

SAMHSA ADVISORY

Substance Abuse and Mental Health
Services Administration

COMPETENCIES FOR SUPERVISION IN SUBSTANCE USE DISORDER TREATMENT: AN OVERVIEW

Effective supervision of providers improves a substance use disorder (SUD) treatment program's ability to provide quality services, especially in environments dealing with staffing shortages and high staff turnover. This *Advisory* provides an introduction to evidence- and consensus-based competencies to guide the effective supervision of SUD treatment providers in community agencies. It discusses foundational knowledge and concepts essential for supervisory proficiency; roles and skills expected of clinical supervisors; the purpose and context of competencies for supervision in SUD treatment programs; and dissemination and implementation of these competencies.

The *Advisory* is based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) [Technical Assistance Publication \(TAP\) 21-A, *Competencies for Substance Abuse Treatment Clinical Supervisors*](#). The TAP's full list of competencies for effective clinical supervision represents an array of knowledge and skills pertinent to the clinical, administrative, and evaluative responsibilities of a clinical supervisor. TAP 21-A expands on SAMHSA's [TAP 21, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*](#), which identifies competencies for SUD counselors, as well as the knowledge, skills, and attitudes needed to become proficient in each competency. For an introduction to these competencies, see SAMHSA's *TAP 21 Advisory, The Substance Use Disorder Counseling Competency Framework: An Overview*.

Key Messages

- Treatment services improve when providers can practice new skills with support and mentoring from knowledgeable, competent, and empathetic clinical supervisors.
- Effective supervision is guided not only by competencies that define the roles, skills, and knowledge required of clinical supervisors, but also by a professional code of ethics.
- Supervisor competencies are focused around five foundation areas: theories, roles, and modalities of clinical supervision; leadership; supervisory alliance; critical thinking; and organizational management and administration.
- Competencies are applied to a range of foundation areas and performance domains, including protecting client welfare, improving clinical services, developing staff skills, and fulfilling organizational missions and goals.
- The effective implementation of competencies should be approached as a process that involves staff in various roles within an agency.

Background and Framework for Supervisor Competencies

While SUD treatment clinical supervisors need to demonstrate a high level of counseling proficiency as part of professional practice, they should also be well versed in the additional knowledge, skills, and abilities necessary for new counselor development. Additionally, they need to acknowledge clinical supervision as a different professional role. Career development and availability of competent clinical supervisors have been identified as critical areas of need (Covino, 2019), particularly as there is an increased demand for providers to treat clients who present with complex comorbidities and psychosocial constraints that require more sophisticated and competent treatment and supervision skills. Despite this need, many new supervisors receive little or no formal training in clinical supervision (Fulton et al., 2016), which likely affects supervision quality. Also, in many organizations, regularly scheduled clinical supervision is not protected and so can be preempted by other demands on supervisors' time.

Successful engagement with clients in SUD treatment requires a skilled workforce with training, licensing, and practices guided by established competencies. TAP 21-A's competency-based model provides the framework for understanding, learning, and implementing the multiple functions and tasks of clinical supervision of counselors (including performance observation, feedback, and mentoring). This improvement-oriented approach to monitoring and developing clinical services is designed to enhance staff retention, counselor skills, and clinical outcomes.

Practical Application and Dissemination

Clinical supervision competencies can be disseminated and applied in several ways. For example, licensing and credentialing bodies maintain high standards for, and expectations of high qualifications from, applicants. These bodies expect agencies to use evidence-based practices in the delivery of SUD treatment services, which requires clinical supervisors to ensure that new counselors are learning and implementing these practices effectively. These expectations are reflected in both licensure examinations and required hours of supervised clinical experience, which serve as methods for licensing and credentialing bodies to ensure that the public is receiving quality services from competent counselors.

Further, Single State Agencies (SSAs) can establish administrative rules related to the availability and delivery of clinical supervision, as well as recommend or provide technical assistance to state-affiliated or contracted agencies that provide SUD treatment services. To support SSAs in this mission, SAMHSA convened an expert panel to crosswalk the different levels of individual certifications/licensures in each state with the categories of SUD counseling staff. This resulted in the publication of [Scopes of Practice & Career Ladder for Substance Use Disorder Counseling](#). The document, which is based on the competencies in the TAP 21 series, provides a framework for states to update their own scopes of practice guidelines. The document's model guidelines include supervision requirements for SUD counselors.

The Addiction Technology Transfer Center (ATTC) Network developed the [Clinical Supervision Foundations](#) course to provide an introduction to the essential components of supervisory practice and address the need for an education program that can assist supervisors with qualifications required for credentialing. The course content and participant workbook are grounded in the TAP 21-A clinical supervision competencies.

The Five Supervisory Foundation Areas

Foundation areas identify the broad knowledge and concepts essential to supervisory proficiency. These foundations of supervision apply across the variety of disciplines and treatment settings that provide care for clients with SUDs. The competencies representing these foundations are grouped into five areas.¹

Theories, roles, and modalities of clinical supervision

Clinical supervision's knowledge needs and theoretical perspectives are distinct from those that underlie counseling competencies. The relevant clinical supervision competencies include:

- Understanding the role of clinical supervision as the principal method for monitoring and ensuring the quality of clinical services.
- Being familiar with a variety of theoretical models of clinical supervision, including psychotherapy-based, developmental, multicultural, integrative, and blended models.
- Recognizing the importance of establishing with the supervisee a productive, healthy learning alliance focused on improving client services and job performance.
- Understanding the multiple roles of the clinical supervisor, including consultant, mentor, teacher, team member, evaluator, and administrator.
- Being familiar with the current research literature related to recommended practices in both SUD treatment and clinical supervision.

Leadership

Leadership encompasses activities and behaviors that contribute to ongoing supervisee and supervisor professional development and support organizational improvements—with the goal of providing high-quality client care. Competencies specific to leadership include:

- Using a leadership style that creates and maintains an environment based on mutual respect, trust, and teamwork.
- Seeking out and using leadership mentors to assist with one's personal development, knowledge acquisition, and skill development.
- Understanding and acknowledging the power differential inherent in the supervisor–supervisee relationship, using power fairly, and purposefully avoiding the abuse of power.
- Teaching, mentoring, and coaching in the context of the organization's core values.
- Providing honest feedback—positive, constructive, and corrective.

Supervisory alliance

Effective supervisors have a clear understanding of the supervisor–supervisee relationship, recognizing that a mutual understanding of the goals and tasks of supervision and a strong professional bond are critical to a positive supervision experience. Supervisor competencies include:

- Recognizing that the supervisor–supervisee relationship develops over time and that the stage of relationship development influences the rules, roles, and expectations of the alliance.

¹ Slight adaptations were made to the competencies to align the language with current terminology. The list of examples provided within each foundation area should not be considered exhaustive of the available competencies. A full list is provided in [TAP 21-A](#).

- Modeling ethical behavior to the supervisee and reinforcing ethical standards in the relationship between the supervisee and the supervisee's clients.
- Attending to cultural, racial, gender, age, and other diversity variables essential to a productive supervisor–supervisee relationship.
- Recognizing interpersonal conflict and supervisory impasses, accepting appropriate responsibility, and actively participating in resolving difficulties.

Critical thinking

Supervisors are expected to use critical thinking to make sound decisions and solve problems. They must also help supervisees hone their own skills. Competencies related to critical thinking include:

- Understanding the various contexts (e.g., organizational, political, societal, cultural) in which supervision is conducted.
- Selecting, adapting, implementing, and evaluating appropriate problem-solving, decision-making, and conflict resolution techniques.
- Helping supervisees develop skills in conceptualizing cases and analyzing client–counselor interactions.
- Helping supervisees develop sound criteria for self-evaluation and clarify their beliefs, values, and biases.

Organizational management and administration

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. Competencies in this area include:

- Understanding the legal demands and liabilities inherent in supervisory and clinical services, including the vicarious liabilities incurred in supervising interns and students.
- Being familiar with and abiding by current principles, laws, ethical guidelines, and agency policies regarding personnel management.
- Understanding and ensuring supervisee compliance with state program licensing requirements and with other state and federal laws and regulations.
- Effectively applying technology, within agency and regulatory limits, for communication, program monitoring, report writing, problem solving, recordkeeping, case management, and other activities.
- Understanding and ensuring supervisee compliance with the SUD treatment standards of the organization's healthcare accrediting body (e.g., Commission on Accreditation of Rehabilitation Facilities, The Joint Commission).

Supervisory 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. 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.²

² Slight adaptations were made to the competencies to align the language with current terminology. The list of examples provided within each performance domain should not be considered exhaustive of the available competencies. A full list is provided in [TAP 21-A](#).

Counselor development

Counselor development is a complex process that involves teaching, facilitating, collaborating, and supporting counselor self-efficacy. Supervisor competencies for counselor development include:

- Teaching supervisees the purpose of clinical supervision and how to use it effectively.
- Building a supportive and individualized supervisory alliance that respects professional boundaries.
- Conceptualizing and planning individual and group supervision activities, incorporating supervisees' preferred learning styles, cultures, genders, ages, and other appropriate variables.
- Providing timely and specific feedback to supervisees on their conceptualizations of client needs, attitudes toward clients, clinical skills, and overall performance of assigned responsibilities.

Professional and ethical standards

This domain identifies competencies related to protecting the public, clients, and staff members as well as developing supervisors' professional identity and integrity in the context of professional supervisory practice. Examples of competencies specific to professional and ethical standards include:

- Ensuring that supervisees are familiar with client rights and understand client grievance procedures.
- Understanding the risks of dual relationships and potential conflicts of interest in the supervisor–supervisee relationship and maintaining appropriate relationships at all times.
- Ensuring that supervisees inform clients about the limits of confidentiality (e.g., child abuse reporting, specific threats of violence).
- Monitoring supervisees' clinical practice to enhance their competence and ensure their ethical treatment of clients.
- Developing and maintaining a personal wellness plan for physical and mental health and encouraging supervisees to develop and maintain personal wellness plans.

Program development and quality assurance

The extent to which clinical supervisors are responsible for program development and quality assurance activities varies, depending on the size, structure, and mission of the organization. However, all clinical supervisors have *some* responsibility for these activities. Supervisors can demonstrate competencies in these areas by:

- Understanding the limitations of SUD treatment in general, its relationship to sustained long-term recovery, and the specific limitations of the models or designs in use by supervisees.
- Identifying, developing, and obtaining appropriate learning and treatment resource materials that meet the needs of the agency, its clients, and supervisees.
- Advocating within the agency for ongoing quality improvement, including strategies for enhancing client access, engagement, and retention in treatment.
- Soliciting, documenting, and using client feedback to improve service delivery.

Performance evaluation

Clinical supervisors have the professional and ethical responsibility 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. Competencies related to performance evaluation include:

- Assessing supervisees' professional development, cultural competence, and proficiency in the SUD counseling competencies.
- Differentiating between counselor developmental issues and those requiring corrective action (e.g., ethical violations, incompetence).
- Using multiple sources of quantitative and qualitative data, direct and indirect observations, and formal and informal methods of assessment to ensure substantiated and accurate evaluation.
- Instituting 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.

Administration

Clinical supervisors' administrative responsibilities are the executive functions of the position—those duties that help the organization run smoothly and efficiently. Examples of these competencies are:

- Participating in developing, maintaining, applying, and revising the organization's policies, procedures, and forms.
- Establishing and maintaining an efficient and comprehensive recordkeeping system that provides clear, chronological documentation of supervisory activities.
- Monitoring, evaluating, and providing feedback regarding supervisees' compliance with administrative policies and procedures.
- Obtaining regularly scheduled diversity, crisis management, and safety training for oneself and supervisees.
- Developing and complying with intraorganizational and interorganizational agreements that expand, enhance, and expedite service delivery.

Code of Ethics: A Complement to the Competencies

Many organizations have a code of ethics that applies to professional practice for their members. A code of ethics for clinical supervisors complements competencies by setting standards for professional integrity; protecting the welfare of all parties, including the agency, staff, and clients; protecting client rights; and facilitating supervisee development (Center for Substance Abuse Treatment, 2009).

For examples of ethics codes that apply to clinical supervisors, please refer to the [Center for Credentialing & Education Approved Clinical Supervisor \(ACS\) Program Code of Ethics](#) and [NAADAC, The Association for Addiction Professionals/National Certification Commission for Addiction Professionals Code of Ethics](#).

Guidelines for Implementing Supervisory Competencies

If agencies are to improve their supervisory practices by adding clinical supervision competencies, a set of guidelines is needed to support the development of an implementation plan and ensure a smooth transition from existing practice to a different way of supervising clinical staff. Agencies should change supervisory practices over a defined period that allows for procedures to be developed with staff buy-in, supervisors to test the new operations, and counselors to provide feedback on and adjust to a more collaborative, observational supervisory process. The state- and agency-level implementation guidelines below are suggested to facilitate successful adoption of enhanced clinical supervision practices in SUD treatment agencies.

Implementation guidelines: State level

- Appoint a leader for the improvement effort.
- Start with agencies that choose to adopt the change.
- Establish clear written standards and agreements with participating agencies.
- Establish criteria for annual performance evaluations of clinical staff.
- Recognize that change is incremental.
- Develop a source of technical assistance and statewide monitoring.
- Ensure the availability of ongoing training in clinical supervision methods.
- Develop a credential that reflects proficiency in the clinical supervision competencies.

Implementation guidelines: Agency level

- Base improvement objectives on needs identified within the agency.
- Select only changes that management will fully support.
- Create a change plan with objectives that are specific, achievable, and measurable.
- Identify a leader to facilitate the improvement process.
- Make sure that all staff members are prepared to implement the plan, including by having staff provide feedback on the proposed procedures so that modifications to the initial plan can be made as needed.
- When success is achieved, implement a sustainability plan.

For a more indepth discussion of these guidelines, please refer to [TAP 21-A](#), pages 7–12.

Resources

- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
 - [ATTC Network](#)
 - [ATTC Network: National Hispanic and Latino ATTC](#)
 - [ATTC Network: National American Indian and Alaska Native ATTC](#)
 - [TAP 21, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*](#)
 - [TAP 21-A, *Competencies for Substance Abuse Treatment Clinical Supervisors*](#)
 - [Treatment Improvement Protocol \(TIP\) 52, *Clinical Supervision and Professional Development of the Substance Abuse Counselor*](#)
- [American Counseling Association \(ACA\)](#)
 - [Addiction Counseling Practice Competencies and Curriculum in CACREP \[Council for Accreditation of Counseling and Related Educational Programs\]-Accredited Programs](#)
- [Center for Credentialing & Education \(CCE\)](#)
- [International Certification & Reciprocity Consortium \(IC&RC\)](#)
- [National Board for Certified Counselors \(NBCC\)](#)

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