

# Clinical Supervision: Implementing and Maintaining Evidence-Based Practices



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**T**he most predictable way to ensure fidelity to evidenced-based practice in the field of addiction is through adequate supervision of clinicians, both through experience and in training. However, a substantial portion of addiction counselors are not provided these services (Newby, 2018).

Supervision is a critical aspect of the clinical field because it enables the continuation of evidence-based techniques within practice (Prendergast, et al., 2017). Supervision usually involves a senior or more experienced practitioner mentoring a junior or less experienced practitioner (SAMHSA, 2009). Some of the basic functions of a supervisor include evaluating a practitioner's performance, teaching skills through demonstration and discussion, and teaching clinicians how to consistently administer evidence-based techniques (SAMHSA, 2009).

Research reveals a link between increased clinical supervision, consistent implementation of evidenced-based practice, and a decreased frequency of burnout and employee turnover rate (Kim, et al., 2018). While research shows that adequate supervision is a key component of clinical skills development, a methodical plan for supervision is uncommon in the workplace (United Nations Office of Drugs and Crime, n.d.). Approximately 30% of substance use counselors are not receiving any clinical supervision services whatsoever (Newby, 2018). When these services are being provided, Eby et. al. at the University of Georgia found that substance use disorder treatment facilities only spent a mere 2.6 hours per week providing clinical supervision (Treatment, C., n.d.). Although the lack of clinical supervision contributes to insufficient implementation and quality of evidenced-based practice, this industry-wide problem is often out of the supervisors' hands.

The absence of supervision in the workplace is not necessarily caused by the supervisors' lack of interest in or knowledge of evidence-based practice. Instead, a multitude of systematic barriers conflict with their ability to exercise this practice. There are several common barriers to the provision of effective clinical supervision in substance use disorder treatment, which include: competing demand for supervisors' time, rushed or reactionary supervision styles, lack of formal supervision training, lack of administrative support, and high turnover or stress within the workplace. These stressors leave clinical supervisors unable to provide

the necessary observation, mentoring, and feedback needed to ensure fidelity to evidenced-based practice (Altschul, 2018). However, multiple steps can be taken to increase the frequency and quality of clinical supervision. The following recommendations are presented from evidence gathered through academic literature, professional experiences, and interviews of substance use disorder professionals.

## Recommendations

### Reimbursement as Incentive

Reimbursement for supervision hours can help to offset the chronic lack of time in the workplace, which can result in supervision taking a lower priority. Based on field discussions, many supervisors would prioritize supervision more if the time spent were reimbursable. The fact that billable activities take priority over other clinical treatment activities is punctuated by one supervisor who bluntly stated, "If it's billable, it's important!" Reimbursement for clinical supervision is already in practice in some places, such as across the state of Florida. Reimbursement would also be an incentive to engage in the critical activity of skills development toward evidenced-based practice, which has a direct effect on quality of care as evidenced by outcome measures (Ramsey, et al., 2017).

### Clinical Supervision Requirement in Training

Requiring professionals who are interested in becoming clinical supervisors to successfully complete training in supervision techniques prior to conducting supervision services will improve the level of supervision provided. Some states, such as the state of Wisconsin, are already requiring this training. A lack of formal training in supervision techniques is a major barrier to the implementation and maintenance of evidence-based practice, therefore training in clinical supervision should be a requirement to become a supervisor.

### Accountability in Treatment Programs

Treatment programs should be structured to promote the consistent implementation of clinical supervision. Treatment programs must take responsibility and accountability for ensuring the quality of care provided to clients by implementing and supporting clinical supervision and evidence-based practice. Clinical supervisors alone cannot bear the