Behavioral Health Services (BHS)

Guidelines for the Provision of Clinical Supervision

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Introduction

Purpose

Clinical supervision is a collaborative relationship between two clinical professionals; one having a greater degree of clinical knowledge and skill helping the other with the goal of enhancing professional competence and evidence informed practice to benefit clinical care to the individuals and families being served. Supervision is a distinct professional competency that requires education and training. This Practice Guideline is intended to provide a framework to inform the development of supervisors, to encourage competent supervision, and to communicate to staff the Agency's value in skilled service delivery.

Intended Audience

Behavioral health professionals providing services to individuals and families we serve within HCA's County or county-contracted mental health and substance use disorder programs are the primary audience for these guidelines.

Definition of Terms

Clinical supervision is the process in which a supervisor supports a supervisee in the development of self-sustaining skills and competencies.[1]

Supervisor is a departmentally designated staff member meeting educational and professional requirements who monitors, evaluates, mentors, and develops specific clinical competencies of the supervisee.

Supervisee is a pre-licensed volunteer or staff member who requires supervision to perform clinical activities per professional board, agency, and/or school regulations.

Background

Development of Guideline

This Practice Guideline was developed by the Behavioral Health Services (BHS) Practice Guidelines Workgroup, which is a committee of clinicians, supervisors, psychiatrists, and BHS management who represent all BHS areas (i.e., Adult and Older Adult Behavioral Health (AOABH), Children, Youth and Prevention Behavioral Health (CYPBH), and Authority and Quality Improvement Services (AQIS). The Guidelines were developed based on a review of the literature and other popular research sources (e.g. internet websites) in the field.

Selection of Evidence

Existing practice guidelines developed by national and international associations were used as resources in the development of this Practice Guideline. Journal articles referencing established guidelines were also included. All resources used were established in the year 2000 or later. Each of the guidelines used as evidence include academic and professional competencies that the supervisor should exhibit.

Documentation of Need

It is essential for less experienced mental health clinicians and alcohol and other drug (AOD) counselors to be trained properly to ensure that their practice is effective. Supervision protects the individuals and families being served, supports practitioners, and ensures that professional standards and quality services are delivered by competent clinicians.[2] It paves the way for greater accountability to the practice and profession, while keeping the needs of the individuals and families we serve central during the supervision period. Supervision is a gateway for new clinicians to work toward their independent practice while having regular access to a more experienced clinician's expertise and experiences. The availability of supportive supervision is a valuable resource to supervisees and should be considered a necessity for maintaining high standards of service.

Supervision is particularly important when working in high acuity settings and with traumatized individuals. Supervision has been consistently recommended as a means of support and self-care for the therapist, with the aim of preventing secondary trauma.[3] Clinical supervision can aid in mitigating vicarious trauma responses in the supervisee when the supervisor brings awareness to the effects of working with trauma.[4] Trauma-informed supervision combines knowledge about trauma and supervision, and focuses on the characteristics of the interrelationship between the trauma, the practitioner, the helping relationship, and the context in which the work is offered.[4]

Justification

Supervision can be a mutually beneficial process for all parties: the supervisor, the supervisee, and the individuals and families served. This will be achieved when there is application of ethical principles by both supervisor and supervisee. It is important that a positive learning environment is maintained during the supervision process that will maximize benefits for all concerned.

Inadequate supervision can result not only in poor professional development for the supervisee, but also harm to individuals and families served. Ellis (2013) defined inadequate supervision as ineffective supervision that is characterized by one or more of the following: the supervisor's disinterest and lack of investment in supervision, the supervisor's failure to provide timely feedback or evaluation of the supervisee's skills, the supervisor's inattention to the supervisee's concerns or struggles, the supervisor's inconsistent work toward the supervisee's professional growth or training needs, or the supervisor not listening or being open to the supervisee's opinions or feedback.[5]

Although there is a widespread recognition of the need for supervision, there is much less clarity about how it should be provided.[6] These Guidelines, and the sources listed in the Reference section, are intended to be a resource for supervisors to guide their practice.

Consistency with Policies, Regulations, Laws, and Professional Standards

A Guideline differs from a Professional Standard, which is mandatory and, thus, may be accompanied by an enforcement mechanism. A Guideline is not mandatory, definitive, or exhaustive. This Practice Guideline is intended to be aspirational, with the intent to facilitate continued development of professional practices and to promote high quality services. This set of guidelines may not apply to every professional or clinical situation within the scope of the guideline. As a result, the guideline is not intended to take precedence over professional judgment.

Federal and state laws supersede Practice Guidelines. The supervisor and supervisee should familiarize themselves with and adhere to all Board of Behavioral Sciences (BBS), California Board of Psychology (BOP), and AOD counselor certification boards' regulations for clinical supervision. This Practice Guideline is to be used in conjunction with existing laws, regulations, policies, and procedures.

The American Psychological Association (APA) and Canadian Psychological Association (CPA) have guidelines for supervision, specifically in psychology. Both were reviewed in the development of this Practice Guideline. In addition, the County of Los Angeles Department of Mental Health (DMH) has parameters for clinical supervision in DMH Outpatient Programs. This document also was used as reference in the creation of this Guideline. International guidelines from the Psychology Board of Australia and the New Zealand Psychologists Boards were also reviewed. Professional associations such as Association of Social Work Boards (ASWB), the National Association of Social Workers (NASW), and Association of State and Provincial Psychology Boards all have guidelines for clinical supervision in their field and were reviewed to identify common elements in the area of clinical supervision.

Furthermore, a literature review was conducted in preparation for developing this Practice Guideline. References to the sources used are listed in the References section of this document.

While CPA's guidelines were based on the four principles for ethical supervision (respect for the Dignity of Persons, Responsible Caring, Integrity in Relationship, and Responsibility to Society), APA's guidelines fell into seven domains (Supervision Competence, Diversity, Supervisory Relationship, Professionalism, Assessment/Evaluation/Feedback, Professional Competence Problems, and Ethical, Legal and Regulatory Considerations). The National Association of Social Workers (NASW) and Association of Social Work Boards' (ASWB) Best Practice Standards in Social Work Supervision outline standards for five areas relevant for supervision: Context in Supervision, Conduct of Supervision, Legal and Regulatory Issues, Ethical Issues, and Technology. Additionally, the Psychology Board of Australia has developed guidelines on requirements for supervisors and supervisors training providers. Requirements for supervisors include components such as receiving a degree from a Board-approved, accredited higher degree program, internship program and an approved area of practice.

Guideline

Guideline Statement

This Practice Guideline highlights recommendations drawn from established practice guidelines from national and international associations. Its primary purpose is to educate professional staff and to identify well-supported practices to help guide the provision of high-quality services. These Guidelines are designed to educate about desirable professional practices, to suggest or recommend specific professional and personal behavior, and to guide performance. Applications for the use of this Practice Guideline are outlined and include the following common elements of clinical supervision: supervisor competence, supervisory relationship, professionalism, logistics, and ethical considerations/confidentiality.

Applications

Clinical supervision is the process in which a supervisor supports a supervisee in the development of self-sustaining skills and competencies.[1] Based on review of existing guidelines, supervision may be formal or informal, contractual or implied, and subject to change over time. At all times, the supervisory relationship should be voluntary. It is recommended that supervision have a contract or some sort of memorandum of understanding between the supervisor and supervisee.

Common Elements for Clinical Supervision

Supervisor Competence

Supervisors are expected to stay current in clinical, legal and ethical knowledge and skills in order to provide supervisees with the knowledge and skills necessary to gain self-competence. Supervisors are expected to familiarize themselves with and adhere to all Board of Behavioral Sciences (BBS), California Board of Psychology (BOP), or AOD Counselor certification boards' regulations for clinical supervisors, whichever applies to the supervisory relationship. This includes ensuring that all requirements are met for the provision of clinical supervision. Supervisors are to provide proof of completion of supervision requirements (i.e. training certificates, current license) to their Service Chief or program director.

Supervisors are expected to have knowledge of various theoretical orientations, evidence-based practices, cultural considerations, clinical specialty areas specific to the population the supervisee is serving, and relevant events that may impact the individuals and families being served (APA Council of Representatives, 2014). If a supervisee is working with a specific population, the supervisor should do his/her best to ensure they have specialized experience in the communities and/or specialty areas the supervisee is serving. Competency in these areas should be obtained and maintained through formal education, training, professional research, and experience. Supervisors are to be actively involved in ongoing professional development to ensure adherence to recommended best practices pertaining to the provision of clinical supervision.

Supervisors must be prepared to handle and have experience with a wide range of clinical problems and populations. Supervisors are also encouraged to participate in regular consultation with other clinical supervisors to discuss and problem-solve issues that arise during clinical supervision and to continue to develop their skill set in facilitating clinical supervision.

Supervisory Relationship

A quality supervisory relationship is built on trust, confidentiality, support, and empathic experiences.[2] Building a collaborative relationship is one of the key elements. This type of relationship can be built through collaborative discussions of expectations, goals, and tasks of supervision.[7] As supervisors initiate and engage the supervisee in these discussions, supervisors should acknowledge differences such as, values, culture, and biases. Discussion of the power differential inherent in the supervisory relationship also helps to build a collaborative relationship. This type of discussion may be initiated by the supervisor verbally acknowledging the inherent power differential.

In order to maintain an effective supervisory relationship, supervisors should consistently demonstrate respect toward a supervisee and model clear and consistent boundaries. Additionally, supervisors are encouraged to find opportunities to guide the supervisee to develop and implement self-care. In kind, supervisors should have an established practice for self-care.

Supervision Contract

Supervisors should establish a written agreement, or Supervision Contract, with the supervisee at the onset of the supervisory relationship. Examples of supervision contracts are provided from the New Zealand Psychologist Board and the National Association of Social Workers (see also sample agreement in Quick Guide). It is recommended that the Supervision Contract include:

- Responsibilities and expectations of both parties and of that of the Service Chief or program director (when the Service Chief or program director is not the clinical supervisor)
- Program goals
- Supervision structure, including frequency and duration
- Limits of supervision responsibility
- Learning objectives
- Measurable goals that are mutually agreed upon
- Specific guidelines to evaluate the supervisee's performance

As the supervisee clinically and professionally progresses, the agreement may need to be updated to reflect new goals, responsibilities, and learning objectives.

Professionalism

Supervisors are expected to model professionalism and exemplary behavior. They are considered to be role models and should be mindful of their role and status as a supervisor. As supervisees grow professionally, they look to their supervisors for standards of how to act with peers, superiors, and individuals and families they serve. Supervisors should strive to model characteristics and interpersonal

skills that are essential to the profession such as collaboration, objectivity, honesty, respectful interactions, straightforward communication, and openness to feedback.

Supervisors should be objective when handling any situations that may arise. This includes avoiding any possible dual/multiple relationships with the supervisee in which a possible conflict of interest may arise. All conflicts should be addressed in an open, honest, and explicit manner as soon as possible. Approaching conflict in this way promotes prompt conflict resolution and can aid in minimizing the impact on the supervisory relationship.

There should be a protocol established regarding how to handle differences in opinion when a clinical supervisor (who is not a Service Chief or program director) and a Service Chief or program director (who is not providing the clinical supervision) give different directions to the supervisee. Similarly, a protocol should be established when there are two clinical supervisors (e.g., an individual clinical supervisor and a group clinical supervisor). The Service Chief/Program Director and clinical supervisor(s) should decide on a protocol to address this and the clinical supervisor should share the protocol with the supervisee at the start of supervision.

Logistics

The frequency and duration of the supervision should be established before the supervision process starts. In addition to regularly scheduled clinical supervision, supervisors should be accessible and provide timely response to clinical supervision requests from the supervisee (e.g., crisis situations, consultations on child or elder/dependent adult abuse reporting). The supervisor should discuss coverage plans with the supervisee when the supervisor is absent or otherwise unavailable.

To enhance learning and increase the effectiveness of supervision, a systematic procedure for ongoing supervisory feedback is necessary. Assessment, evaluation, and feedback are key to the supervisory process. Supervisors are expected to give feedback regularly to supervisees in a way that encourages professional growth. Supervisor's reflection on how their supervisees are progressing compared to their peers is essential to determining what skills still need to be developed.

Evaluation and consistent notes/record keeping and systematic, routine feedback in the form of written communication should be provided. The supervisor should review the effectiveness of supervision regularly by keeping records and documentation. Feedback can be provided in person or remotely through electronic means of communication. An example of how feedback can be provided is through a logbook which records meeting dates, points discussed, and agreed upon action items. Significant and/or ongoing issues or concerns observed by the clinical supervisor should be brought to the attention of the administrative supervisor who the clinical supervisor directly reports to.

Supervisees should maintain a record of supervision and remain current about their licensing or certifying board's requirements for clinical supervision.

Ethical Considerations/Confidentiality

Ethical considerations are always included in supervision guidelines. Ethical standards should be considered shared responsibilities. The supervisor and supervisee need to be aware of their responsibility to promote the collective well-being of the people they serve.[8]

The supervisor has a primary, professional duty to monitor and to manage risk of emotional and/or physical harm to the individuals and families served, the supervisee, or to others that may arise within the sphere of supervisory responsibility (New Zealand Psychologists' Board, 2010). This includes identifying incompetent or unethical practice and taking appropriate steps to properly address the errors of the supervisee.[2] Supervisees are expected to disclose their supervisory relationship to the individuals and families they serve and explain that ongoing consultation with the supervisor will occur.

The supervisor should handle supervisory material in a confidential manner. This may include privacy of the supervisee, for instance, when personal disclosures are made by the supervisee. Boundaries/parameters also need to be considered in order not to compromise the supervisory relationship. At all times, the supervisor should be aware of their status and not abuse their position.

References

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3. West A. Supervising counsellors and psychotherapists who work with trauma: a Delphi study. *British Journal of Guidance & Counselling.* 2010;38(4):409-430.

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5. Ellis MV, Berger L, Hanus AE, Ayala EE, Swords BA, Siembor M. Inadequate and harmful clinical supervision: Testing a revised framework and assessing occurrence. *The Counseling Psychologist.* 2014;42(4):434-472.

6. Milne D, Westerman C. Evidence-based clinical supervision: Rationale and illustration. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice.* 2001;8(6):444-457.

7. Association AAP. Guidelines for clinical supervision in health service psychology. In:2014.

8. Association CP. Ethical guidelines for supervision in psychology: Teaching, research, practice, and administration. *Ottawa, ON: Author.* 2009.

Quick Guide

Regulatory Board and Association Websites

American Association for Marriage and Family Therapy (AAMFT): https://www.aamft.org/iMIS15/AAMFT/

American Psychological Association (APA): http://www.apa.org/

Association of Social Work Boards (ASWB): https://www.aswb.org/

Association of State and Provincial Psychology Boards: http://www.asppb.net/

Board of Behavioral Health Sciences (BBS): http://www.bbs.ca.gov/

California Association of DUI Treatment Programs (CADTP): http://www.cadtp.org/

California Association of Marriage and Family Therapists (CAMFT): https://www.camft.org/

California Board of Psychology (BOP): http://www.psychology.ca.gov/

California Consortium of Addiction Programs and Professionals (CCAPP): https://www.ccapp.us/

Canadian Psychological Association (APA): https://www.cpa.ca/

National Association of Social Workers (NASW): https://www.socialworkers.org/

New Zealand Psychologists Boards: http://www.psychologistsboard.org.nz/

Psychology Board of Australia: http://www.psychologyboard.gov.au/

Sample Documents

Sample Supervisor Competency Assessment:

http://societyforpsychotherapy.org/wp-content/uploads/2016/10/Appendix-Special-Feature.pdf

Sample Supervision Contract from AAMFT:

https://www.aamft.org/Documents/Sample_Supervision_Contract.pdf

Sample Supervision Log from AAMFT:

https://www.aamft.org/Documents/Sample_Supervision_Log.pdf

Sample Supervision Observation Form:

https://www.aamft.org/Documents/Supervision_Observation_Form.pdf

Common Elements of Clinical Supervision

Supervisor Competence	Supervisory Relationship	Professionalism	Logistics	Ethical Considerations/ Confidentiality
Current in legal and ethical knowledge and skills. Adhere to all Board of Behavioral Sciences (BBS), California Board of Psychology (BOP), or AOD Counselor certification boards' regulations. Meet BBS, BOP, and AOD Counselor certification boards' requirements for the provision of clinical supervision. Provide proof of completion of requirements to Service Chief. Knowledge of various theoretical orientations, evidence-based practices, cultural considerations, clinical specialty areas, and relevant current events.[1] Competency obtained and maintained through formal education, training, professional research, and experience. Participate in regular consultation with other clinical supervisors.	Build collaborative relationship based on trust, confidentiality, support, and empathy.[2] Facilitate collaborative discussions of expectations, goals, and tasks.[3] Acknowledge differences such as, values, culture, and biases. Facilitate discussion of power differential. Establish a written agreement, or Supervision Contract, which includes: responsibilities, expectations, program goals, supervision structure, limits of supervision responsibility, learning objectives, measureable goals, and guidelines for evaluation.	Model characteristics and interpersonal skills that are essential to the profession such as, collaboration, objectivity, honesty, respectful interactions, straightforward communication, and openness to feedback. Maintain objectivity when handling situations. Avoid dual/multiple relationships. Address all conflicts in an open, honest, and explicit and timely manner. Establish and communicate protocol for how to handle differences in opinion between a clinical supervisor and the program's Service Chief, or between two clinical supervisors (i.e. individual supervisor and group supervisor).	Establish frequency and duration of supervision prior to the commencement of supervision. In addition to regularly scheduled supervision, be accessible and provide timely response to clinical supervision requests (e.g. crisis situations, consultations on child or elder/dependent adult abuse reporting). Discuss coverage plans for absences. Provide systematic, routine feedback and encourage reciprocal feedback. Provide regular feedback that encourages professional growth. Maintain consistent notes/record keeping.	Monitor and manage risk of emotional and/or physical harm to the individuals and families served, the supervisee, or to others that may arise within the sphere of supervisory responsibility.[4] Identify incompetent or unethical practice and take appropriate actions to address the errors of the supervisee.[2] Handle supervisory material in a confidential manner. Establish boundaries and at all times be aware of supervisory status and not abuse their position.

1. *APA Council of Representatives, 2014*
2. *NASW, 2013*
3. *APA, 2014*
4. *New Zealand Psychologists' Board, 2010*