oriented supervision that respects personal privacy.
b) Criteria that are made clear in advance, and evaluations based on actual observation of performance.
c) A supervisor who is adequately skilled in clinical practice and trained in supervisory methods.
d) All of the above.

23. Bernard and Goodyear (204) propose that supervision has two central purposes, which are:
    a) To foster the supervisee's professional development.
    b) To ensure client welfare
    c) Neither A nor B above.
    d) Both A and B above.

24. Important characteristics of healthy supervisory relationships include all of the following EXCEPT:
    a) Bidirectional trust, respect and facilitation.
    b) A commitment to enthusiasm and energy for the relationship.
    c) An adequate amount of time committed to supervision.
    d) Disregard of supervisee's developmental needs

25. Important characteristics of healthy supervisory relationships include all of the following EXCEPT:
    a) Encouragement of autonomy.
    b) Sense of humor.
    c) Defensive and accusatory supervisory style.
    d) A clear understanding of the rights and responsibilities of both the supervisee and supervisor.

26. Competencies for healthy and effective supervision include all of the following EXCEPT:
    a) Capacity to enhance supervisees self-confidence through support, appropriate autonomy, and encouragement.
    b) Capacity to model strong working alliances and develop strong supervisory alliances with supervisee.
    c) Ability to constantly criticize and evaluate without regard for potential outcomes.
    d) Knowledge of multiple formats of supervision and skill in each format.

27. Competencies for healthy and effective supervision include all of the following EXCEPT:
    a) Self-interpretation of written policies and procedures.
    b) Excellent communication of case conceptualization, with a strong theoretical stance.
    c) Ability to maintain equilibrium and, as appropriate, a sense of humor, even in the face of crisis.
    d) Ability to identify and bring up potential conflict situations or areas of discomfort with the supervisee.

28. When creating a learning environment, embedding learning into an organization goes beyond the supervisors. Managers, staff, and natural leaders can also endorse and commit to creating a climate for learning. *"An agency that nurtures learning looks it, rewards it, and builds it through clinical supervision that emphasizes continuous learning. Making coaches, mentors and learning opportunities available are all part of a learning agency. Within a learning environment, all staff are valued for their contributions, questions, suggestions and insights. Helping staff thrive is seen as a value held in the agency."* This describes which of the following strategic choices in the development of a learning environment?
    a) Structural Supports.
    b) Human Resource Practices.
    c) Learning Culture.
    d) None of the above.

29. There are many factors that can impact the work environment. Which of the following is NOT one suggested by the Course Material?
    a) The gift of trust - trust gives staff the freedom to make decisions about tasks.
    b) Exclusion – exclude non-members of the executive management team so as not to negatively impact the supervisory process with outsiders.
    c) Time and space - help staff get off the treadmill at work. Staff can get ill not from too much to do but from feeling they have too much to do all at once, all the time.
    d) Clear expectations - give staff a clear picture of what is expected and what priorities they are being asked to attend to.

30. There are many factors that can impact the work environment. Which of the following is NOT one suggested by the Course Material?
    a) Email and voicemail - email usage in the workplace is a tremendous tool to combat the supervisor's busy schedule. Consistently send highly-detailed and frequent e-mails whenever possible.
    b) The gift of clarity - in setting a future direction for the company. Productive staff need this sense of direction.
    c) Listening - is an art form, hearing not only what others say but understanding how they feel and what they need to do their job.
    d) Redistributing workloads wisely - heavy workloads are a major stress. Staff can worry their workload is preventing them from doing a good job.