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**To:** Committee Members **Date:** August 21, 2014  
**From:** Christy Berger **Telephone:** (916) 574-7817  
Regulatory Analyst  
**Subject:** Discussion and Review of Supervisor Responsibilities

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## Introduction

Supervision plays a central part in developing a supervisee's competence, and is critical to safe practice. Supervisors perform a variety of functions and have many responsibilities, which help to protect clients and supervisees. Ultimately, it is the supervisor's responsibility to ensure that the supervisee provides competent care to clients and uses sound ethical decision making.

California law began to address supervisor's responsibilities in 1977, and certain responsibilities have been added incrementally through the years in response to issues of concern that arose.

## Currently Required Supervisor Responsibilities

California law requires supervisors for all three licensing programs to be responsible for the following. The supervisor must:

1. Immediately notify any supervisee of any disciplinary action taken against the supervisor's license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure that affects the ability or right to supervise.
2. Know and understand the laws pertaining to supervision and the experience required for licensure.
3. Keep informed of developments in the profession being supervised, and in California law governing its practice.
4. Ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.
5. Have had sufficient experience, training, and education in the area of clinical supervision to competently supervise.

6. Monitor and evaluate the extent, kind, and quality of counseling performed by the supervisee by:
  - a. Direct observation
  - b. Review of audio or video tapes of therapy
  - c. Review of progress and process notes and other treatment records, or
  - d. By any other means deemed appropriate
7. Provide supervision only if the supervisee is employed in a setting that meets all applicable requirements.
8. Provide at least one week's prior written notice of intent not to sign for any further hours of experience. If notice not provided, must sign for hours of experience obtained in good faith.
9. Upon written request of the Board, provide any documentation which verifies the supervisor's compliance with the Board's regulations.
10. Provide the supervisee with the original of the signed *Supervisor Responsibility Statement* prior to the commencement of any counseling or supervision.

Additionally, any experience obtained under a supervisor who is a spouse or relative by blood or marriage, or with whom the applicant has a personal relationship that undermines the authority or effectiveness of the supervision, cannot be credited toward the required hours of supervised experience:

#### Differences Between Licensing Programs

The differences in supervisor responsibilities between the licensing programs are shown below.

<b>Supervisor Responsibilities DIFFERENCES BETWEEN LICENSING PROGRAMS</b>			
<b>Applies ONLY to:</b>	<b>Requirement</b>	<b>Applies ONLY to:</b>	<b>Requirement</b>
<b>MFT INTERN</b>  <b>MFT TRAINEE</b>  <b>PCI</b>	<ul style="list-style-type: none"> <li>• Not have provided therapeutic services to supervisee.</li> <li>• Address how emergencies will be handled.</li> <li>• Obtain the name, address, and telephone number of supervisee's most recent supervisor and employer.</li> <li>• Not permit any supervisee to perform any professional services beyond the scope of practice.</li> <li>• Supervisor must have sufficient experience, training, and education in the supervisee's profession to competently practice in California. For example, a supervisor who is a LCSW must be competent to practice marriage and family therapy if supervising a MFT Intern.</li> </ul>	<b>ASW</b>  <b>PCI</b>    <b>ASW</b>	<ul style="list-style-type: none"> <li>• Develop a supervisory plan that describes the goals and objectives of supervision, including the ongoing assessment of strengths and limitations.</li> <li>• Supervision means taking responsibility for, and control of, the quality of clinical social work services being provided.</li> <li>• Consultation or peer discussion shall not be considered to be supervision.</li> </ul>

## **Past BBS Efforts on Supervision**

In its 2007 Strategic Plan, the Board included a goal to increase the quality of clinical supervision, stating:

“Clinical supervision is one component in developing an individual’s competency to become licensed as an MFT or LCSW. However, currently there is no accurate way to measure the quality of supervision the interns and associates receive. Recognizing the need to improve the quality of clinical supervision, the Board conducted a survey in 2005 of interns and associates to determine their supervision experience. Though results revealed most respondents were satisfied with the supervision received, the pass rates on the licensing examinations as well as the numerous inquiries from supervisees and supervisors alike indicate there is a need to improve the quality of clinical supervision.

Normalizing the training supervisors receive, developing mechanisms to connect the supervisees with supervisors, and standardizing the supervision requirements for the professions will enhance the development of supervisees into competent, well-rounded mental health professionals.”

In response, one of the Board’s efforts was the formation of a Supervision Work Group that included licensees and stakeholders. The work group developed a sample supervision course outline intended for use by individuals who provide supervisor training. The intent was to provide a non-regulatory approach to improving supervision.

While Board members and stakeholders generally approved of the content and found it helpful, concerns were expressed that the content of the outline could be interpreted as being required by the Board, so the outline was shelved. Staff then developed a *Report of the Supervision Workgroup*, presented to the Board in November 2008 for approval. Stakeholders expressed concern that the content of the Report would also be interpreted as mandates.

The Report of the Supervision Workgroup, while not formally approved by the Board, addresses concerns expressed by stakeholders and staff about the quality of supervision, and may be helpful when considering requirements specifying supervisor responsibilities. The report is provided in Attachment A.

## **Other Sources of Guidance on Supervisor Responsibilities**

A vast amount of information has been published on the topic of supervisor responsibilities. The attachments provided include various sources for review and consideration.

### **Supervisee’s Bill of Rights**

As stated in the book *Issues and Ethics in the Helping Professions*<sup>1</sup>, “Informed consent in supervision is as essential as informed consent in counseling practice. It is now considered the standard of practice to incorporate clear informed consent for supervisees.” The book provides an example of this informed consent via a *Supervisee’s Bill of Rights*<sup>2</sup>, included in Attachment B.

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<sup>1</sup> Corey, G., Corey, M.S., Corey, C. & Callanan, Patrick. (2014). *Issues and Ethics in the Helping Professions*, Ninth Edition. Cengage Learning, Independence, KY.

<sup>2</sup> Giordano, M.A., Altekruise, M.K., & Kern, C.W. (2000). As provided in *Issues and Ethics in the Helping Professions*, Ninth Edition. Cengage Learning, Independence, KY.

## Ethical Codes

A number of supervisor responsibilities that are not included in BBS law are part of various professional codes of ethics. See Attachment C.

## Standards of Practice

The following national organizations have developed standards of practice pertaining to supervisor responsibilities, provided in Attachment D:

- The American Association for Marital and Family Therapy's (AAMFT) *Approved Supervisor Designation Standards and Responsibilities Handbook* (excerpt).
- The American Mental Health Counselors Association's (AMHCA) *Standards for the Practice of Clinical Mental Health Counseling* (excerpt).
- National Association of Social Workers (NASW) and Association of Social Work Boards' (ASWB) joint *Best Practice Standards in Social Work Supervision*.

## Model Law

The following national organizations have developed model law pertaining to supervisor responsibilities, provided in Attachment E. Staff was unable to locate model law for the LMFT profession.

- NASW/ASWB
- American Association of State Counseling Boards (AASCB)

## Other States

The responsibilities required of supervisors in the 10 states surveyed range from minimal regulation to an extensive regulatory framework, as shown in Attachment F.

## Recommendation

Staff recommends that the Committee discuss supervisor responsibilities, but wait until the Supervision Survey results are brought to the Committee before considering any specific changes.

## Attachments

**Attachment A:** Report of the Supervision Workgroup

**Attachment B:** Supervisee's Bill of Rights

**Attachment C:** Supervision-Related Ethical Code Provisions

**Attachment D:** Supervision Standards: AAMFT (excerpt), AMHCA (excerpt) and NASW/ASWB

**Attachment E:** Model Law

**Attachment F:** 10-State Survey



**Attachment A  
Report of the Supervision Workgroup**

**November 18, 2008**

The purpose of this report is to provide supervisors of Marriage and Family Therapist Interns and Associate Clinical Social Worker registrants with a clear understanding of what supervisees should expect from their supervision experience. Not all materials contained in this report will be applicable to every supervisor, but this document can serve as a guideline for the content, context and responsibilities of supervision. Supervision should prepare supervisees not only for licensure but also for a competent and successful career working in a variety of mental health settings with diverse client populations.<sup>1</sup>

**Outline of Supervision Expectations**

1. Supervisors should know how to conceptualize mental health services from a variety of theoretical orientations relevant to private, public, and non-profit settings.
2. Supervisors should be familiar with the legal and ethical standards relevant to California and should be able to apply these standards in a variety of work cultures and with diverse client populations.
3. Supervisors should assist supervisees in the development of a competent professional self, which includes:
  - Cognitive
  - Affective
  - Personal and interpersonal information
  - Skills and abilities.

**I. Supervision Foundations**

- A. Supervisors should have a strong theoretical understanding of a variety of theoretical orientations, including but not limited to the orientations described in the BBS examination plan for MFT or LCSW licensure. This includes: an understanding of the assumptions, concepts, methods, role of the therapist, and theory of change for these orientations.
- B. Supervisors should have a thorough knowledge of the legal mandates and ethical standards relevant to California practice. This includes a familiarity with the application of these mandates and standards in various contexts, including public, non-profit, and private settings. This also includes an understanding of how these standards and mandates are interpreted and applied within various work cultures and the conflicts that may arise therein.

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<sup>1</sup> This report, and its attached references, are intended to assist supervisors and supervisees who are participating in clinical supervision for licensing purposes. The report and its recommendations course are suggestions only and do not constitute mandatory requirements for supervisors or course content for approved education providers. Deviations from these suggestions or recommendations do not mean that your supervisor or supervisory course does not meet the requirements for supervisory training required by the Board.

- C. Supervisors should have a thorough understanding of the BBS requirements for gaining hours for licensure. This includes a familiarity with the forms and recordkeeping required for supervisees, as well as supervision ratios and the variety of ways that supervisees may obtain their required hours.

## **II. Supervision Context and Responsibilities**

- A. Supervisors should have a clear understanding of the various modes of supervision available and should utilize a variety of these modalities. These modalities include but are not limited to:
- Direct supervision
  - Review case report
  - Review of case notes
  - Reviewing audio and videotape of therapy
  - Individual, group and live supervision.

- B. Supervisors should also be familiar with a variety of supervision styles including but not limited to the following:
- Collaborative
  - Hierarchical
  - Directive
  - Developmental
  - Phenomenological
  - Integrated

The supervisor should be able to articulate their own supervisory style and be aware of the strengths and weaknesses of their preference. They should also be able to recognize when another style is preferable. Supervisors should also be familiar with a variety of learning styles and be able to recognize the preferred learning styles of supervisees and respond accordingly.

- C. Supervisors should be familiar with the elements of a supervision plan including goals and objectives. There needs to be specific expectations of supervisor and supervisee, clear outcome evaluations for both supervisor and supervisee, and a stated process of termination.
- D. Supervisors should be able to clearly separate clinical from administrative supervision and refrain from combining them. Supervisors should also be able to clearly separate supervision from therapy and refrain from performing psychotherapy with supervisees.
- E. Supervisors should have a working knowledge of the developmental levels of supervisees and should be able to respond appropriately to the developmental needs of the supervisee.
- F. Supervisors should have a clear awareness and understanding of the impact of the specific work culture on the context and content of supervision. The supervisor should also have a working knowledge of a variety of community resources and an understanding of how and when to utilize these resources.
- G. Supervisors should be aware of evaluation errors and biases as well as the tendency toward isomorphism and take appropriate measures to contain these processes.
- H. Supervisors should be aware of, sensitive to, and educate supervisees about relevant diversity issues including but not limited to:
- Culture
  - Ethnicity
  - Gender
  - Sexual orientation
  - Religion

- Disability
- Age
- Socio-economic status
- Political affiliation

Supervisors should also be able to evaluate the impact of the diversity issues upon treatment.

- I. Supervisors should be familiar with group structures, including but not limited to: open or closed and time limited, or ongoing frameworks. Supervisors should be familiar with group processes including but not limited to educational, goal oriented, and process oriented formats. Supervisors should be familiar with various group dynamics, including but not limited to, leadership styles, group member roles, conflict resolution and allocation of time.

### **III. Supervision Content**

- A. Supervisors should have a comprehensive knowledge of the cognitive processes required of supervisees including but not limited to:
  - Intake
  - Assessment
  - Diagnosis
  - Treatment planning skills
  - The development of conflict management and resolution skills
- B. Supervisors should have a comprehensive understanding of the interpersonal processes required of supervisees, including but not limited to:
  - The ability to form effective relationships with clients
  - The ability to exhibit characteristics of empathy, gentleness, kindness, and other related skills.
- C. Supervisors should facilitate the development of supervisee's professional self-identity, which may include but is not limited to:
  - The development of the use of self
  - Appropriate self-disclosure
  - How to create change
  - Understand the difference between counter transference and parallel process
  - Become comfortable with ambiguity and paradox
  - Learn to treat the person, not the diagnosis

For additional information please consult the Board of Behavioral Sciences (BBS) website at [www.bbs.ca.gov](http://www.bbs.ca.gov) and your professional organizations.

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## **Attachment B**

### **SUPERVISEE'S BILL OF RIGHTS**

Maria A. Giordano, Michael K. Altekruise, & Carolyn W. Kern

#### **INTRODUCTION**

The purpose of the Bill of Rights is to inform supervisees of their rights and responsibilities in the supervisory process.

#### **Nature of the Supervisory Relationship**

The supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. A professional counselor supervisor who has received specific training in supervision facilitates professional growth of the supervisee through:

- monitoring client welfare;
- encouraging compliance with legal, ethical, and professional standards;
- teaching therapeutic skills;
- providing regular feedback and evaluation; and
- providing professional experiences and opportunities.

#### **Expectations of Initial Supervisory Session**

The supervisee has the right to be informed of the supervisor's expectations of the supervisory relationship. The supervisor shall clearly state expectations of the supervisory relationship that may include:

- supervisee identification of supervision goals for oneself;
- supervisee preparedness for supervisory meetings;
- supervisee determination of areas for professional growth and development;
- supervisor's expectations regarding formal and informal evaluations;
- supervisor's expectations of the supervisee's need to provide formal and informal self-evaluations;
- supervisor's expectations regarding the structure and/or the nature of the supervisory sessions; and

- weekly review of case notes until supervisee demonstrates competency in case conceptualization.

The supervisee shall provide input to the supervisor regarding the supervisee's expectations of the relationship.

### **Expectations of the Supervisory Relationship**

1. A supervisor is a professional counselor with appropriate credentials. The supervisee can expect the supervisor to serve as a mentor and a positive role model who assists the supervisee in developing a professional identity.
2. The supervisee has the right to work with a supervisor who is culturally sensitive and is able to openly discuss the influence of race, ethnicity, gender, sexual orientation, religion, and class on the counseling and the supervision process. The supervisor is aware of personal cultural assumptions and constructs and is able to assist the supervisee in developing additional knowledge and skills in working with clients from diverse cultures.
3. Since a positive rapport between the supervisor and supervisee is critical for successful supervision to occur, the relationship is a priority for both the supervisor and supervisee. In the event that relationship concerns exist, the supervisor or supervisee will discuss concerns with one another and work towards resolving differences.
4. Therapeutic interventions initiated by the supervisor or solicited by the supervisee shall be implemented only in the service of helping the supervisee increase effectiveness with clients. A proper referral for counseling shall be made if appropriate.
5. The supervisor shall inform the supervisee of an alternative supervisor who will be available in case of crisis situations or known absences.

### **Ethics & Issues in the Supervisory Relationship**

1. Code of Ethics & Standards of Practice
  - The supervisor will insure the supervisee understands the *American Counseling Association Code of Ethics and Standards of Practice* and legal responsibilities. The supervisor and supervisee will discuss sections applicable to the beginning counselor.
2. Dual Relationships
  - Since a power differential exists in the supervisory relationship, the supervisor shall not utilize this differential to their gain. Since dual relationships may affect the objectivity of the supervisor, the supervisee shall not be asked to engage in social interaction that would compromise the professional nature of the supervisory relationship.

### 3. Due Process

- During the initial meeting, supervisors provide the supervisee information regarding expectations, goals and roles of the supervisory process. The supervisee has the right to regular verbal feedback and periodic formal written feedback signed by both individuals.

### 4. Evaluation

- During the initial supervisory session, the supervisor provides the supervisee a copy of the evaluation instrument used to assess the counselor's progress.

### 5. Informed Consent

- The supervisee informs the client she is in training, is being supervised, and receives written permission from the client to audio tape or video tape.

### 6. Confidentiality

- The counseling relationship, assessments, records, and correspondences remain confidential. Failure to keep information confidential is a violation of the ethical code and the counselor is subject to a malpractice suit. The client must sign a written consent prior to counselor's consultation.

### 7. Vicarious Liability

- The supervisor is ultimately liable for the welfare of the supervisee's clients. The supervisee is expected to discuss with the supervisor the counseling process and individual concerns of each client.

### 8. Isolation

- The supervisor consults with peers regarding supervisory concerns and issues.

### 9. Termination of Supervision

- The supervisor discusses termination of the supervisory relationship and helps the supervisee identify areas for continued growth and explore professional goals.

## **Expectations of the Supervisory Process**

1. The supervisee shall be encouraged to determine a theoretical orientation that can be used for conceptualizing and guiding work with clients.
2. The supervisee has the right to work with a supervisor who is responsive to the supervisee's theoretical orientation, learning style, and developmental needs.

3. Since it is probable that the supervisor's theory of counseling will influence the supervision process, the supervisee needs to be informed of the supervisor's counseling theory and how the supervisor's theoretical orientation may influence the supervision process.

### **Expectations of Supervisory SESSIONS**

1. The weekly supervisory session shall include a review of all cases, audio tapes, video tapes, and may include live supervision.
2. The supervisee is expected to meet with the supervisor face-to-face in a professional environment that insures confidentiality.

### **Expectations of the Evaluation Process**

1. During the initial meeting, the supervisee shall be provided with a copy of the formal evaluation tool(s) that will be used by the supervisor.
2. The supervisee shall receive verbal feedback and/or informal evaluation during each supervisory session.
3. The supervisee shall receive written feedback or written evaluation on a regular basis during beginning phases of counselor development. Written feedback may be requested by the supervisee during intermediate and advanced phases of counselor development.
4. The supervisee should be recommended for remedial assistance in a timely manner if the supervisor becomes aware of personal or professional limitations that may impede future professional performance.
5. Beginning counselors receive written and verbal summative evaluation during the last supervisory meeting. Intermediate and advanced counselors may receive a recommendation for licensure and/or certification.

## References

American Association for Counselor Education & Supervision. (1995). Ethical guidelines for counseling supervisors. Counselor Education & Supervision, 34, 270-276.

American Counseling Association. (1997). Code of Ethics and Standards of Practice. American Counseling Association: Alexandria, VA.

Bernard, J. M., & Goodyear, R. K. (1998). Fundamentals of clinical supervision. (2<sup>nd</sup> ed.). Boston: Allyn & Bacon.

Borders, L. D., & Leddick, G. R. (1987). Handbook of counseling supervision. Alexandria, VA: Association for Counselor Education and Supervision.

Ronnestad, M. H., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. Journal of Counseling and Development, 71, 396-405.

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## Attachment C

### SUPERVISION-RELATED RELATED ETHICAL CODE PROVISIONS

Entity	Code of Ethics Provisions
<b>American Association for Marital and Family Therapy (AAMFT)</b>	<p><b>4.1 Exploitation.</b> Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.</p> <p><b>4.2 Therapy with Students or Supervisees.</b> Marriage and family therapists do not provide therapy to current students or supervisees.</p> <p><b>4.3 Sexual Intimacy with Students or Supervisees.</b> Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. If a supervisor engages in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.</p> <p><b>4.4 Oversight of Supervisee Competence.</b> Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.</p> <p><b>4.5 Oversight of Supervisee Professionalism.</b> Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.</p> <p><b>4.6 Existing Relationship with Students or Supervisees.</b> Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist's objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.</p> <p><b>4.7 Confidentiality with Supervisees.</b> Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.</p> <p><b>8.7 Employee or Supervisee Qualifications.</b> Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.</p>

Entity	Code of Ethics Provisions
<p><b>California Association of Marriage and Family Therapists (CAMFT)</b></p>	<p>4.1 DUAL RELATIONSHIPS: Marriage and family therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such the standards persons. Marriage and family therapists therefore avoid dual relationships that are reasonably likely to impair professional judgment or lead to exploitation. Provision of therapy to students or supervisees is unethical. Provision of marriage and family therapy supervision to clients is unethical. Sexual intercourse, sexual contact or sexual intimacy and/or harassment of any kind with students or supervisees is unethical. Other acts which could result in unethical dual relationships include, but are not limited to, borrowing money from a supervisee, engaging in a business venture with a supervisee, or engaging in a close personal relationship with a supervisee. Such acts with a supervisee’s spouse, partner or family member may also be considered unethical dual relationships.</p> <p>4.2 COMPETENCE OF SUPERVISEES: Marriage and family therapists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, competence, or unlicensed status.</p> <p>4.3 MAINTAINING SKILLS OF SUPERVISORS: Marriage and family therapists who act as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.</p> <p>4.4 KNOWLEDGE OF SUPERVISORS: Supervisors and educators are knowledgeable about supervision, relevant laws and regulations, and the practice of marriage and family therapy. Supervisors and educators are knowledgeable about and abide by the laws and regulations governing the conduct of supervisors and supervisees.</p> <p>4.5 CHANGES IN LAWS AND ETHICS: Supervisors and supervisees are aware of and stay abreast of changes in professional and ethical standards and legal requirements, and supervisors ensure that their supervisees are aware of professional and ethical standards and legal responsibilities.</p> <p>4.6 CULTURAL DIVERSITY: Supervisors and educators are aware of and address the role that culture and diversity issues play in the supervisory relationship, including, but not limited to, evaluating, terminating, disciplining, or making decisions regarding supervisees or students.</p> <p>4.7 POLICIES AND PROCEDURES: Supervisors and educators create policies and procedures that are clear and that are disclosed to supervisees and students at the commencement of supervision or education.</p> <p>4.8 PERFORMANCE APPRAISALS: Supervisors and educators provide supervisees with periodic performance appraisals and evaluative feedback throughout the supervisory relationship and identify and address the limitations of supervisees and students that might impede their performance.</p> <p>4.9 BUSINESS PRACTICES: Supervisors follow lawful business practices and employer policies when employing and/or supervising interns, trainees, applicants, and associates .</p> <p>4.10 PERFORMANCE ASSISTANCE: Supervisors and educators guide supervisees and students in securing assistance when needed for the supervisee to maintain or improve performance, such as personal psychotherapy, additional education, training, or consultation.</p> <p>4.11 DISMISSAL: Supervisors shall document their decisions to dismiss supervisees.</p> <p>4.12 REVIEW OF TRAINEE AGREEMENTS: Supervisors are aware of and review any trainee agreements with qualified educational institutions.</p> <p>4.13 PATIENTS ARE PATIENTS OF EMPLOYER: Supervisees understand that the patients seen by them are the patients of their employers.</p> <p>4.14 KNOWLEDGE OF LAWS AND REGULATIONS: Supervisees have a responsibility to be knowledgeable about relevant laws and regulations pertaining to the license and practice of marriage and family therapy.</p> <p>4.15 MAINTAIN REGISTRATIONS: Supervisees maintain registrations when required by law and/or regulation and function within this limited role as permitted by the licensing law and/or regulations.</p>

Entity	Code of Ethics Provisions
<p><b>American Counseling Association (ACA)</b></p>	<p><b>F.1.a. Client Welfare.</b> A primary obligation of counseling supervisors is to monitor the services provided by other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the <i>ACA Code of Ethics</i>.</p> <p><b>F.1.b. Counselor Credentials.</b> Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to the clients.</p> <p><b>F.1.c. Informed Consent and Client Rights.</b> Supervisors make supervisees aware of client rights including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be used.</p> <p><b>F.2.a. Supervisor Preparation.</b> Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills.</p> <p><b>F.2.b. Multicultural Issues/Diversity in Supervision.</b> Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.</p> <p><b>F.3.a. Relationship Boundaries With Supervisees.</b> Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.</p> <p><b>F.3.b. Sexual Relationships.</b> Sexual or romantic interactions or relationships with current supervisees are prohibited. <b>F.3.c. Sexual Harassment.</b> Counseling supervisors do not condone or subject supervisees to sexual harassment. <b>F.3.d. Close Relatives and Friends.</b> Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.</p> <p><b>F.3.e. Potentially Beneficial Relationships.</b> Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.</p> <p><b>F.4.a. Informed Consent for Supervision.</b> Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which they are to adhere and the mechanisms for due process appeal of individual supervisory actions.</p> <p><b>F.4.b. Emergencies and Absences.</b> Supervisors establish and communicate to supervisees procedures for contacting them or, in their absence, alternative on-call supervisors to assist in handling crises.</p>

Entity	Code of Ethics Provisions
<p><b>ACA</b></p> <p>(CONTINUED)</p>	<p><b>F.4.c. Standards for Supervisees.</b> Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. Supervisors of postdegree counselors encourage these counselors to adhere to professional standards of practice.</p> <p><b>F.4.d. Termination of the Supervisory Relationship.</b> Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.</p> <p><b>F.5.a. Evaluation.</b> Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship.</p> <p><b>F.5.b. Limitations.</b> Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.</p> <p><b>F.5.c. Counseling for Supervisees.</b> If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors do not provide counseling services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning.</p> <p><b>F.5.d. Endorsement.</b> Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.</p>

Entity	Code of Ethics Provisions
<p><b>National Board of Certified Counselors (NBCC)</b></p>	<p>11. Counselors who act as counselor educators, field placement or clinical supervisors shall not engage in sexual or romantic intimacy with current students or supervisees. They shall not engage in any form of sexual or romantic intimacy with former students or supervisees for two years from the date of last supervision contact.</p> <p>12. Counselors who provide clinical supervision services shall keep accurate records of supervision goals and progress and consider all information gained in supervision as confidential except to prevent clear, imminent danger to the client or others or when legally required to do so by a court or government agency order. In cases in which the supervisor receives a court or governmental agency order requiring the production of supervision records, the counselor shall make reasonable attempts to promptly notify the supervisee. In cases in which the supervisee is a student of a counselor education program, the supervisor shall release supervision records consistent with the terms of the arrangement with the counselor education program.</p> <p>13. Counselors who provide clinical supervision services shall intervene in situations where supervisees are impaired or incompetent and thus place client(s) at risk.</p> <p>14. Counselors who provide clinical supervision services shall not have multiple relationships with supervisees that may interfere with supervisors' professional judgment or exploit supervisees. Supervisors shall not supervise relatives.</p> <p>28. Counselors who provide supervision services shall present supervisees with feedback according to a schedule with identified evaluation dates as well as on appropriate occasions throughout the process.</p> <p>29. Counselors shall promote the welfare of supervisees by discussing ethical practices relating to supervision as well as the legal standards that regulate the practice of counseling.</p> <p>30. Counselors who provide supervision services shall establish with their supervisees procedures for responding to crisis situations or expressing concerns regarding the supervision process. This information shall be provided in verbal and written formats.</p> <p>44. Counselors shall accurately note in the client's or supervisee's records all information necessary for the provision of quality services or as required by laws, regulations or institutional procedures.</p> <p>45. Counselors who provide supervision services shall present accurate written information to supervisees regarding the NCC's credentials as well as information regarding the process of supervision. This information shall include any conditions of supervision, supervision goals, case management procedures, confidentiality and its limitations, appraisal methods and timing of evaluations.</p> <p>64. Counselors who provide supervision services to supervisees who have more than one supervisor shall exchange contact information and communicate regularly about the shared supervisee's performance.</p> <p>78. Counselors who act as university, field placement or clinical supervisors shall ensure that supervisees provide accurate information to clients about the supervisee's professional status (i.e., intern, licensed, etc.)</p>

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American Association for  
Marriage and Family Therapy

Advancing the Professional Interests  
of Marriage and Family Therapists

A close-up, warm-toned photograph of a desk. In the foreground, a black fountain pen with gold accents lies on a lined notepad. In the background, a pair of glasses with dark frames and gold temples is resting on a surface. The lighting is soft, creating a professional and focused atmosphere.

# Approved Supervisor Designation Standards and Responsibilities Handbook

October 2007

## ***OVERVIEW OF THE APPROVED SUPERVISOR TRAINING REQUIREMENTS AND PROCESS, CONTINUED...***

supervision. The course must include a review of: supervision literature from the past five years; ethical principles and dilemmas that frequently arise in supervision; the development of supervision contracts; cultural, gender, and socioeconomic issues in therapy and supervision; and responsibilities for providing clinical supervision and supervision mentoring. Approved Supervisors may not substitute other continuing education for this requirement.

The Approved Supervisor refresher course must be pre-approved by the AAMFT. (Instructions for having a course approved are found on pages 33-37.) A list of pre-approved Approved Supervisor refresher courses can be found on the AAMFT website, [www.aamft.org](http://www.aamft.org), or obtained by contacting the AAMFT by telephone. In addition to the refresher courses that are pre-approved by the AAMFT, the AAMFT will offer the refresher course at the AAMFT annual conference and the AAMFT Summer and Winter Institutes.

***Renewal process:*** Prior to the end of an Approved Supervisor's term, the AAMFT will notify the Approved Supervisor that the end of the term is approaching. The Approved Supervisor will be asked to submit the renewal form (found on pages 31-32) along with documentation that the Approved Supervisor refresher course has been completed. There are two important dates that are related to the renewal process, your renewal date and your Approved Supervisor expiration date. Your renewal application is due on your renewal date, which is 3 months prior to the expiration date that is listed on your Approved Supervisor certificate. This is necessary to ensure that your membership fees include both your annual membership dues and your Approved Supervisor fee.

When the renewal requirements have been successfully completed and documented, the Approved Supervisor will be notified in writing that they have been approved for another five-year term.

# ***RESPONSIBILITIES AND GUIDELINES FOR AAMFT APPROVED SUPERVISORS AND SUPERVISOR CANDIDATES***

Approved Supervisors and supervisor candidates are bound by the *AAMFT Code of Ethics*, and the *Responsibilities and Guidelines* included in this handbook. (The *AAMFT Code of Ethics* is available at [www.aamft.org](http://www.aamft.org) or from the AAMFT office.) This *Responsibilities and Guidelines* section describes marriage and family therapy supervision, and sets forth rules and guidelines for the provision of clinical supervision.

## **Supervising for the AAMFT Clinical Membership or MFT Licensure**

AAMFT Approved Supervisors and supervisor candidates may supervise trainees who are seeking AAMFT Clinical Membership. When a supervisor candidate provides the supervision, he/she must obtain ongoing supervision mentoring from a current AAMFT Approved Supervisor.

AAMFT Approved Supervisors are often asked to supervise individuals who are seeking licensure as MFTs. These *Responsibilities and Guidelines* provide direction for the conduct of clinical supervision. When supervising a trainee for licensure, Approved Supervisors should also seek information from the relevant state/provincial regulatory board to become familiar with the requirements specific to that state/province's regulation. This will include criteria, if specified, for who may offer supervision in that state/province, and requirements that the trainee must meet. Approved Supervisors are looked to for guidance, and are responsible for being familiar with the relevant guidelines and thereby able to properly advise supervisees.

### ***Supervision of marital and family therapy is expected to have the following characteristics:***

- Face-to-face conversation between the MFT/MFT trainee and the supervisor, usually in periods of approximately one hour each.
- The learning process should be sustained and intense.
- Appointments are customarily scheduled once a week, three times weekly is ordinarily the maximum and once every other week the minimum.
- Supervision focuses on raw data from a MFT's/trainee's continuing clinical practice, which is available to the supervisor through a combination of direct live observation, co-therapy, written clinical notes, audio and video recordings, and live supervision.
- It is a process clearly distinguishable from personal psychotherapy and is contracted in order to serve professional goals.
- It is normally completed over a period of one to three years.

### ***The following characteristics are not acceptable as marriage & family therapy supervision:***

- Peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience.
- Supervision by current or former family members or any other person where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship.
- Administrative supervision by an institutional director or executive, for example, conducted to evaluate job performance or for case management, not the quality of therapy given to a client.

## ***RESPONSIBILITIES AND GUIDELINES FOR AAMFT APPROVED SUPERVISORS AND SUPERVISOR CANDIDATES CONTINUED...***

- A primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop or seminar.
- Consultation, staff development or orientation to a field program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

An Approved Supervisor or supervisor candidate must not supervise his or her family members, former family members, clients in therapy, or any other person with whom the nature of the relationship prevents or makes difficult the establishment of a professional supervisory relationship. Refer to the *AAMFT Code of Ethics* for more information and guidance about multiple relationships in supervision.

Supervisors are responsible for an initial screening to evaluate the MFT's/MFT trainee's knowledge of systems theory, family development, special family issues, gender and cultural issues, systemic approaches and interventions, human development, human sexuality, and ethical responsibilities.

A contract should be developed for the supervision, which delineates fees, hours, time and place of meetings, case responsibility, caseload review, handling of suicide threats, other dangerous clinical situations, and so forth. Supervisors should recognize their legal responsibilities for cases seen by supervisees.

The supervision fee is a function of the contract between supervisors and MFTs/trainees, including amounts and collection procedures. Fees should be in keeping with the community standard. Approved Supervisors and supervisor candidates are encouraged to commit a portion of their supervision practice to providing pro-bono or reduced fee supervision to deserving MFTs/trainees.

The major emphasis on supervision should be on the MFTs/trainee's work with marriage/couple and family process, whether the MFT/trainee is working with individuals, couples or families. During the supervision session, the MFT/trainee's cases, not the supervisor's, are to be discussed.

To count toward AAMFT Membership, ***individual supervision*** must be limited to one or two MFTs/trainees in face-to-face sessions with the supervisor. ***Group supervision*** must be limited to six supervisees. Trainees in group supervision sessions may not count the time as individual supervision even if they are presenting a case. They may count time as individual supervision when providing therapy while the supervisor and a group are observing the therapy.

The progress of MFTs/trainees should be periodically reviewed according to pre-determined supervisory goals, and evaluations should be shared and discussed with trainees. Should a supervisor develop significant concerns about the abilities, philosophical beliefs, or practices of a MFT/trainee, the concerns must be shared with the MFT/trainee and documented in writing as early as possible. Supervisors do not disclose MFT/trainee confidences except in limited circumstances described in the *AAMFT Code of Ethics*. Supervisors and MFTs/trainees must have a clear understanding about responsibility for evaluations as well as specific details about how the evaluation will be shared.

Supervisors must provide supervision reports as needed by MFTs/trainees, such as those required for AAMFT membership. The supervisor's signature on the forms verifies the accuracy of the information reported, so the supervisor is responsible for ensuring that the MFT/trainee has actually completed the clinical and supervision hours reported. When supervision is provided by a supervisor candidate who has not yet been awarded the Approved Supervisor designation, the MFT/trainee should be provided with a completed Supervisor Candidate Verification Form (page 47) verifying that the candidate is in ongoing supervision mentoring.



# **STANDARDS**

## **for the Practice of**

# **Clinical Mental Health Counseling**

*Adopted 1979*

*Revised 1992, 1993, 1999, 2003, 2011*

American Mental Health Counselors Association  
801 N. Fairfax Street, Suite 304, Alexandria, VA 22314  
V: 703.548.6002 F: 703.548.4775  
[www.amhca.org](http://www.amhca.org)

## Supervisor Standards

AMHCA recommends at least 24 continuing education hours or equivalent graduate credit hours of training in the theory and practice of clinical supervision for those Clinical Mental Health Counselors who provide pre-degree or post degree clinical supervision to CMHC students or trainees. AMHCA recommends that Clinical Supervisors obtain, on the average, at least 3 continuing education hours in supervision per year as part of their overall program of continuing education. Clinical supervisors should meet the following knowledge and skills criteria.

### Knowledge:

1. Possess a strong working knowledge of evidence based clinical theory and interventions and application to the clinical process.
2. Understand the client population and the practice setting of the supervisee.
3. Understand and have a working knowledge of current supervision models and their application to the supervisory process. Maintain a working knowledge of the most current methods and techniques in Clinical Supervision Knowledge of Group Supervision methodology including the appropriate use and limits.
4. Identify and understand the roles, functions and responsibilities of Clinical Supervisors including liability in the supervisory process. Communicates expectations and nature and extent of the supervision relationship.
5. Maintain a working knowledge of appropriate professional development activities for supervisees. These activities should be focused on empirically based scientific knowledge.
6. Show a strong understanding of the supervisory relationship and related issues.
7. Identifies and define the cultural issues that arise in Clinical Supervision and be able to incorporate the cultural aspect into the supervisory process.

8. Understand and define the legal and ethical issues in Clinical Supervision including
  - a. Applicable laws, licensure rules and the Code of Ethics specifically as they relate to supervision.
  - b. Supervisory liability and fiduciary responsibility.
  - c. Risk management models and processes as they relate to the clinical process and to supervision.
9. Possess a working understanding of the Evaluation process in clinical supervision including evaluating supervisee competence and remediation of supervisee skill development. This includes initial, formative and summative assessment of supervisee knowledge, skills and self-awareness. Supervision includes both formal and informal feedback mechanisms.
10. Maintain a working knowledge of industry recognized financial management processes and required recordkeeping practices including electronic records and transmission of records

Skills:

1. Possess a thorough understanding and experience in working with the supervisees' client populations. Be able to demonstrate and explain the counselor role and appropriate clinical interventions within the cultural and clinical context.
2. Develop, maintain and explain the Supervision Contract to manage supervisee relationships with clear expectations. Including
  - a. Frequency, location, length and duration of supervision meetings
  - b. Supervision models and expectations
  - c. Liability and fiduciary responsibility of the supervisor
  - d. The evaluation process, instruments used and frequency of evaluation
  - e. Emergency and critical incident procedures
3. Demonstrate and model the ability to develop and maintain clear role boundaries and an appropriate balance between consultation and training within the supervisory relationship.
4. Demonstrate the ability to analyze and evaluate skills and performance of supervisees including the ability to confront and correct unsuitable

- actions and interventions on the part of the supervisees. Provides timely substantive and formative feedback to supervisees.
5. Present strong problem-solving and dilemma resolution skills and practice skills with supervisees.
  6. Develop risk management strategies and demonstrates the ability to implement strategies.
  7. Practice and model self-assessment. Seek consultation as needed.
  8. Conceptualize cultural differences in therapy and in supervision. Incorporates this understanding into the supervisory process
  9. Possess an understanding of group supervision techniques and the role of group supervision in the supervision process.
  10. Comply with applicable federal and local law. Able to take responsibility for supervisees' actions, which include an understanding of recordkeeping and financial management rules and practice.

#### **IV. Clinical Practice Standards**

##### Post-Degree/Pre-Licensure

Clinical Mental Health Counselors have a minimum of 3,000 hours of supervised clinical practice post degree over a period of at least 2 years. In the process of acquiring the first 3,000 hours of client contact in postgraduate clinical experience, AMHCA recommends a ratio of 1 hour of supervision for every 20 hours of on-site work hours with a combination of individual, triadic and group supervision.

##### Peer Review and Supervision

Clinical Mental Health Counselors maintain a program of peer review, supervision and consultation even after they are independently licensed. It is expected that Clinical Mental Health Counselors seek additional supervision or consultation to respond to the needs of individual clients, as difficulties beyond

NATIONAL ASSOCIATION OF SOCIAL WORKERS  
ASSOCIATION OF SOCIAL WORK BOARDS

Best Practice Standards in

# Social Work Supervision



## About the Associations

**The National Association of Social Workers (NASW)** is the largest membership organization of professional social workers in the world. NASW's membership is over 145,000 social workers from 50 states, the District of Columbia, the U.S. Virgin Islands, Guam, Puerto Rico, and U.S. social workers practicing abroad. The mission of NASW is to enhance the professional growth and development of its members, create and maintain professional standards, and advance sound social policies.

**The Association of Social Work Boards (ASWB)** is the association of jurisdictional boards that regulate social work. Membership in ASWB includes 49 states, the District of Columbia, the U.S. Virgin Islands, and ten Canadian provinces. The mission of ASWB is to strengthen protection of the public by providing support and services to the social work regulatory community to advance competent and ethical practices.

Best Practice Standards in

Social Work  
Supervision

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## Introduction

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The National Association of Social Workers (NASW) and the Association of Social Work Boards (ASWB) have developed *Best Practice Standards in Social Work Supervision* (hereafter “Supervision Standards”) to support and strengthen supervision for professional social workers. The standards provide a general framework that promotes uniformity and serves as a resource for issues related to supervision in the social work supervisory community.

The knowledge base of the social work profession has expanded, and the population it serves has become more complex. Therefore, it is important to the profession to have assurance that all social workers are equipped with the necessary skills to deliver competent and ethical social work services. Equally important to the profession is the responsibility to protect clients.

The NASW and ASWB Task Force on Supervision Standards maintain that supervision is an essential and integral part of the training and continuing education required for the skillful development of professional social workers. Supervision protects clients, supports practitioners, and ensures that professional standards and quality services are delivered by competent social workers.

The NASW *Code of Ethics* and the ASWB *Model Social Work Practice Act* serve as foundation documents in the development of the supervision standards. These standards support the practice of social workers in various work settings and articulate the importance of a collective professional understanding of supervision within the social work community.

## Overview of Supervision

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There are numerous definitions of supervision. For the purposes of these supervision standards, professional supervision is defined as the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice take place. The supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting. The supervisor and the supervisee both share responsibility for carrying out their role in this collaborative process.

Supervision encompasses several interrelated functions and responsibilities. Each of these interrelated functions contributes to a larger responsibility or outcome that ensures clients are protected and that clients receive competent and ethical services from professional social workers. During supervision, services received by the client are evaluated and adjusted, as needed, to increase the benefit to the client. It is the supervisor's responsibility to ensure that the supervisee provides competent, appropriate, and ethical services to the client.

There are many models of supervision described in the literature, ranging from traditional, authoritarian models to more collaborative models. Different models of supervision place emphasis, in varying degrees, on the client, the supervisor, the supervisee, or the context in which the supervision takes place. Ideally, the supervisor and the supervisee use a collaborative process when a supervision model is selected;

however, it is ultimately the responsibility of the supervisor to select the model that works best for the professional development of the supervisee.

The supervisory relationship is built on trust, confidentiality, support, and empathic experiences. Other qualities inherent in the supervisory relationship include constructive feedback, safety, respect, and self-care.

The standards for social work supervision should be used in conjunction with professional judgment and should not be the exclusive basis on which a decision is made. Supervisors should always familiarize themselves with the supervisory requirements of regulatory and accreditation bodies that control their particular geographic area, work setting, or both.

Supervision ensures that supervisees obtain advanced knowledge so that their skills and abilities can be applied to client populations in an ethical and competent manner. Some areas of knowledge, and the application of that knowledge to clients, can only be translated during the supervisory process. Supervision provides guidance and enhances the quality of work for both the supervisor and the supervisee and, ultimately, the client.

The activities of supervision are captured by three primary domains that may overlap: administrative, educational, and supportive.

### **Administrative**

Administrative supervision is synonymous with management. It is the implementation of administrative methods that enable social workers to provide effective services to clients.

Administrative supervision is oriented toward agency policy or organizational demands and focuses on a supervisee's level of functioning on the job and work assignment.

### **Educational**

Educational supervision focuses on professional concerns and relates to specific cases. It helps supervisees better understand social work philosophy, become more self-aware, and refine their knowledge and skills. Educational supervision focuses on staff development and the training needs of a social worker to a particular caseload. It includes activities in which the supervisee is guided to learn about assessment, treatment and intervention, identification and resolution of ethical issues, and evaluation and termination of services.

### **Supportive**

Supportive supervision decreases job stress that interferes with work performance and provides the supervisee with nurturing conditions that compliment their success and encourage self-efficacy.

Supervisees are faced with increasing challenges that contribute to job stress, including the growing complexity of client problems, unfavorable physical work environments, heavy workloads, and emotionally draining environments such as vicarious trauma. Supportive supervision is underscored by a climate of safety and trust, where supervisees can develop their sense of professional identity.

The combination of educational, administrative, and supportive supervision is necessary for the development of competent, ethical, and professional social workers.

## Qualifications

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The qualifications for an approved social work supervisor are specified in the licensing statutes and regulatory standards of each jurisdiction, and may include specifications for each level of social work practice or be universal, with one set of qualifications for all practice levels. The general qualifications for supervision may include the following:

- a current license to practice at the specific level or above the level in which the supervision will be provided, and in the jurisdiction in which both the supervisor and the supervisee are practicing
- a degree from an accredited school of social work
- specified coursework in supervision, a minimum number of continuing education hours in supervisory practice as required by the jurisdiction, or both
- a minimum of three years (or more if required in licensing statutes) of post licensure practice experience
- continuing education hours as required for maintenance of supervisory credentials in the practice jurisdiction
- being free from sanction of the licensing board for violation(s) of practice standards.

In addition, social work supervisors should have experience and expertise in the practice arena and with the population of the supervisees' practice, such as addictions, children and adolescents, mental health, and community organization. Supervisors should have competencies in the theories and various modalities of treatment and maintain currency

through the use of professional journals and continuing education.

Effective supervision requires knowledge of the principles of supervision and the ability to demonstrate necessary skills such as addressing both strengths and challenges of the supervisee, modeling and discussing ethical practice, and providing support and encouragement in the learning context. Supervisors should be familiar with the administrative and organizational structure of the agency or practice domain of the supervisee.

## **Standard 1. Context in Supervision**

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General contextual matters important to the supervision process include the following:

### **Understanding Scope of Practice**

Supervision may be provided to address a variety of issues. Among the most common is supervision for obtaining an advanced practice license, particularly a clinical license. Supervision may also be provided to new or recent graduates, focusing on the practical aspects of helping clients. It may also include social workers who have been sanctioned following disciplinary action and those learning a new practice or skill. Supervisors must be sure they meet the qualifications to become a supervisor and have a clear understanding of the skills and knowledge that the supervisory relationship is designed to help the supervisee develop.

### **Communities of Practice**

Many social workers practice within the community in which they live and may have

“insider” knowledge about community issues that may assist in building a therapeutic alliance, identifying appropriate referrals, or simply understanding clients’ concerns. Being an insider may also result in dual or multiple relationships. Social work supervisors may address these issues by establishing parameters to the supervisory relationship, with attention to boundaries and self-monitoring. In all cases, supervisors must ensure that the professional relationship is paramount and protected.

### **Interdisciplinary Supervision**

With the increasing focus on interdisciplinary practice in recent years, social workers may be supervised by a professional of a different discipline. Although this may be appropriate within the team or unit context, social workers should seek supervision or consultation from another social worker with regard to specific social work practices and issues. Similarly, a social worker providing supervision to a member of another discipline should refer that supervisee to a member of her or his own profession for practice-specific supervision or consultation.

### **Cultural Awareness and Cross-cultural Supervision**

Social work supervisors should adhere to the *NASW Standards for Cultural Competence in Social Work Practice* and have specialized knowledge and understanding about the culture of the client population served by the supervisee. Supervisors should be able to communicate information about diverse client groups to supervisees and help them to use appropriate methodological approaches, skills, and techniques that reflect their understanding of the role of culture in the helping process.

The supervisor who is supervising a social worker with a different cultural background should develop knowledge about that culture as it relates to social work practice. Primary sources of information may include the supervisee or other practitioners familiar with the supervisee's cultural community.

### **Dual Supervision and Conflict Resolution**

In circumstances in which a supervisee is being administratively or clinically supervised simultaneously by more than one person, it is best practice to have a contractual agreement or memorandum of understanding delineating the role of each supervisor, including parameters of the relationships, information sharing, priorities, and how conflicts will be resolved. If no agreement exists, the immediate employment supervisor may have the final say.

## **Standard 2. Conduct of Supervision**

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The underlying agreement between supervisors and supervisees includes the premise that supervisees depend on the skills and expertise of supervisors to guide them. Respect for the different roles that supervisors and supervisees play in the supervisory relationship is a key factor in successful supervision.

To maintain objectivity in supervision, it is important to

- negotiate a supervision contract with mutually agreeable goals, responsibilities, and time frames
- provide regular feedback to supervisees on their progress toward these goals

- establish a method for resolving communication and other problems in the supervision sessions so that they can be addressed
- identify feelings supervisees have about their clients that can interfere with or limit the process of professional services.

### **Confidentiality**

Supervisors must ensure that all client information be kept private and confidential except when disclosure is mandated by law. Supervisees should inform clients during the initial interview that their personal information is being shared in a supervisory relationship. Supervisors also have an obligation to protect and keep the supervisory process confidential and only release information as required by the regulatory board to obtain licensure or if necessary, for disciplinary purposes.

### **Contracting for Supervision**

In situations in which an agency may not have a clinical supervisor who meets the qualifications of a supervisor as required by the regulatory board, a social work supervisee may contract for supervision services outside the agency to qualify for a clinical license. Supervisees should contact the regulatory board in their jurisdictions in advance of contracting to confirm whether such a practice is permitted and confirm the documentation required from the supervisor. The time frame required for the supervision period should also be confirmed.

Contracting for outside supervision can be problematic and may place a supervisor at risk. If the supervisee is paying for the services, he or she can dismiss the supervisor, especially if disagreements or conflicts arise. The supervisee

can also blame the supervisor if there is failure in the licensing process. In addition, the supervisor may encounter case management conflicts between the supervisee and the agency.

Development of a contractual agreement among the social worker, the supervisor, and the employing agency is essential in preventing problems in the supervisory relationship. The agreement should clearly delineate the agency's authority and grant permission for the supervisor to provide clinical supervision. Evaluation responsibilities, periodic written reports, and issues of confidentiality should also be included in the agreement.

Supervisors and supervisees should also sign a written contract that outlines the parameters of the supervisory relationship. Frequent written progress reports prepared by the supervisor should be required and, if appropriate, meet the ongoing standards established by jurisdictions and agency requirements.

### **Leadership and Role Model**

Supervisors play a key role in the professional development of their supervisees. The actions and advice of the supervisor are keenly observed by supervisees, and consequently, influence much of the supervisee's thinking and behavior. Teaching is an important function of the supervisor, who models the behavior the supervisee will emulate. Supervisors should create a learning environment in which supervisees learn about the internal and external environments in which they work as well as the environments in which their clients find themselves each day.

### **Competency**

Social work supervisors should be competent and participate in ongoing continuing education and certification programs in supervision.

Supervisors should be aware of growth and development in social work practice and be able to implement evidence-based practice into the supervisory process. Supervisors should also be aware of their limitations and operate within the scope of their competence. When specialty practice areas are unfamiliar, supervisors should obtain assistance or refer supervisees to an appropriate source for consultation in the desired area.

### **Supervisory Signing Off**

Supervisors should submit reimbursement claims only for services that they performed. “Signing off” on services performed by a supervisee who is ineligible to seek reimbursement is fraudulent. Supervisors and supervisees should be aware of the statutes and regulations addressing this matter in their jurisdictions.

### **Self-Care**

It is crucial for supervisors to pay attention to signs of job stress and address them with their supervisees and themselves. Supervisors should provide resources to help supervisees demonstrating symptoms of job stress and make outside referrals as necessary. Peer consultation can be helpful to supervisors and supervisees in such cases.

## Standard 3. Legal and Regulatory Issues

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Social work supervisors share responsibilities for the services provided to clients. Liability of supervisors has been determined by the courts and includes direct liability related to negligent or inadequate supervision and vicarious liability related to negligent conduct by supervisees. Supervisors and supervisees should both have professional liability insurance.

In an agency setting, a supervisor's potential liability is affected by his or her level of responsibility and authority. Supervisors should familiarize themselves with the scope of their responsibility and authority, which may be specified in an agency written policy manual, the supervisor's job description, or a written contractual agreement.

The requirements and expectations of a supervisor's position also may affect liability, especially in situations in which the supervisor may have competing demands and is unable to adequately perform his or her supervisory functions. Such situations may present legal challenges.

### **Liability**

Direct liability may be charged against a supervisor when inappropriate recommendations carried out by a supervisee are to a client's detriment. Direct liability can also be charged when a supervisor assigns duties to a supervisee who is inadequately prepared to perform them.

Social work supervisors should be proactive in preventing boundary violations that should be discussed at the beginning of the supervisory

relationship. A supervisor should not supervise family members, current or former partners, close friends, or any person with whom the supervisor has had a therapeutic or familial relationship. In addition, a supervisor should not engage in a therapeutic relationship with a supervisee.

Vicarious liability involves incorrect acts or omissions committed by the supervisee that can also be attributed to the supervisor. Supervisees can be held to the same standard of care and skill as that of their supervisors and are expected to abide by the statutes and regulations in their jurisdictions.

For purposes of risk management, supervisors should

- ensure that the services provided to clients by supervisees meet or exceed standards or practice
- maintain documentation of supervision
- monitor supervisee's professional work activities
- identify actions that might pose a danger to the health and/or welfare of the supervisees' clients and take prompt and appropriate remedial measures
- identify and address any condition that may impair a supervisee's ability to practice social work with reasonable skill, judgment, and safety.

### **Regulations**

The statutes and regulations for the qualifications of supervisors and licensing requirements for supervisees may vary by jurisdiction. An increasing number of jurisdictions are requesting supervision contracts and plans prior to the commencement of supervision. It is the responsibility of supervisors and supervisees to familiarize themselves with the specific

requirements in their jurisdictions for the qualifications for supervision, licensure, supervision contracts and plans, and other requirements. Many social work regulations require all supervision for purposes of licensure to be provided by a licensed clinical social worker.

### **Documentation**

Documentation is an important legal tool that verifies the provision of services. Supervisors should assist supervisees in learning how to properly document client services performed, regularly review their documentation, and hold them to high standards.

Each supervisory session should be documented separately by the supervisor and the supervisee. Documentation for supervised sessions should be provided to the supervisee within a reasonable time after each session. Social work regulatory boards may request some form of supervision documentation when supervisees apply for licensure. Records should be safeguarded and kept confidential.

Where appropriate, supervisors should train supervisees to document for reimbursement and claims submission.

### **Other Legal Concerns**

The experienced social worker developing skills in a new specialty area may receive supervision limited to the new area of practice. A supervisor is selected on the basis of his or her expertise in the specialty area. Having a supervision contract or plan detailing the obligations of both parties may be helpful.

Supervision may be required following disciplinary action. In such situations, an agreement between the supervisor, supervisee, and other authority should be developed to address such items as corrective issues to be covered in supervision, information sharing between the parties, and frequency of supervision.

Social work supervisors may retain a consultant for case consultation and review as necessary, especially when conflicts arise.

## Standard 4. Ethical Issues

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Social work supervisors and supervisees may face ethical dilemmas when providing services to clients. To address those dilemmas, the supervisor and the supervisee should have a thorough knowledge of the code of ethics under which they practice. The *NASW Code of Ethics* serves as a guide to assist supervisors in working with ethical issues that arise in supervisory relationships. The following precepts from the *NASW Code of Ethics* are incorporated throughout these standards.

- 3.01(a) “Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence” (p. 19).
- 3.01 (b) “Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries” (p. 19).
- 3.01(c) “Social workers should not engage in any dual or multiple relationships with

supervisees in which there is a risk of exploitation of or potential harm to the supervisee” (p. 19).

- 3.01(d) “Social workers who provide supervision should evaluate supervisee’ performance in a manner that is fair and respectful” (p. 19).

Supervisors have the responsibility to address any confusion that supervisees may encounter as a result of ethical demands. A supervisor should be aware of the differences between professional ethics, core values, and personal moral beliefs and help the supervisee to distinguish these elements when making practice decisions. Supervisors can use the supervisory relationship as a training ground for ethical discretion, analysis, and decision-making.

### **Ethical Decision-Making**

Supervisors help supervisees learn ethical decision-making, a process that is both cognitive and emotional. Supervisors should discuss and model the process of identifying and exploring problems, looking at issues, values, principles, and regulations. Supervisors and their supervisees should discuss possible consequences, as well as costs and benefits, of certain actions. They should explore what actions best achieve fairness, justice, and respect for others, make a decision about actions to be taken, and evaluate them after implementation. When a supervisee makes an ethical mistake, he or she, with the assistance of the supervisor, should try to ameliorate any damage and learn how to avoid that mistake in the future. If appropriate or required by the jurisdiction, the violation may have to be reported to the licensing board.

## **Boundaries**

The supervisory relationship is an excellent forum for supervisees to learn about boundaries with clients. Ethical issues related directly to supervision include the nature of the professional responsibility to the supervisee, appropriate boundaries, and responsibilities when dealing with incompetent or unethical behavior.

Becoming involved in a romantic or familial relationship with a supervisee is an ethical violation and should be strictly avoided because it creates marked role conflict that can fatally undermine the supervisory relationship.

If the supervisor recognizes a potential boundary issue with a supervisee, he or she should acknowledge it, assess how the boundary issue has affected supervision, and resolve the conflict.

Although the supervisory relationship is between professionals, supervisors usually have more power in the relationship than supervisees. To avoid boundary problems and conflicts of interest with a supervisee, the ethical supervisor must accept his or her power and be comfortable in using that authority to ensure accountability and protect clients.

Other ethical considerations include the following:

- A supervisor should always focus on the goals of supervision and the nature of the supervisory relationship and avoid providing psychotherapy services to the supervisee.
- Supervisors working with more than one supervisee should see each supervisee as an individual and adapt to that supervisee's

needs. At the same time, supervisors must be fair and consistent when providing supervision to multiple supervisees.

### **Self-disclosure**

Supervisors should be discreet in sharing personal information and not allow it to become the focus of supervision. When personal information is disclosed, it should be brief and support the goals of supervision. Supervisors should explain their comments and rationale to help supervisees gain understanding of appropriate techniques to use in the interview process with clients.

### **Attending to Safety**

Supervisors make supervisees aware of safety issues and train them how to respond to workplace conflict, respond to threats and harassment, protect property, and deal with assaults and their emotional aftermath.

Supervisors help supervisees plan for safety in the office and in the community by learning non-violent response strategies and appropriate ways to respond to crises.

### **Alternative Practice**

The social work supervisor should decide whether an alternative practice, a non-traditional social work intervention, is the best modality of treatment for a supervisee to use with a client.

When a supervisee uses an alternative practice, the supervisor should have expertise of that practice and ensure that the supervisee has the prerequisite training and knowledge to perform the alternative practice. In situations in which the supervisor does not have the skills to provide the alternative practice, it may be necessary to

involve a second supervisor. In such cases, the two supervisors should work closely together to avoid conflicts and ensure effective use of the alternative practice for the client.

## **Standard 5. Technology**

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The rapid growth and advances in technology present many opportunities and challenges in a supervisory relationship. When using or providing supervision by technological means, supervisors and supervisees should follow standards applied to a face-to-face supervisory relationship. Supervisors should demonstrate competency in the use of technology for supervision purposes and keep abreast of emerging technologies. Supervisors should be aware of the risks and benefits of using technology in social work practice and implement them in the learning process for supervisees. All applicable federal, provincial, and state laws should be adhered to, including privacy and security rules that may address patient rights, confidentiality, allowable disclosure, and documentation and include requirements regarding data protection, encryption, firewalls, and password protection.

When supervision is being provided for licensure purposes, supervisors and supervisees have the responsibility to familiarize themselves with specific definitions and requirements by social work regulatory boards for the use of technology in practice. For successful communication, compatible equipment, software, and other infrastructure are required by both parties.

### **Distance Supervision**

The use of technology for supervision purposes is gradually increasing. Video-conferencing is a growing technological tool used to provide supervision, especially in remote areas. Some jurisdictions allow electronic means for supervision; others may limit the amount of supervision that can be provided from a distance. When using technology to provide distance supervision, one must be aware of standards of best practice for providing this tool and be knowledgeable of the statutes and regulations governing the provision of such services.

### **Risk Management**

Using technology in social work practice presents many risks. Supervisors should ensure a learning process that emphasizes a standard of care consistent with the *NASW Code of Ethics*, *NASW and ASWB Standards for Technology in Social Work Practice*, *Canadian Social Workers Code of Ethics*, licensing laws, applicable organization policies and procedures, and regulations for businesses. Doing so ensures high-quality services; protects the supervisor, supervisee, and client; and safeguards against malpractice issues.

## **Evaluation and Outcomes**

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The evaluation and outcome of the supervisory process is an integral part to the development of professional social workers. The evaluation of the supervisee, as well as the evaluation of the impact and outcome of supervision, is a significant responsibility of the supervisor.

An evaluation serves many purposes, which vary depending on the setting and context. An evaluation can be used to determine whether a supervisee is able to practice social work with increasing independence in a competent and ethical manner. An evaluation can also be used for licensure or credentialing reasons, annual job performance, probation, promotion, or merit salary increases. Social work supervisors have the responsibility of evaluating the performance of supervisees in a fair manner with clearly stated criteria.

All evaluations have several common elements. The first element is a formal agreement between the supervisor and the supervisee regarding expectations for the outcome of the evaluative process. At the beginning of each supervisory relationship, the supervisor, in collaboration with the supervisee, should prepare written, measurable goals and specific guidelines to evaluate the supervisee's performance. In addition, the evaluation should include a time frame for goal attainment and a systematic procedure for disengaging from supervision once the goal has been reached.

Tools used to measure supervision goals can be a combination of various pre-determined criteria including: case studies, progress notes, conversations, the successful implementation of treatment plans, and client outcomes.

To enhance learning and increase the effectiveness of supervision, a systematic procedure for ongoing supervisory feedback is necessary. Feedback during the supervisory process is planned and continuous and in written and verbal form. Planned supervisory

feedback allows both the supervisor and the supervisee to make modifications, if needed, to improve professional practice and skill development. Continuous feedback also helps to determine the impact and effectiveness of the received supervision. When using an evaluation as a learning process, clinical and administrative errors can be expected and do occur but should not be used in a punitive manner.

The final stage of an evaluative process should include a discussion of future challenges that the supervisee may encounter and the resources that the supervisee can use to resolve those challenges. The goals of an evaluation process are to improve the delivery of services to clients, maintain ethical and competent social work practice, and protect the public. Structuring an evaluation process focused on the supervisory learning experience and the identification of future learning needs is an important part of the supervisory process. Supervisors have the responsibility of researching and selecting the best evaluative tool for supervision.

For purposes of licensing and credentialing, a supervisory evaluation is an aid to public protection. The supervisor is the last gate to competent, independent clinical practice and one of the best resources regarding a supervisee's fitness to practice social work. The supervisor has the responsibility of identifying incompetent or unethical practice and taking appropriate steps to properly address the errors of the supervisee.

## Terminating the Supervisory Relationship

Ending the supervisory relationship is just as important as beginning it and a supervisor should devote attention to it. Termination occurs when the supervisor or supervisee leaves the organization or is promoted or when the supervisee obtains licensure. It may also occur when the goals are achieved in the agreement between the supervisor and supervisee.

It is important for supervisors to identify early on the dynamics of termination as they emerge and assist supervisees in learning specific skills to deal with termination. Helping supervisees to address their concerns about termination can help make termination a good experience. All documentation by the supervisor should be completed by the time of termination. It is unprofessional and possibly unethical to withhold status or final reports, particularly where such reports are required for licensing documentation.

Two germane areas of work require attention: (1) termination of the supervisory relationship and (2) termination of the supervisee-client relationship. When the supervisor is leaving, if appropriate, a smooth transition to a new supervisor should be arranged. The skills used in ending a supervisory relationship can also be used with clients. A supervisor models for the supervisee the skills required to terminate with clients and addresses concerns that he or she may have about termination. Supervisory focus on the termination phase helps to ensure a quality and safe termination of the supervisee-client relationship and makes for a positive supervisory-supervisee transition.

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## Attachment E - MODEL LAW

<p><b>Association of Social Work Boards (ASWB)</b></p> <p><b>&amp;</b></p> <p><b>National Association of Social Workers (NASW)</b></p>	<p>Clinical supervision means an interactional professional relationship between a supervisor and a social worker that provides evaluation and direction over the supervisee's practice of clinical social work and promotes continued development of the social worker's knowledge, skills, and abilities to engage in the practice of clinical social work in an ethical and competent manner.</p> <p>The clinical supervisor is responsible for supervision within the following content areas:</p> <ul style="list-style-type: none"> <li>• Clinical skills.</li> <li>• Practice management skills.</li> <li>• Skills required for continuing competence.</li> <li>• Development of professional identity.</li> <li>• Ethical practice.</li> <li>• Cultural competency</li> </ul> <p>The areas of clinical supervisory accountability shall include:</p> <ul style="list-style-type: none"> <li>• Client care.</li> <li>• Knowledge of relevant agency policy and procedure.</li> <li>• Legal and regulatory requirements.</li> <li>• Ethical standards of the profession.</li> <li>• Professional responsibility for social work services provided by the supervisee.</li> <li>• Documented assessment of the supervisee's competence to practice independently.</li> </ul> <p>A plan for clinical supervision must be developed by the supervisor and the applicant. An evaluation of the supervisee in accordance with the plan shall be submitted to the regulatory body every 6 months, and the records will be retained for 3 years. The Board reserves the right to preapprove and audit such plans, which must include:</p> <ul style="list-style-type: none"> <li>• The purpose of supervision</li> <li>• Process to be used in supervision, i.e., timing, skills</li> <li>• Learning objectives</li> <li>• Professional growth</li> <li>• Intervention processes</li> <li>• Plans for documentation</li> <li>• Ethics and values</li> <li>• Evaluation</li> </ul>
<p><b>American Association of State Counseling Boards (AASCB)</b></p>	<p>May not be a relative of the counselor intern or have any other dual relationship.</p> <p>The supervisor shall present to the supervisee a statement of informed consent stating:</p> <ul style="list-style-type: none"> <li>• The supervisor's philosophy of supervision</li> <li>• Expectations for the supervisee</li> <li>• What the supervisee can expect from the supervisor</li> <li>• Responsibilities of the supervisee in establishing informed consent to the client which will include:             <ul style="list-style-type: none"> <li>○ Inform clients of the supervision of the supervisee and what process that includes</li> <li>○ Inform clients how they can contact the supervisee and the supervisor</li> </ul> </li> </ul> <p>Establish a contract with the supervisee including:</p> <ul style="list-style-type: none"> <li>• Terms of supervision</li> <li>• One hour of supervision for every 20-25 work hours or at least 50% of the hours in diagnosis and treatment.</li> <li>• Some type of actual counseling session reviewed on a regular basis (i.e. video taped session)</li> </ul>

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## Attachment F

### 10-State Survey - Supervisor Responsibilities

**States: Colorado, Florida, Illinois, Indiana, New York, Ohio, Oregon, South Carolina, Texas, Washington**

STATE	LCSW	LMFT	LPCC
<b>Colorado</b>	<p>Has sufficient knowledge of all clients for whom supervision is provided, including face-to-face contact with the client when necessary, to develop and to monitor effective service delivery procedures and the supervisee's treatment plan.</p> <p>All decisions requiring the special skill, knowledge, and/or training of a social worker are made in collaboration with, and with the approval of, the approved supervisor. Such decisions include, but are not limited to: type, duration, effectiveness, and method of social work services provided; fees and billing procedures; approval of cases; and personal observation, evaluation, oversight, review, and correction of services provided by the supervisee.</p> <p>Must keep records that enable her/him to effectively train, evaluate, and credit the applicant with the exact number of acceptable hours.</p> <p>Must keep and make available the records for 5 years from the date of supervision.</p> <p>Attest to the applicant's satisfactory completion of the required post-degree practice in individual and marriage and family therapy/psychotherapy under supervision and attest to the applicant's having met the generally accepted standards of practice.</p>	SAME AS LCSW	SAME AS LCSW
<b>Florida</b>	<p>Supervision is the relationship between the qualified supervisor and intern that promotes the development of responsibility, skills, knowledge, attitudes and adherence to ethical, legal and regulatory standards in the practice of clinical social work, marriage and family therapy and mental health counseling.</p> <p>Supervision is face-to-face contact between an intern and a supervisor during which the intern appraises the supervisor of the diagnosis and treatment of each client, client cases are discussed, the supervisor provides the intern with oversight and guidance in diagnosing, treating and dealing with clients, and the supervisor evaluates the intern's performance.</p>	SAME AS LCSW	SAME AS LCSW

STATE	LCSW	LMFT	LPCC
<p><b>Florida</b> (continued)</p>	<p>Supervision includes a focus on the raw data from the intern's clinical work, which is made directly available to the supervisor through such means as written clinical materials, direct observation and video and audio recordings.</p> <p>Supervision uses a process which is distinguishable from personal psychotherapy, or didactic instruction.</p> <p>The intern and supervisor must notify the Board of the supervision and the Board must approve it.</p> <p>Supervision provided by the applicant's therapist, parents, spouse, former spouses, siblings, children, employees, or anyone sharing the same household, or any romantic, domestic or familial relationship shall not be acceptable toward fulfillment of licensure requirements.</p>		
<p><b>Illinois</b></p>	<p>NONE SPECIFIED</p>	<p>Supervision means the direct clinical review, for the purposes of training or teaching by a supervisor, of the applicant's interaction with a client.</p> <p>The purpose of supervision shall be to promote the development of clinical skills.</p> <p>Supervision is face to face conversation with a supervisor, usually in periods of approximately one hour each. The learning process is sustained and intense. Appointments are scheduled on a regular basis.</p> <p>Supervision focuses on the raw data from a supervisee's continuing clinical practice, which is available to the supervisor through a combination of direct live observation, co-therapy, written clinical notes, audio and video recordings, and live supervision.</p> <p>Supervision is a process clearly distinguishable from personal psychotherapy and is conducted in order to serve professional goals.</p> <p>The following is NOT acceptable supervision:</p> <ul style="list-style-type: none"> <li>• Peer or Administrative supervision</li> <li>• Supervision by current or former family members or any other person with whom the nature of the personal relationship prevents, or makes difficult, a professional supervisory relationship</li> </ul>	<p>Supervision means the review of counseling and case management.</p> <p>Counseling activities must be performed pursuant to the supervisor's order, control, oversight, guidance and full professional responsibility</p> <p>The following activities are NOT acceptable clinical supervision:</p> <ul style="list-style-type: none"> <li>• Peer supervision.</li> <li>• Administrative supervision.</li> <li>• A primarily didactic process wherein techniques or procedures are taught in a classroom, workshop or seminar.</li> <li>• Consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.</li> </ul>

STATE	LCSW	LMFT	LPCC
<b>Illinois</b>  (continued)		<ul style="list-style-type: none"> <li>A primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop or seminar; staff development, orientation to a field or program or role-playing of family relationships as a substitute for current clinical practice in an appropriate clinical situation.</li> </ul>	
<b>Indiana</b>	Supervision must be face-to-face contact between the supervisor and supervisee for the purpose of assisting the supervisee in the process of learning the skills of social work or clinical social work practice.	NONE SPECIFIED	NONE SPECIFIED
<b>New York</b>	<p>Supervision means that a qualified supervisor is available for consultation, assessment and evaluation when professional services are being rendered by an applicant and the supervisor exercises the degree of supervision appropriate to the circumstances.</p> <p>Supervision includes:</p> <ul style="list-style-type: none"> <li>reviewing the applicant's assessment, evaluation and treatment of each client under his or her general supervision; and</li> <li>providing oversight, guidance and direction in developing clinical skills.</li> <li>Appropriate oversight of all services provided under his or her supervision.</li> </ul> <p>Supervision consists of:</p> <ul style="list-style-type: none"> <li>Apprising the supervisor of the diagnosis and treatment of each client</li> <li>Providing oversight and guidance in diagnosing and treating clients</li> <li>Regularly reviewing and evaluating the applicant's professional work</li> <li>Maintain records of the client contact hours in diagnosis, psychotherapy</li> <li>Assessment-based treatment planning</li> </ul> <p>May not supervise more than 5 interns</p> <p>Must submit a plan for supervised experience for review and approval by the board. The plan shall include an attestation from the supervisor(s) that he/she is responsible for any services provided.</p>	SAME AS LCSW	SAME AS LCSW

STATE	LCSW	LMFT	LPCC
<p><b>Ohio</b></p>	<p>Supervision means:</p> <ul style="list-style-type: none"> <li>• The quantitative and qualitative evaluation of the supervisee's performance</li> <li>• Professional guidance to the supervisee</li> <li>• Approval of the supervisee's intervention plans and their implementation</li> <li>• Responsibility for the welfare of the supervisee's clients</li> <li>• Assurance that the supervisee functions within the limits of their license.</li> </ul> <p>The assessment, diagnosis, treatment plan, revisions to the treatment plan and transfer or termination shall be cosigned by the supervisor and shall be available to the board upon request.</p> <p>There shall be no direct family relationship between the supervisor and the supervisee</p>	<p>The purpose of supervision is for the following:</p> <ul style="list-style-type: none"> <li>• To provide for the protection of consumer and client welfare</li> <li>• To ensure supervisees function within the limits of their competence</li> <li>• To enhance professional development</li> <li>• To provide training in activities relevant to the supervisee's position and academic background.</li> </ul>	<p>The purpose of supervision is for the following:</p> <ul style="list-style-type: none"> <li>• To provide for the protection of consumer and client welfare</li> <li>• To ensure supervisees function within the limits of their competence</li> <li>• To enhance professional development</li> <li>• To provide training in activities relevant to the supervisee's position and academic background.</li> </ul> <p>Complete and forward to the board all supervision evaluation forms required by the board</p> <p>A supervisor may not be a family member or be related to the supervisee in any way.</p> <p>The supervisor is responsible for all diagnoses, change in diagnoses, individualized services plans, and correspondence to any third party outside of the agency.</p>
<p><b>Oregon</b></p>	<p>"Supervision" means a professional relationship between a qualified supervisor and an intern, counselor, or therapist during which the supervisor provides guidance and professional skill development and oversight to the intern, counselor or therapist.</p> <p>The treatment plans presented by the associate must be appropriate, and the supervisor must focus on the therapeutic skill of the associate in promoting client change.</p> <p>Supervision includes discussing case notes, charts, records, and audio or visual tapes of clients, if available.</p> <p>The associate presents assessments, diagnoses, and treatment plans of clients to the supervisor.</p> <p>The supervisor must submit a plan of practice and supervision to the board for approval, and a biannual evaluation.</p> <p>The supervisor must report to the board immediately if the associate is not complying with the plan of practice and supervision.</p>	<p>The supervisor must:</p> <ul style="list-style-type: none"> <li>• Review and evaluate appropriateness of client population and caseload, individual charts, case records, and methodologies for keeping client confidentiality</li> <li>• Recommend that the intern to refer clients to other therapists when client needs are outside the intern's scope of practice</li> <li>• Hold discussions based on case notes, charts, records, and available audio or visual tapes</li> <li>• Review assessments and treatment plans for the clients being seen</li> <li>• Determine the appropriateness of the plans and the supervisee's therapeutic skill</li> </ul> <p>Supervision may not be a staff or team meeting, intensive training seminar, discussion group, consultation session, or quality assurance or review group.</p>	<p>SAME AS LMFT</p>

STATE	LCSW	LMFT	LPCC
<p><b>Oregon</b> (continued)</p>		<p>In contrast to consultation, the supervisor has the authority to direct treatment plans</p> <p>In contrast to therapy, the supervisor will identify counter-transference issues and develop a plan for the supervisee to work through those issues independently.</p> <p>The supervisor must submit a written evaluation of the intern's skills and progress every six months and at the conclusion of the plan.</p> <p>If a supervisor has concerns about a supervisee being licensed, the supervisor must notify the Board</p> <p>Be provided by someone other than a spouse or relative by blood or marriage or a person with whom the applicant has or had a personal relationship</p>	
<p><b>South Carolina</b></p>	<p>Clinical supervision means an interactional professional and educational relationship between a clinical supervisor and a social worker that provides evaluation and direction over the supervisee's practice of clinical work and promotes continued development of the social worker's knowledge, skills and abilities to engage in practice in an ethical and competent manner.</p> <p>A plan for clinical supervision must be filed with the board before beginning supervision and at the end of supervision and include a termination evaluation.</p>	<p>"Supervision" means face-to-face contact between a supervisor and an intern during which the person supervised apprises the supervisor of the diagnosis and treatment of each client. The supervisor provides oversight and guidance in diagnosing, treating, and dealing with clients, and evaluates performance.</p> <p>The focus of a supervision session is on raw data from clinical work which is made directly available to the supervisor through such means as written clinical materials, direct (live) observation, co-therapy, audio and video recordings, and live supervision. Supervision is a process clearly distinguishable from personal psychotherapy and is contrasted in order to serve professional goals.</p> <p>The following are NOT considered supervision:</p> <ul style="list-style-type: none"> <li>• Peer supervision, consultation, or professional/staff development</li> <li>• Administrative supervision</li> <li>• Any process that is primarily didactic or involves teaching or training in a workshop, seminar or classroom format</li> </ul> <p>The supervisor shall provide nurturance and</p>	

STATE	LCSW	LMFT	LPCC
<p><b>South Carolina</b></p> <p>(continued)</p>		<p>support to the supervisee, explaining the relationship of theory to practice, suggesting specific actions, assisting the supervisee in exploring various models for practice, and challenging discrepancies in the supervisee's practice.</p> <p>The supervisor shall ensure the supervisee's familiarity with important literature in the appropriate field of practice.</p> <p>The supervisor shall model effective practice.</p> <p>A supervisor shall not be related to the supervisee in any of the following relationships: spouse, parent, child, sibling of the whole- or half-blood, grandparent, grandchild, aunt, uncle, present stepparent, or present stepchild.</p> <p>A Plan for Supervision must be completed by each supervisor and submitted to the Board.</p> <p>The supervisor shall provide written reports as required by the Board and shall be available for consultation with the Board or its committees regarding the supervisee's competence for licensure.</p> <p>The process of supervision shall be outlined in a contract for supervision. Supervisors must follow the Board's <i>Code of Ethics for All Supervisors</i></p>	
<p><b>Texas</b></p>	<p>Within 30 days of initiating supervision, submit to the board a clinical supervisory plan for each location of practice for approval by the board</p> <p>Submit a current job description from the agency in which the social worker is employed for verification that the duties of the position are clinical.</p> <p>The supervisor and the supervisee bear professional responsibility for the supervisee's professional activities.</p> <p>The supervisor is responsible for the social work services provided within the supervisory plan.</p> <p>The supervisor is obligated to keep legible, accurate, complete, signed supervision notes and must be able to produce such documentation for the board if requested. The notes shall document the content, duration, and date of each supervision session.</p> <p>The supervisor shall ensure that the supervisee knows and</p>	<p>The supervisor shall ensure that the supervisee is aware of and adheres to pertinent law and ethics.</p> <p>If a supervisor determines that the supervisee may not have the competence to practice under a regular license, the supervisor shall develop and implement a written plan for remediation.</p> <p>Supervisory status may be denied, revoked, or suspended following a fair hearing for violation of the Act or rules.</p> <p>A supervisor whose supervisory status has expired shall refund all supervisory fees received after the expiration.</p> <p>Fees charged by a supervisor during the course of supervision, which occurred without a board-approved supervision contract in place and</p>	<p>Supervisors shall review board rules and note such on logs.</p> <p>The supervisor shall ensure that the Intern is aware of and adheres to the code of ethics.</p> <p>A supervisor must submit a change of site/supervision form into the board office for approval before commencing supervision at a new site or with a new supervisor.</p> <p>A supervisor shall maintain and sign a record(s) to document the date of each supervision conference and document the total number of hours of supervised experience accumulated. The record shall reflect the approved</p>

STATE	LCSW	LMFT	LPCC
<p><b>Texas</b>  (continued)</p>	<p>adheres to the Code of Conduct and Professional Standards of Practice of this chapter.</p> <p>A supervisor shall not be a family member of the person being supervised.</p> <p>The supervisor and supervisee shall avoid forming any relationship with each other that impairs the objective, professional judgment and ethical behavior of either.</p> <p>A supervisor is responsible for developing a well-conceptualized supervision plan with the supervisee, and for updating that plan whenever there is a change in agency of employment, job function, goals for supervision, or method by which supervision is provided.</p> <p>If the supervisor determines that the supervisee lacks the professional skills and competence to practice social work under a regular license, the supervisor shall develop and implement a written remediation plan for the supervisee.</p> <p>The supervisor must indicate specific reasons for not recommending the supervisee on the clinical supervision verification form. The board may consider the supervisor's reservations as it evaluates the supervision verification.</p> <p>Providing supervision without having met all requirements for current, valid board-approved supervisor status may be grounds for disciplinary action against the supervisor.</p> <p>The board may deny, revoke, or suspend board-approved supervisory status following a fair hearing for violation of the Act or rules, according to the department fair hearing rules.</p> <p>If a supervisor's board-approved status is expired, suspended, or revoked, the supervisor shall refund all supervisory fees the supervisee paid after the date the supervisor ceased to be board-approved.</p> <p>Should a supervisor become subject to a board disciplinary order, he or she must so inform all supervisees, helping them to find alternate supervision.</p> <p>Supervision must promote professional growth. Therefore, all supervision formats must encourage clear, accurate communication between the supervisor and the supervisee, including case-based communication that meets standards for confidentiality.</p> <p>Though the board favors supervision formats in which the supervisor and supervisee are in the same geographical place for a substantial part of the supervision time, the board also recognizes that some current and future</p>	<p>resulted in the experience hours of the supervisee being denied, must be reimbursed to the supervisee.</p> <p>A supervisor may not be related within the second degree by marriage or within the third degree by consanguinity (blood or adoption) to the person whom he or she is supervising.</p> <p>A dual relationship with the supervisee that impairs the supervisor's objective, professional judgment shall be avoided.</p>	<p>site where the hours were accrued and the content of the supervision.</p> <p>If a supervisor determines that the LPC Intern may not have the counseling skills or competence to practice professional counseling under a regular license, the supervisor shall develop and implement a written plan for remediation of the LPC Intern.</p> <p>Any relationship with the LPC Intern that impairs the supervisor's objective, professional judgment shall be avoided. A supervisor may not be related within the second degree by affinity or within the third degree by consanguinity to the Intern.</p> <p>A supervisor shall submit accurate documentation of supervised experience to the board within 30 days of completion of hours.</p> <p>Supervisory status may be denied, revoked, or suspended following a fair hearing for violation of the Act or rules.</p> <p>A supervisor whose supervisory status has expired may be required to refund all supervisory fees received after the expiration of the supervisory status to the intern(s) who paid the fees.</p> <p>Supervision of the intern without being approved as a supervisor or after expiration of the supervisor status may be grounds for disciplinary action.</p>

STATE	LCSW	LMFT	LPCC
<p><b>Texas</b> (continued)</p>	<p>technology, such as using reliable, technologically-secure computer cameras and microphones, can allow personal face-to-face, though remote, interaction, and can support professional growth.</p> <p>Supervision formats must be clearly described in the supervision plan, explaining how the supervision strategies and methods of delivery meet the supervisee's professional growth needs and ensure that confidentiality is protected. The plan must be approved by the board.</p>		
<p><b>Washington</b></p>	<p>Must not be a blood or legal relative or cohabitant of the licensure candidate, licensure candidate's peer, or someone who has acted as the licensure candidate's therapist within the past two years.</p> <p>Prior to the commencement of any supervision, provide the supervisee with a declaration, on a form provided by the department, that the supervisor has met the requirements to qualify as an approved supervisor.</p> <p>The approved supervisor must attest to having thorough knowledge of the supervisee's practice activities including:</p> <ul style="list-style-type: none"> <li>• Practice setting;</li> <li>• Recordkeeping;</li> <li>• Financial management;</li> <li>• Ethics of clinical practice; and</li> <li>• A backup plan for coverage.</li> </ul>	<p>SAME AS LCSW</p>	<p>SAME AS LCSW</p>