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# VIII. Core Competencies for Clinical Supervisors

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*This chapter provides useful strategies that will help guide clinical supervisors who oversee and support the work of MISSION-VET Case Managers and Peer Support Specialists. It includes an overview of the MISSION-VET supervisor's role and a description of each team member's primary area of responsibility within the MISSION-VET program. The remainder of the chapter describes key strategies that MISSION-VET supervisors will need in order to establish productive working relationships with MISSION Case Managers and Peer Support Specialists. These strategies, which are designed to foster a strong supervisory alliance and assure that services are being delivered with fidelity to the MISSION-VET model, will ensure the provision of the highest quality of care. Several brief vignettes are included to illustrate these strategies.*

## A. The Role of the Clinical Supervisor in the MISSION-VET Model

As described in previous chapters, the MISSION-VET model utilizes Critical Time Intervention (CTI) case management and Dual Recovery Therapy (DRT) integrated co-occurring disorders (COD) treatment to provide a smooth transition into the community, maximize skills through practice, and ensure a secure foundation while terminating/transferring care. CTI is a time-limited community-based approach in which MISSION-VET case managers (CM) help Veterans identify and work to eliminate behaviors that have previously endangered housing stability. As part of the CTI model, MISSION-VET Case Managers (CMs) and Peer Support Specialists (PSSs) work with Veterans to identify the most useful community-based, resources, identify and eliminate any gaps in service and support, and establish long-term connections with community providers and resources to help the Veteran achieve his/her treatment goals. These steps are meant to enhance the Veteran's functioning and ultimately help him/her become self-sufficient in the community.

By combining evidence-based practices like Cognitive Behavioral Therapy (CBT), including Relapse Prevention, 12-Step Facilitation, and Motivational Enhancement Therapy (MET), DRT delivers an integrated treatment approach that addresses the biopsychosocial needs of Veterans with COD. In order to address mental health problems, the DRT treatment approach uses CBT to identify and change maladaptive beliefs to more adaptive ways of thinking. In order to address substance abuse, DRT uses Relapse Prevention and 12-Step Facilitation to address recovery from the use of substances. These integrated practices are employed to contribute to successful gains toward the treatment goals of the Veteran.

The role of the MISSION-VET Clinical Supervisor is to ensure that each CM/PSS team is working effectively to support Veterans as they transition to independent community living. To accomplish this role, the supervisor will need to develop an effective supervisory alliance with the team; respond appropriately to each team member's learning needs and styles; negotiate an agreement with the team about the nature and tasks of supervision; ensure fidelity to the MISSION-VET treatment model through regular supervision meetings with each team member, provide clinical direction to CM/PSS teams when emergency situations arise; monitor and help manage the team's stress and the potential for burnout; and attend to issues related to diversity that can, if unnoticed, impair team cohesion and, potentially, the Veteran's recovery. Each of these key responsibilities is discussed in the remaining sections of this chapter.

## B. Developing the Supervisory Alliance

Treatment effectiveness rests, to an important degree, on the quality of the treatment relationship MISSION-VET CMs and PSSs have with the Veterans on their caseloads. The same can be said for supervision: its effectiveness rests, to a very large extent, on the quality of the supervisory relationship. The qualities supervisees most highly value in their supervisors are empathy, respect, and emotional warmth. These qualities foster "conditions of safety" which allow MISSION-VET CMs and PSSs to engage cognitively and emotionally in the supervisory relationship, which includes, but is not limited to the sharing and discussion of difficult clinical material. By contrast, supervisor behaviors that impede the development of a positive working alliance include arguing, interrupting, blaming, and being judgmental. MISSION-VET supervisors can also foster "conditions of safety" by providing CMs and PSSs with feedback about their strengths and what they are doing well.

MISSION-VET supervisors with collaborative styles naturally possess empathetic, respectful, and emotionally warm qualities. A collaborative style may be defined as one in which the MISSION-VET supervisor works with the MISSION-VET CM and PSS to jointly develop and work toward achieving a set of goals for supervision in an atmosphere of mutual respect. These goals, which may vary from session to session, are developed in the service of assuring good clinical practice.

However, they are also developed for the purpose of promoting the professional development of both MISSION-VET CMs and PSSs. Indeed, it is important to remember that the MISSION-VET supervisor's responsibility is to promote the welfare of both Veterans receiving MISSION-VET services and the CMs and PSSs that they supervise. Happily, the welfare of the former is best served when supervision promotes the welfare of the latter.

The techniques of Motivational Interviewing (MI), which were specifically developed to foster a strong therapeutic alliance based on collaboration between helper and client (Miller & Rollnick, 2002), are clearly relevant to this discussion. These same techniques (e.g., asking open-ended questions, using reflective statements, affirmation) also foster a strong supervisory alliance. For example, asking a series of well-directed, open-ended questions encourages a process of "guided discovery" that cannot be achieved by simply giving the MISSION-VET CM and PSS instructions on how to deliver the intervention. In other words, a learning model based on the principle of guided discovery (or, put somewhat differently, mutual exploration of the clinical material) applies equally well to CMs and PSSs, as well as to the Veterans receiving MISSION-VET services. Of course, the process of guided discovery takes time, and sometimes there simply is not enough time to accommodate a full unfolding of this process. However, the MISSION-VET supervisor's task is to find a balance between the benefits of drawing on this preferred model of learning and managing the exigencies of time.

MISSION-VET supervisors should also employ reflective statements, another fundamental MI skill, as these statements help to build trust in relationships in a variety of ways. Paraphrasing, a type of reflective listening, is a skill MISSION-VET supervisors can use to demonstrate that that they are listening carefully. Similarly, the MISSION-VET supervisor who offers statements that attempt to empathically capture or reflect the feeling behind the description of a difficult encounter with a Veteran communicates a caring and understanding that is likely to deepen the discussion of the case material. Again, the MISSION-VET supervisor must also consider the exigencies of time. However, this approach will go a long way toward shaping the value supervision has for MISSION-VET CMs and PSSs and, therefore, cannot be short-circuited without seriously compromising the quality of the work accomplished. Lastly, and very importantly, the MISSION-VET supervisor who utilizes MI techniques in supervision will also be demonstrating the very skills supervision is designed to teach.

MISSION-VET supervisors who approach supervision as a collaborative enterprise understand and appreciate that this work also provides them with valuable learning opportunities. Thus, while it is important for MISSION-VET supervisors to provide structure and a sense of direction to case discussions, they should not feel that they must have all the answers. MISSION-VET supervisors are no more able to meet this expectation in their work with the CMs and PSSs that they supervise than are the CMs and PSSs in their work with Veterans. Accordingly, supervision that is conducted in the spirit of "guided discovery" benefits both the MISSION-VET supervisor as well as the CM and PSS. Below is an example of how the aforementioned MI techniques may be used by MISSION-VET supervisors during supervision.

### Example 1: Using MI Techniques in Clinical Supervision

During supervision, "Carl," a MISSION-VET PSS, mentions that he has been feeling devalued in relation to how "Jim," the MISSION-VET CM is treated.

**Carl:** "Lately, I haven't felt like I've been of much use to the Veterans."

**Supervisor:** "Tell me what's been happening since we last met." *(example of an open-ended question)*

**Carl:** "Well, the case manager, Jim, I've been working with is a really nice guy and does a lot for the Veterans. They all seem to go to him, even for things that I thought they should come to me for. Like they ask him to go to AA meetings with them when they get nervous going by themselves or ask him to organize recreational outings as a group."

**Supervisor:** "That sounds very discouraging. *(example of a reflective statement that captures feeling)* What are your thoughts about what to do?" *(example of a question that is both open-ended and directive)*

**Carl:** "The Veterans used to come to me before, but Jim covered for me when I was out on sick leave two weeks ago and have been going to him ever since. So, I've thought about talking to him about it, but I don't want to cause any problems either."

**Supervisor:** "I can understand that. But let's say you don't say anything. What problems would that cause?" *(the supervisor trying to promote guided discovery*

**Carl:** "Well, knowing me, I'd probably just stay angry and things would just get worse. And that wouldn't do me or anyone any good. So I guess I better talk to him about it."

**Supervisor:** "That sounds like a great place to start! *(example of affirmation)* Please let me know how everything works out or if I can further help you out in any way." *(expression of concern and support)*

**Carl:** "Thanks for your help."

## C. Determining Learning Needs and Learning Styles

MISSION-VET CM and PSS learning needs can be understood primarily as a function of experience. A MISSION-VET CM and PSS with little experience using the clinical approaches described in this manual clearly have different learning needs than an experienced CM and PSS. Stoltenberg et al. (1998) proposed three levels of development in which counselors display varying degrees of autonomy and awareness. Knowing the developmental level of MISSION-VET CMs and PSSs will help the MISSION-VET supervisors make decisions about the optimal supervision environment.

**Considerations in Achieving the Optimal Supervision Environment**

- The balance of supportive versus challenging interventions needed
- The degree of structure provided
- The amount of teaching, skill development, and direct suggestions needed
- The degree to which MISSION-VET Case Manager's and Peer Support Specialist's personal reactions are explored

MISSION-VET CMs and PSSs at level one of development (i.e., those with little experience), typically have the least autonomy and are highly anxious and dependent on the MISSION-VET supervisor for direction, instruction, and support. They are also more focused on their own feelings and thoughts and, subsequently, less aware of Veterans' needs and process dynamics. For example, case presentations by less experienced MISSION-VET CMs are more likely to be characterized by what Gilbert and Evans (2002) call an "information flooding approach." In essence, these case presentations provide an overabundance of detail about a Veteran's history, making it difficult for the MISSION-VET supervisor to make sense of the clinical data being presented. At the root of the problem is the MISSION-VET CM and PSS's inexperience with organization and conceptualization of clinical data in light of relevant theory (e.g., CBT). This uncertainty, in turn, causes the MISSION-VET CM and PSS to feel anxious about their work with both the Veteran receiving MISSION-VET services as well as with the MISSION-VET supervisor.

The MISSION-VET supervisor's first task in these situations is to avoid impatience and to recognize the critical learning needs of the MISSION-VET CM and PSS receiving supervision. Furthermore, the anxiety of a less experienced supervisee is best managed through structure and direction, and therefore, discourages the use of personal exploration of feelings. Accordingly, the MISSION-VET supervisor's second task in working with inexperienced CMs and PSSs is to take an active role in structuring the case discussions (i.e., actively helping to organize the case data). By providing ideas for how to intervene, based on both theory and clinical experience, for the thinking behind these ideas, the MISSION-VET CM and PSS will gradually develop his or her clinical skills and become less anxious and more competent in both clinical and supervisory encounters.

In addition to case discussions, role-plays may be especially helpful for relatively inexperienced MISSION-VET CMs and PSSs. Through role-plays and other approaches to "experiential learning", MISSION-VET CMs and PSSs practice essential clinical skills under the direction of a MISSION-VET supervisor who provides immediate feedback, encourages self-reflection and correction, and who also models these skills. The first edition of Miller and Rollnick's, Motivational Interviewing (1991), describes role-play exercises for many of the strategies discussed throughout the book, including those related to basic techniques (e.g., formulating different types of reflective statements), responding to resistance, and strengthening commitment to behavior change. Miller and Rollnick provide scenarios to facilitate role plays of MI techniques that can easily be adapted by the MISSION-VET supervisor to particular clinical circumstances. Similarly, Padesky (1996) describes experiential exercises, specific to clinical supervision, aimed at developing core CBT skills (e.g., identification of schemas, the process of guided discovery, and development of a thought record) that are easily adaptable for a variety of situations. As MISSION-VET CMs and PSSs may become anxious when asked to use role-plays to practice a skill in supervision, it is generally advisable for the MISSION-VET supervisor to play the CM role (with the CM or PSS playing the role of the Veteran receiving MISSION-VET services) in order to demonstrate the skill or skills before having the CM or PSS assume this side in the role play.

As previously discussed, MISSION-VET supervisors are encouraged to establish collaborative relationships with the MISSION-VET CMs and PSSs they supervise. However, as the present discussion implies, MISSION-VET supervisors need to consider the level of experience and competence of each MISSION-VET CM and PSS. The collaboration will be more fully developed with experienced MISSION VET CMs and PSSs, but should provide room for less experienced MISSION-VET CMs and PSSs to grow and develop. As MISSION-VET CMs and PSSs gain experience and confidence, their supervision needs will change. For the most experienced MISSION-VET CMs and PSSs, where autonomy and awareness are the greatest, supervision comes alive with a challenging atmosphere, primarily in the form of self-challenge

and a deeper exploration of personal reactions and relationship processes. At this level, the MISSION-VET CM and PSS help the MISSION-VET supervisor determine the content of the supervision sessions.

The MISSION-VET supervisor should also consider the learning style of CMs and PSSs. While some are more comfortable with learning through theory-based discussions, others are more comfortable with a brainstorming approach. In the former case, the MISSION-VET supervisor will want to facilitate a discussion in which theoretical considerations are used to make decisions about how to proceed with the case being presented. In the latter case, the MISSION-VET supervisor will want to encourage the MISSION-VET CM and PSS to link his or her observations and ideas about how to proceed to relevant theory. The MISSION-VET supervisor will want to help the CM and PSS further strengthen his or her preferred mode of learning, while also helping to further develop the less preferred mode. Ideally, both MISSION-VET supervisor and CM and PSS should agree that the ultimate goal is to apply and blend both approaches to case conceptualization and treatment planning. However, in the early stages of supervision, it can be useful for the MISSION-VET supervisor to allow the MISSION-VET CM and PSS to lead with his or her preferred approach and, over time, challenge them to approach cases from the less preferred mode.

In the following section, we discuss the importance of negotiating a supervision contract with the MISSION-VET CM and PSS being supervised. An understanding of a MISSION-VET CM's and PSS's preferred mode of learning is an important element of the negotiation process. Of course, MISSION-VET supervisors should also discuss with the MISSION-VET CM and PSS their own preferred learning and teaching styles. Where the stylistic "match" between MISSION-VET supervisor and CM/PSS is not ideal, the effort each party takes to understand how the other approaches the work, will make supervision more enjoyable and productive. MISSION-VET supervisors may want to consult the book by Osland and colleagues (2006) on experiential learning for further discussion of learning styles and their relevance to creating a learning environment that best supports the professional development and competence of MISSION-VET CMs and PSSs.

## D. Negotiating a Mutual Agreement about the Nature and Tasks of Supervision

Supervision encompasses many tasks, and discussion of these tasks and related issues will help create a mutual understanding of the expectations and responsibilities of the MISSION-VET clinical supervisor, as well as those of the CM and PSS. The supervision process pertains to the goals of supervision, how they will be achieved, the responsibilities of each party, and the type of interaction and preparation expected of the MISSION-VET CM and PSS (e.g., formal or informal case presentation, written case notes). Negotiating such an agreement and ensuring that MISSION-VET supervisors implement these tasks as part of their responsibilities will promote adherence to a strong code of professional conduct. Similar to the treatment process itself, ongoing monitoring and review of the agreement is an important function of the supervision process.

At the outset of a supervisory relationship, the MISSION-VET supervisor should discuss the following topics with the MISSION-VET CM and PSS:

- the MISSION-VET supervisor's areas of expertise,
- the supervision process,
- evaluation criteria and procedures,
- boundaries of confidentiality, and
- ethical considerations.

Discussion of evaluation criteria and procedures should include an agreement about how the MISSION-VET CM and PSS will provide feedback to the MISSION-VET supervisor, as well as, how the MISSION-VET CM and PSS will be evaluated. Additionally, the boundaries of confidentiality and standards of ethical practice should also be discussed. Relevant state regulations and VA policies should also be reviewed. As part of this discussion, MISSION-VET supervisors should also explain that the MISSION-VET CM and PSS may encounter ethical dilemmas as they work with Veterans through the MISSION-VET program and that discussion of these dilemmas is an important task that falls within the scope of supervision.

Discussion of these topics may take more than a single session. However, it is time well spent. It is also worth noting that discussions between the MISSION-VET supervisor and CMs/PSSs will provide a model for subsequent conversations between CMs and PSSs and their Veterans. Similarly, that discussion should include goal development (in this case, treatment-oriented), methods for achieving those goals, responsibilities of each party, boundaries of confidentiality, etc. MISSION-VET supervisors should also recommend that MISSION-VET CMs and PSSs read an article or book chapter that describes the supervisory process. Examples may be found in Bernard and Goodyear (2004), Pearson (2001), and Falendar and Shafranske (2004).

## E. Ensuring Fidelity to the MISSION-VET Treatment Model

The MISSION-VET supervisor is responsible for ensuring fidelity to the MISSION-VET treatment model. For example, consistent with the DRT model, MISSION-VET supervisors might ask CMs and PSSs to review the agenda that was set for a session with a Veteran on their caseload, taking time to discuss and understand the extent to which the MISSION-VET CM and PSS attended to the Veteran's concerns. These reviews can help MISSION-VET CMs and PSSs conduct a "course correction" if it becomes apparent, through supervision, that the MISSION-VET CM or PSS is not sufficiently attending to concerns identified by the Veteran and is, instead, focusing mainly on concerns that they see as important and pressing.

For example, a Veteran may suggest that the meeting focus on problems he is having with his living situation, while the MISSION-VET CM or PSS may want to focus on a recent drug relapse. The MISSION-VET supervisor's task in this case would be to help the CM or PSS plan an intervention in which they attend to the Veteran's concern while also helping him to link this concern with the recent relapse. In another example, some MISSION-VET CMs and PSSs may be more attuned to concerns about substance abuse than to other mental health problems. Again, the MISSION-VET supervisor's task is to help CMs and PSSs become aware of this tendency and the need to conceptualize cases and intervene in ways that are consistent with the DRT framework.

To accomplish these tasks, it can be especially useful for the MISSION-VET supervisor to help CMs and PSSs structure their case presentations around the information gathered from the Dual Recovery Status exam described in Chapter IV on Case Management. To ensure fidelity, MISSION-VET supervisors are encouraged to use the MISSION-VET Fidelity Index as a method to track CM's and PSS's adherence to the model and core therapeutic components. The MISSION-VET fidelity index is located in Appendix L.

## F. Managing Emergency Situations

MISSION-VET supervisors have a vital responsibility to help CMs and PSSs manage emergencies that arise during the course of the MISSION-VET treatment program. While it is impossible to foresee every emergency that may occur, having a plan in place for the most common emergencies is recommended. Examples of these situations include suicidal/ homicidal ideation, alcohol and/or drug relapses, loss of residency, and loss of contact with a Veteran despite multiple follow-up attempts. Thus, if a MISSION-VET supervisor has already spoken with a CM and/or PSS about how to proceed when a Veteran reports suicidal ideation, that CM and/or PSS will be prepared to conduct a suicidality assessment and will know the appropriate course of action based on assessment results. Below are examples of emergency plans for managing emergent issues surrounding suicidal and homicidal ideation; however, it is important to note that emergency plans should be modified to most appropriately accommodate your local facility.

### DEVELOPING AN EMERGENCY PLAN

*During initial supervision meetings with both MISSION-VET CMs and PSSs, the MISSION-VET supervisor may address experiences with emergent situations like suicidal or homicidal ideation, as well as, establish a plan in the event that either should occur. For instance, the following plan may be agreed upon:*

In the event that a Veteran indicates that he/she is suicidal with a clear plan or definite intent, the MISSION-VET clinical supervisor should be notified and the Veteran should be escorted to his/her current therapist, if possible. If his/her therapist is unavailable, the Veteran should be escorted to the walk-in mental health clinic to be seen by the next available clinician. Veterans should not be left alone during this time. MISSION-VET CMs and PSSs should stay with the Veteran until they are able to see a mental health clinician for evaluation. MISSION-VET CMs and PSSs should also remind Veterans of emergency contact options throughout the course of treatment as well as during emergent situations. Examples of emergency contact options include: current VA therapist (during business hours)/ walk-in mental health clinic, 911, and the 24-hour National Suicide Hotline, 1-800-273-8255 (TALK).

In the event that a Veteran indicates clear intent and a definite plan to harm a specific person, the MISSION-VET supervisor should be notified and the Veteran should be directed to his/her current therapist, if possible. If his/her therapist is unavailable, the Veteran should be escorted to the walk-in mental health clinic to be seen by the next available clinician. VA police and/or local police and targeted person may also need to be notified to ensure the safety of all involved.

***Plans may need to be modified in order accommodate each facility.***

Similarly, supervision should be used to establish procedures to respond to substance use relapses. In each type of emergency situation, supervision should be used to identify high-risk Veterans and develop appropriate plans based on Veteran-specific considerations. Early dialogues regarding emergency

management, particularly with Veterans identified as high-risk cases (e.g., Veterans with a recent history of psychiatric hospitalization), allows for more rapid and effective crisis management, so that the MISSION-VET CM and PSS does not always have to wait for an emergency consultation with the MISSION-VET supervisor. At the same time, MISSION-VET CMs and PSSs must notify MISSION-VET supervisors of emergency situations as quickly as possible and use supervision to debrief the crisis.

We also wish to emphasize that handling emergencies can be just as stressful for MISSION-VET supervisors who feel that they are expected to know all the answers; this is especially the case when they are faced with the unique challenges or circumstances that usually accompany emergencies. MISSION-VET supervisors should understand that this is an unrealistic expectation and should recognize that such expectations could impede his/her ability to help MISSION-VET CMs and PSSs effectively manage emergencies. Additionally, in these situations, MISSION-VET supervisors should seek feedback from colleagues as needed.

Issues related to availability and emergency coverage should be discussed with MISSION-VET CMs and PSSs early in the supervisory relationship. Most importantly, MISSION-VET supervisors are responsible for arranging coverage during planned absences and assuring there are procedures in place for coverage in the event of an unplanned absence (e.g., due to illness or vacation). Ensuring that the MISSION-VET supervisor is not only accessible to the MISSION-VET CM and PSS, but also has a plan for coverage when unavailable, will provide much-needed reassurance to MISSION-VET CMs and PSSs and assure that Veterans in the MISSION-VET program receive a high standard of care during emergencies.

## G. Managing Stress and Burnout

While different approaches to managing stress and reducing the likelihood of burnout have been proposed, an excellent place to begin is with regular "check-in's" and discussions in supervision about the stress level of MISSION-VET CMs and PSSs. In this way, MISSION-VET supervisors can provide support and guidance that will enable MISSION-VET CMs and PSSs to better cope with work-related stress. Such transparency on the part of the MISSION-VET supervisor has many important benefits: in addition to the obvious benefit of helping CMs and PSSs consider ways of dealing with work-related stress, it also normalizes the experience and is an effective means of strengthening the supervisory alliance. In addition, control-oriented methods, planning, the seeking of support, and communication, seem to have the most long-lasting effects on the emotional resiliency of treatment providers. For example, while emergencies (e.g., Veterans with suicidal intent) are inherently stressful, MISSION-VET supervisors who discuss ways to deal with these situations in advance, as highlighted in the previous section, will help CMs and PSSs avoid the added stress that arises from a lack of forethought and planning. An example of how a MISSION-VET supervisor may approach a situation involving the potential for burnout during supervision is provided.

**Example 2: Managing Potential Burnout**

During a supervision meeting, a MISSION-VET PSS reveals that a Veteran on his caseload has been struggling with recovery and leaning on him quite a bit for support, asking him to go to several AA meetings, which have doubled the amount of AA meetings in the MISSION-VET PSS's regular attendance schedule. The Veteran has also been calling the MISSION-VET PSS several times a day after hours for support. While the MISSION-VET PSS explains to his MISSION-VET supervisor that he wants to remain supportive, he is finding it hard to focus on his own or any other Veteran's recovery. This MISSION-VET PSS is further concerned that the Veteran is neglecting helpful avenues of recovery, such as obtaining an AA sponsor, by relying on him instead.

Together, the MISSION-VET PSS and supervisor discuss this situation and agree that a course of action is needed to help the Veteran utilize available community resources. Because it is clear that the Veteran currently needs a lot of support and has established a good rapport with the MISSION-VET PSS, a gradual reduction in the current level of support offered by the MISSION-VET PSS is agreed upon. The MISSION-VET supervisor also involves the Veteran's assigned MISSION-VET CM to set up and encourage the use of alternative community services and supports to assure that the needs of the Veteran's are being met, reducing the PSS's likelihood for burnout.

## H. Attending to Diversity Issues

Diversity has been called "one of the most neglected areas in supervision training and research" (Falender & Shafranske, 2004). Some of the issues that have contributed to this neglect are differences between color/race, supervisor concern over their own perceived incompetence regarding diversity, limited research supporting models of diversity, the impact on treatment, and inattention to self-knowledge and exploration during professional training. However, in order to engage in ethical and responsible practices, MISSION-VET supervisors must consider and integrate multicultural considerations as part of the supervisory process. While standards of cultural competence are evolving, professional codes of ethics are clear about the importance of demonstrating cultural sensitivity in

practice. MISSION-VET supervisors can accomplish this by initiating discussions of cultural differences with MISSION-VET CMs and PSSs and by encouraging these supervisees to have similar discussions with the Veterans on their caseloads. An open, engaging discussion with their MISSION-VET supervisor will help prepare CMs and PSSs to discuss these issues directly with "their" Veterans.

In addition to race and ethnicity, topics to consider include age, disability, socio-economic status, gender, religion, and sexual orientation. More broadly, even within a group of men and women whose collective efforts are aimed at serving a country, different issues may arise that serve as reminders of the importance of considering diversity. Examples include Service (Army, Navy, Air Force, Marines, Coast Guard); branch of service (artillery, infantry, medical corps, chaplaincy, quartermaster, etc., or Military Occupational Specialty (MOS, or job); active duty versus National Guard or Reserves; rank; reasons for joining (draft for Vietnam Veterans, moral imperative, lack of options, etc.); theater of service (Iraq, Afghanistan), etc. It is important for MISSION-VET supervisors to encourage CMs and PSSs to explore differences in these experiences and to include these experiences in their treatment planning. In a similar way, issues regarding diversity in economic status may arise in the treatment of homeless Veterans, especially between MISSION-VET CMs and Veterans. MISSION-VET CMs who have never experienced homelessness may have some difficulty fully understanding the hardships associated with these circumstances and may need supervisory guidance to remain sensitive to Veteran concerns.

Ultimately, a culturally sensitive supervisory experience depends on "the willingness of the supervisor to open up the cultural door and walk through it with the supervisee" (Bernard & Goodyear, 2004, p. 125). MISSION-VET CMs and PSSs who are encouraged to consider issues of diversity in supervision are more likely to explore them while interacting with Veterans. Additionally, MISSION-VET supervisors who foster an appreciation of each individual's (supervisor, case manager, peer specialist, Veteran) unique world view will open the door for mutual understanding. Ultimately, this incorporation of and appreciation for other perspectives within the MISSION-VET team will promote greater understanding and collaboration within the team and ultimately, a more sensitive and understanding approach to treatment. Below is an example of how a MISSION-VET supervisor may address issues of diversity during supervision.

## Example 3. Attending to Diversity

During supervision, a case manager explains to her MISSION-VET supervisor that with the exception of a couple of Veterans, many of them come from the same branch of service. The MISSION-VET PSS who she works with, is also from this branch of service. While this common link has served to benefit these Veterans by facilitating stronger relationships through a common bond, it has also served to alienate a few of the Veterans who have come from different branches of service. Both the MISSION-VET supervisor and the CM agree that it would be best to ask the PSS to take part in this conversation not only to identify the issue, but also to help brainstorm ways of maintaining the established camaraderie while expanding it to include all of the Veterans currently on their caseloads.

The MISSION-VET supervisor sets up a group supervision session with the CM and the PSS to address these issues as a team and after identifying the problem and brainstorming some solutions, a plan of action and a timeline to implement that plan is agreed upon by the MISSION-VET supervisor, CM, and PSS. The MISSION-VET supervisor checks in with both the CM and PSS to assess for any further need for follow-up on this issue and encourages continued open communication on this and any other issues that may arise in the future.

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# NOTES