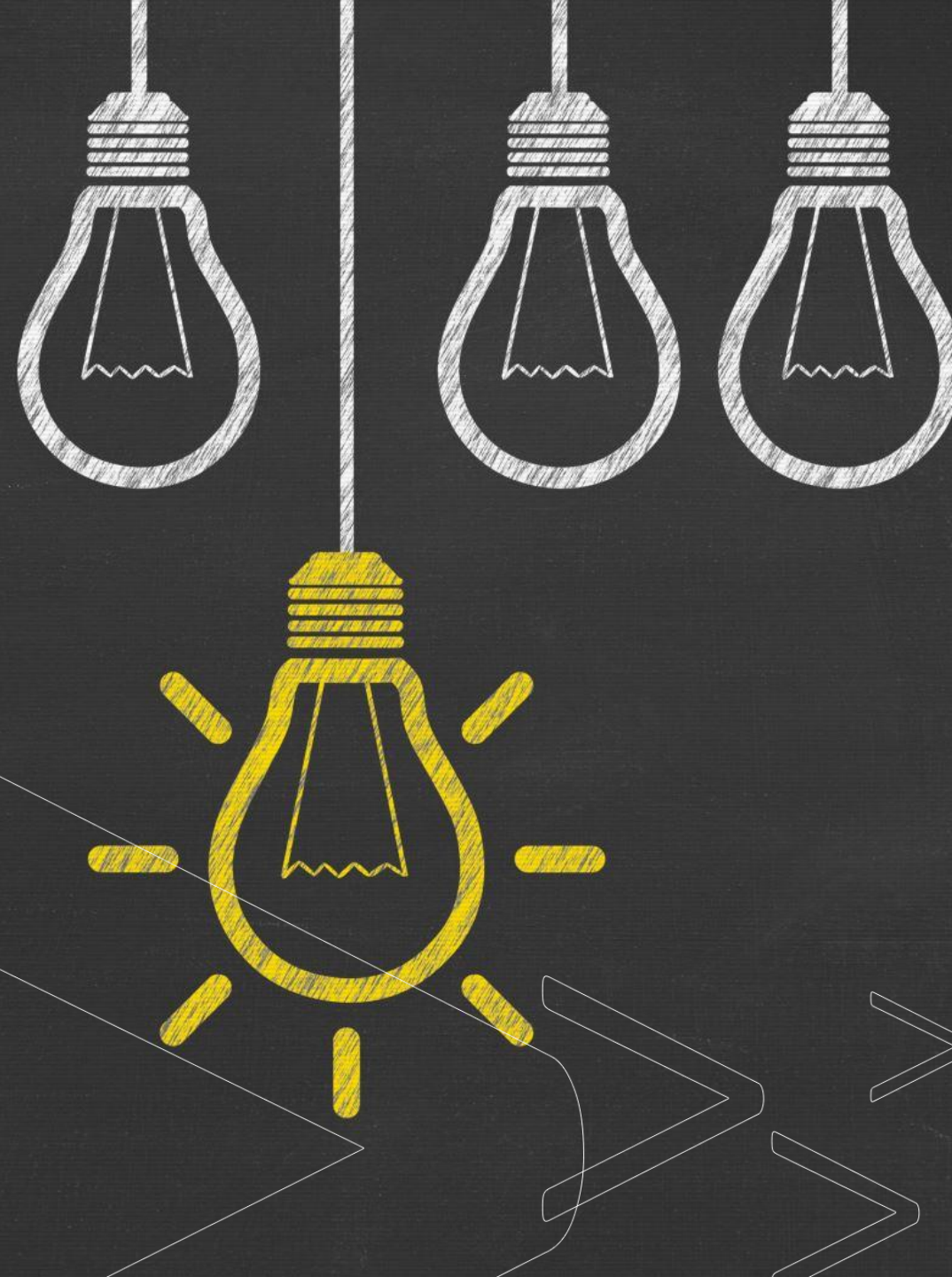


Clinical Supervision: Fostering Professional Growth and Developing Ethical Practitioners

Dr. Anthony Rivas, LMFT (CO), LAC (CO), MAC

Sacramento State University



BRAVE CONVERSATIONS



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Presentation Outcomes



Understand the characteristics of effective systemic clinical and administrative supervision



Understand the need and methods of assessing current counselor level of skill as well as methods for documentation of needs and plans for improvement in needed areas



Understand methods for giving supervisees appropriate, evaluative, and supportive feedback regarding areas of strength as well as identification of problem areas

What is Clinical Supervision?

“Supervision is an intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the junior member(s), monitoring the quality of professional services offered to the clients she, he, or they see(s), and serving as a gatekeeper of those who are to enter the particular profession.”(Bernard and Goodyear, 1998)

Clinical supervision is the process by which the clinical practice provided by the counselor is evaluated and either modified or approved by the supervisor.

It is evaluative and hierarchical

Administrative vs Clinical, vicarious and direct liability

Relevant Factors Influencing Supervision

Contextual and Cultural Issues

State Regulatory Issues

Ethical Issues

Legal Issues

Performance and Evaluation Issues

Documentation Issues

Methods of Observation

Administrative and Clinical Supervision Issues

Roles of the Clinical Supervisor

- Teacher
- Trainer
- Consultant
- Administrator
- Mentor
- Gatekeeper
- People Maker
- Coach
- Leader
- Internship Designer and Therapist Socializer

Six Foundational Areas of Supervision

Theories, roles and models of clinical supervision

Counselor and supervisor developmental models

Personal assessment of readiness for supervisory roles

Cultural and contextual factors

Ethical and legal issues

Monitoring performance, evaluation of clinical skills, behavioral contracting and gatekeeping functions of supervisor

Personal Attributes of the Supervisor

The Person of the Supervisor

What is your philosophy of systemic clinical supervision?

Fundamental issues in clinical supervision

Theoretical issues in clinical supervision

Regulatory issues in clinical supervision-
What is required for Certification and Licensure in your state?

What is required for Supervisors in Training?

The Best and the Worst of Supervision

BBS Definition

- “Supervision” means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, all of the following:
 - (1) Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.
 - (2) Monitoring and evaluating the supervisee’s assessment, diagnosis, and treatment decisions and providing regular feedback.
 - (3) Monitoring and evaluating the supervisee’s ability to provide services at the site or sites where the supervisee is practicing and to the particular clientele being served.
 - (4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or the practitioner-patient relationship.
 - (5) Ensuring the supervisee’s compliance with laws and regulations governing the practice of licensed professional clinical counseling.
 - (6) Reviewing the supervisee’s progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.
 - (7) With the client’s written consent, providing direct observation or review of audio or video recordings of the supervisee’s counseling or therapy, as deemed appropriate by the supervisor.

Supervisor Competencies

Screening, Assessment, and Diagnostic

Counseling & Case Management

Treatment planning

Consultation

Crisis intervention

Client, Family, and Community Education

Referral, Report Writing & Record Keeping

Supervisor Qualifications

- Requirements Applicable to ALL Supervisors •
- Possess a current and active California license that is not under suspension or probation as one of the following:
 - o Licensed Marriage and Family Therapist (LMFT)
 - o Licensed Clinical Social Worker (LCSW)
 - o Licensed Professional Clinical Counselor (LPCC)
 - o Licensed Educational Psychologist (LEP)*
 - o Licensed Clinical Psychologist
 - o Licensed Physician and Surgeon certified in Psychiatry by the American Board of Psychiatry and Neurology
- Have been licensed in California or any other state for at least two (2) years out of the last five (5) years prior to the commencement of supervision.
- Have practiced psychotherapy during at least two (2) years out of the last five (5) years prior to the commencement of supervision (or, if an LEP, has provided psychological counseling pursuant to Business and Professions Code (BPC) section 4989.14) OR
- Provided direct supervision to APCCs, Marriage and Family Therapist Trainees, Associate Marriage and Family Therapists, or Associate Clinical Social Workers who perform psychotherapy during at least two (2) years out of the last five (5) years prior to the commencement of supervision. Supervision of psychotherapy performed by a student shall be accepted if substantially equivalent to the supervision required for registrants.
- Sign and comply with required supervision-related forms *LEPs may only supervise the provision of educationally related mental health services consistent with the LEP scope of practice described in BPC section 4989.14, up to a maximum of 1,200 hours.

Forms

- Oversight Agreement for Supervision
- Supervision Agreement Between the Supervisor and Supervisee
- Contracting
- Supervisor Self-Assessment
- Become a BBS aficionado

Questions for Supervisors to Ask Themselves

What is my theory/philosophy of supervision?



What is my structure of supervision?


What are the cultural, idiosyncratic, life experience and family-of-origin issues that influence my supervision?

How do I manage power, values, and core beliefs in the supervisory system?

How do I manage legal, ethical, and professional, and contextual issues in the supervisory system?

Questions for Supervisors to Ask Themselves Cont.


How do I manage transference and countertransference in the supervisor-supervisee relationship?



How do I address areas of clinical skill development and professional experience in my supervisees?



How do I limit my liability, vulnerability, accountability, and responsibility in case of supervisee misconduct?



How do I respond to supervisee misconduct?

Importance of a Theoretical Model



Having a theoretical
model of Supervision



Understanding your
theoretical model of
Supervision

Importance of a Theoretical Model



Having a theoretical model of Counseling



Understanding your theoretical model of Counseling

Supervision models

- The Supervision models provide a conceptual framework for supervisors. Therefore supervisors can make supervision cohesive and these models guide supervisors to address supervisees' needs.



Major categories of clinical supervision models

Models Grounded in Psychotherapy Theory	Developmental Models	Supervision Process Models
Psychodynamic	Loganbill, Hardy, & Delworth	Discrimination model (Bernard)
Humanistic-relational	IDM (Stollenberg & McNeill)	Events-based (Ladany, Friedlander, & Nelson)
Cognitive-behavioral	SCDS (Rigazio-Digilio & Anderson)	Hawkins & Shohet
Systemic	Reflective	SAS (Holloway)
Constructivist <ul style="list-style-type: none"> • Narrative • Solution-Focused 	Life-Span (Ronnestad & Skovholt)	(Bernard & Goodyear, 2014)

Second generation models

- Combined models
 - Combine two established models either from the same category or across two categories.
- Target models
 - Are those that have been developed to focus on important issues such as multicultural counseling.
- Common factors models
 - Are proposed by those who attempted to look a major supervision models to determine what characteristics they all have in common.

▸ Theoretical Specific Models

- Supervisor's Role
 - Provide supervision in accordance with tenets of the counseling theory



Psychotherapy-Based models of supervision

- Psychotherapy
- Psychoanalytic
- Client-Centered
- Cognitive-Behavioral
- Systemic
- Constructivist
- Integrative

Psychodynamic supervision

1. The ability to be in relationship with clients and, by inference, with supervisors, “because a psychodynamic psychotherapist views the relationship as the crucible of psychotherapeutic change, not just as a preliminary to effective interventions, relationship competency implies developing relationship skills that go beyond these capacities” (Sarnat, 2010, p.23)
2. The ability to self-reflect, which includes “a highly developed capacity to bear, observe, think about, and make psychotherapeutic use of one’s own emotional, bodily, and fantasy experiences when in interaction with a client” (Sarnat, 2010, p. 23)
3. Assessment and diagnosis from a psychodynamic framework
4. Interventions that are theoretically consistent and in keeping with the centrality of the therapeutic relationship

Psychodynamic cont.

- Frawley-O'Dea & Sarnat (2001) propose three dimensions as the context for psychodynamic supervision:
 - Dimension 1: The nature of the supervisor's authority in relationship to the supervisee.
 - Two poles: authority (knowledge) objective (uninvolved expert) who helps the supervisee know what is true about the client and 'correct' technique
 - Dimension 2: The supervisor's focus.
 - Relevant data supervision is based on. Specifically, the supervisor can focus attention on (a) the client, (b) the supervisee, or the relationship between supervisor and supervisee.
 - Dimension 3: The supervisor's primary mode of participation.
 - Roles and styles supervisors adopt. i.e. didactic teacher, Socratic (asker of questions), a container of supervisee affects, etc.

Humanistic- relationship oriented supervision

- Rogers (1942) and Covner (1942) were among the first to introduce electronically recorded interviews and transcripts in supervision. Prior to that, it was all self-report.
- Listened to early recordings and concluded mere didactic training (then called nondirective methods) was insufficient.
- Supervisor's respect for supervisee as an individual with unique learning needs.
- Supervisory stance: collaborative, relational, and emphasizes the development of the person of the supervisee (Farber, 2012)
- Supervisory context "offers the trainee an experiential reference point for cultivating skill in the use of self in psychotherapy to support and encourage change in the client" (Farber, 2012, p.175).
- Skill building (self-efficacy of supervisee, basic interviewing skills, rating scales to assess supervisee level of demonstrating skill, etc.)

Cognitive-behavioral supervision

- Goals and Processes
- CBT Supervisors set an agenda for each supervision session, set homework collaboratively with supervisee, and assess what has been learned from session to session continuously.
- Structure:
 - Check-in
 - Agenda setting
 - Bridge from previous supervision session
 - Inquire about previously supervised therapy cases
 - Review of homework
 - Prioritization and discussion of agenda items
 - Assign new homework
 - Supervisor's capsule summaries
 - Elicit feedback from supervisee

CBT Supervision cont.

- Boyd (1978) articulated a list of propositions common to CBT Supervision:
 1. Proficient therapist performance is more a function of learned skills than a “personality fit.” The purpose of supervision is to teach appropriate therapist behaviors and extinguish inappropriate behavior.
 2. The therapist’s professional role consists of identifiable tasks, each one requiring specific skills. Training an supervision should assist the trainee in developing these skills, applying and refining them.
 3. Therapy skills are behaviorally definable and are responsive to learning theory, just as are other behaviors.
 4. Supervision should employ the principles of learning theory within its procedures.

Systemic Supervision

1. Developing a systemic formulation (i.e., conceptualizing their problem in terms of recursive family processes)
2. Helping the supervisee forge a systemic therapeutic alliance (i.e., a working alliance with each member of the family)
3. Introducing and reinforcing the process of reframing (to re-label or redefine problems so that they can be resolved more productively)
4. Assisting the supervisee in managing negative interaction that occur within therapy, building cohesion among family members, and assisting with family restructuring and parenting skills
5. Understanding and applying existing evidence based family therapy models.

(Celano et al., 2010)

▸ Systemic cont.

- Family-of-origin issues as additional focus of supervision
 - *(t)he activation of family-of-origin dynamics is a supervision issue because they affect the degree of objectivity and emotional reactivity that counseling have with their clients and hence their therapeutic capabilities...Therefore, supervision should provide trainees with opportunities to attain higher levels of differentiation and emotional maturity (Montgomery, Hendricks, & Bradley, 2001, p. 310).*

Solution-focused supervision

1. A positive opening followed by a problem description
2. Identifying positive supervision goals
3. Exploring exceptions for both supervisees and clients
4. Developing other possibilities by discussing hypothetical situations with the supervisee as well as considering what meaning is embedded in supervisee's worries about worst case scenarios
5. Giving feedback and clinical education
6. Assisting the supervisee in forming the first little step for their upcoming counseling session
7. Following up in subsequent supervision sessions about changes that occurred for both client and supervisee based on solution-focused techniques and philosophy

Integrative supervision



- Supervisor helps supervisee:
 - conceptualize a case from a particular theoretical perspective.
 - Select an appropriate theoretical modality or technique appropriate to the case.
 - Adjust or add supplemental theories or techniques as needed for case.
- Supervisor must have ability and desire to supervise from multiple perspectives as well a commitment to devote the time necessary to assist supervisee in understanding the constraints and implication of integration (Bernard & Goodyear, 2014).

Developmental models



Stoltenberg, McNeil, & Delworth's Developmental Model (1992)

- Basic Tenet:
 - Supervisees grow at individual paces with differing needs and styles of learning.
- Supervisor's Roles:
 - Beginning
 - Level 1: Teacher
 - Intermediate
 - Level 2: Provide structure & encouragement
 - Advanced
 - Level 3: Listen and Offer suggestions when asked
 - Master Counselor
 - Level 4: Consultant and Colleague

Loganbill, Hardy, & Delworth model

- Professional Issues (adapted from Chickering's (1969) vectors of developmental tasks):
 - Competence
 - Emotional awareness
 - Autonomy
 - Professional identity
 - Respect for individual differences
 - Purpose and direction
 - Personal motivation
 - Professional ethics

Longanbill, Hardy, & Delworth Cont.

- Stagnation Stage
 - Novice Supervisees
 - Unawareness of deficiencies or difficulties
 - Experienced Supervisee
 - Stagnation/stuckness
 - Or blind spot concerning his/her functioning in a particular area
 - Supervisee at this stage is likely to engage in cognitively simple, black/white thinking, and lack insight into his/her impact on supervisor or client.
 - Or may experience supervision as uninteresting or dull.
 - Two patterns exist at this stage: supervisee is dependent on supervisor or idealizes supervisor. OR may view supervisor as somewhat irrelevant, at least with respect to issue supervisee is dealing with.
 - Tone: neutrality or unawareness

Longanbill, Hardy, & Delworth Cont.

- Confusion Stage
 - Onset of confusion stage is either gradual or abrupt.
 - Key characteristics: instability, disorganization, erratic fluctuations, disturbance, confusion, and conflict.
 - Realization that answer will not come from supervisor. Anger or frustration toward supervisor as withholding or incompetent is the supervisees perception of this experience.
- Integration Stage
 - “calm after the storm”
 - Characterized by a new cognitive understanding, flexibility, personal security based on awareness of insecurity and ongoing continual monitoring of the important issues of supervision.
 - Supervisees at this stage see the supervisor in realistic terms, a person with strengths and weaknesses.
 - Supervisee take responsibility for what occurs during supervision sessions and has learned to makes best use of supervisor’s time and expertise.

counselor cycles and recycles through the stages, increasing levels of integration at each cycle

The integrated developmental model (IDM)

- The IDM describes counselor development as occurring through four stages (see levels below), each of which is characterized by changes on three overriding structures (see supervisee characteristics) that provide markers in assessing professional growth.
- Levels
 1. Limited training/experience
 2. Transitioning
 3. Personalized approach, use of self in therapy
 - 3i. Integrated: supervisee reaches level 3 across domains of assessment, treatment, conceptualizations
- Supervisee Characteristics
 - Self-Other Awareness: Cognitive and Affective
 - Motivation
 - Autonomy

Level 1. These supervisees have limited training, or at least limited experience in the specific domain in which they are being supervised

Motivation: both motivation & anxiety high; focused on acquiring skills. Want to know 'best' or 'correct' approach.

Autonomy: dependent on supervisor. Needs structure, positive feedback, and little direct confrontation.

Awareness: high self-focus, limited self-awareness; apprehensive about evaluation.

Level 2. Supervisees at this level are “making the transition from being highly dependent, imitative, and unaware in responding to a highly structured, supportive, and largely instructional supervisory environment”; usually after 2-3 semesters of practical experience

Motivation: fluctuating, vacillates between being very confident to unconfident and confused.

Autonomy: although functioning more independently, experiences conflict between autonomy & dependency. Can manifest as pronounced resistance to supervisor.

Awareness: greater ability to focus and empathize with client. Balance still an issue, problem can be veering into confusion and enmeshment with client.

Level 3. Supervisees at this level are focusing more on a personalized approach to practice and on using and understanding of “self” in therapy

Motivation: consistent; occasional doubts about one's effectiveness will occur, but without being immobilizing.

Autonomy: a solid belief in one's own professional judgment has developed as the supervisee moves into independent practice. Supervision tends to be collegial as differences btwn supervisor/supervisee expertise diminish.

Awareness: the supervisees return to being self-aware but with different quality from level 1. Supervisees are able to remain focused on client while also stepping back to attend to their personal reactions to clients- use this for decision making about client.

Level 3i (Integrated). This level occurs as the supervisee reaches level 3 across multiple domains (e.g. treatment, assessment, conceptualization). The supervisee's task is one of integrating across domains. It is characterized by a personalized approach to professional practice across domains and the ability to move easily across them. This supervisee has strong awareness of his/her strengths & weaknesses

► IDM cont.

- 8 Domains of Professional Functioning
 1. Intervention skills
 - Confidence & ability to carry out therapeutic interventions
 2. Assessment techniques
 - Confidence & ability to conduct psychological assessments
 3. Interpersonal assessment
 - Conceptualizing client problems
 4. Client conceptualization
 - Diagnosis, but also therapist's understanding of how client circumstances, history, and characteristics affect his/her functioning.
 5. Individual differences
 - Understanding of ethnic and cultural influences on individuals
 6. Theoretical orientation
 - Level of complexity and sophistication of the therapist's understanding of theory
 7. Treatment plans, goals
 - How the therapists plans to organize his/her efforts in working with clients
 8. Professional ethics
 - How professional ethics intertwine with personal ethics

➤ IDM supervisor Interventions

- Facilitative interventions

- Enable the supervisee to retain some control in the relationship.
- 3 specific interventions:
 - Cathartic
 - Interventions that elicit affective reactions
 - Catalytic
 - Open-ended questions intended to encourage self-exploration or problem solving (e.g., supervisor: “what keeps you from acting on what you are understating about his client?”)
 - Supportive
 - Interventions that validate the supervisee

▸ IDM supervisor Interventions Cont.

- Authoritative interventions
 - Provide more relational control to the therapist or supervisor.
 - 3 specific interventions:
 - Prescriptive
 - Giving advice and making suggestions
 - Informative
 - Providing information
 - Confronting
 - Pointing out discrepancies the supervisor observes between or among the supervisee (a) feelings, (b) attitudes, and/or behaviors.

Systemic cognitive-developmental model (SCDS)

- Based on Cognitive Style of Supervisee
 - Sensorimotor
 - These supervisees are affected emotionally and/or viscerally by experiences
 - Supervisor: Use directive style that allows for processing of emotions in a safe environment.
 - Supervisor: Help supervisee translate the emotional data into viable framework for conducting therapy.
 - Concrete
 - See world, and clients, through a linear, cause-effect lens.
 - Describe events of client often in same order client presented it.
 - May have difficulty seeing alternative perspectives.

Systemic cognitive-developmental model (SCDS) Cont.

- Formal
 - These supervisees analyze situations from multiple perspectives and are naturally reflective.
 - Can modify treatment plans easily based on supervisory feedback.
 - Have no difficulty linking a specific session to larger themes in therapy.
 - If formal orientation is too dominant, supervisees have difficulty translating understanding of client themes to actual practice.
 - Can also underestimate the role of feelings and behavior in counseling.
 - Analytical abilities as strength, may have difficulty when these are challenged.
- Dialectic
 - Supervisees challenge their own assumptions that inform their case conceptualization
 - These supervisees are drawn to think about *how* they think.
 - More likely to consider historical and cultural contexts.
 - May become overwhelmed by multiples perspectives, unable to commit.

Reflective Developmental models

- Focus on supervisee's
 - Skills/strategies
 - Personal issues
 - Case conceptualization
- And facilitates supervisee's reflections on above

▸ Ronnestadt & Skovholt Lifespan developmental model

- Counselor/therapist development is a complex process requiring continuous reflection.
- Client-counselor relationship has a strong influence on treatment outcomes.
- Ronnestad & Skovholt (2003) stated that research findings support “a close and reciprocal relationship between how counselors/therapists handle challenges and difficulties in the client relationship *and* experiences of professional growth or stagnation” (p.40).

▸ Ronnestad & Skovholt Lifespan developmental model- phases

- Phases
 - Lay Helper
 - Identifies a problem quickly, provides strong emotional support
 - Gives advice based on one's own experiences
 - Beginning Student
 - Feel dependent, vulnerable, and anxious
 - Search for “right way” to function
 - Looking for models to emulate
 - Advanced Student
 - (usually advanced practice or internship stage)
 - Functioning at established, professional level
 - Pressure to “do it right”
 - Conservative, cautious, and thorough style

▸ Ronnestad & Skovholt Lifespan developmental model- phases Cont.

- Novice Professional
 - Post-graduate
 - Increasingly integrates his/her own personality in treatment
 - Seeks compatible work roles and environments
- Experienced Professional
 - Developing a working style that is highly congruent with own values, interests, and personality
 - Techniques used are flexible and personalized
 - Understand it is impossible to have clear answers for situations they encounter
 - Look to areas to expand knowledge
- Seasoned Professional
 - Usually more than 20 years experience
 - Individualized and authentic approaches
 - Felt competence but modes about own impact on clients
 - Skeptical that anything really new will be added to the field
 - Loss is a prominent theme in this phase, look toward retirement

▶ Ronnestad & Skovholt's -14 themes of counselor development

1. Professional development involves an increasing higher-order integration of the professional self and the personal self
2. The focus of functioning shifts dramatically over time from internal to external to internal
3. Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience
4. An intense commitment to learn propels the developmental process
5. The cognitive map changes: beginning practitioners rely on external expertise, seasoned practitioners rely on internal expertise
6. Professional development is long, slow, continuous process that can also be erratic
7. Professional development is a life-long process
8. Many beginning practitioners experience much anxiety in their professional work. Over time, anxiety is mastered y most
9. Clients serve as a major source of influence and serve a primary teachers
10. Personal life influences professional functioning and development throughout the professional life span
11. Interpersonal sources of influence propel professional development more than 'impersonal' sources of influence.
12. New members of the field view professional elders and graduate training with strong affection reactions
13. Extensive experience with suffering contributes to heightened recognition, acceptance and appreciation of human variability
14. For the practitioner there is a realignment from self as hero to clients as hero

Supervisor's Role in Assessing Clinical Readiness

Assessing
Clinical
Competence,
Impairment etc.

Ensuring Ethical
and Legal
Practice

Direct
Observation

Provide Verbal
and Written
Feedback to
Supervisees

Monitoring
performance &
evaluate of
clinical skills

Encourages
Clinical Skill
Development
and Growth

Importance of Gatekeeping

"In monitoring counselor performance, an important and often difficult supervisory task is managing problem staff or those individuals who should not be counselors. This is the gatekeeping function." SAMHSA, 2019, p.30)

CACREP: "Gatekeeping the ethical responsibility of counselor educators and supervisors to monitor and evaluate an individual's knowledge, skills, and professional dispositions required by competent professional counselors and to remediate or prevent those that are lacking in professional competence from becoming counselors."

ACA Code of Ethics: F.6.b. Gatekeeping and Remediation

Understanding Your Liability

- Proper Contracting
- Interviewing
- Understanding Law & Ethics
- Vicarious
 - Should have known
- Direct
 - Known

Responding to a Board Complaint Against You Or A Clinician You Supervise

- Review the charges
- Evaluate your Supervisor liability
- Review your client records
- Contact your professional liability insurance company and file a claim
- Consult the assigned lawyer and follow their advice
- Respond within thirty days

Penalties

Statutes and Regulations Business and Professions Code: (B&P) Title 16, California Code of Regulations: (CCR) General Provisions: (GP) Penal Code: (PC) Welfare and Institutions Code: (WI)	Violation Category	Minimum Penalty	Maximum Penalty
MFT: B&P § 4982(r), 4982(t), 4982(u) CCR § 1833.1, 1845(b) LCSW: B&P § 4992.3(s) LEP: B&P § 4989.54(ab), CCR § LPCC: B&P § 4999.90(r) 4999.90(t), 4999.90(u) 1858(b)	Improper Supervision of Trainee / Intern / Associate / Supervisee	<ul style="list-style-type: none"> • Revocation stayed • 30-90 days actual suspension • 2 years probation • Standard terms and conditions • Education • Cost recovery • Reimbursement of probation program costs And if warranted: supervised practice.	<ul style="list-style-type: none"> • Revocation / Denial of license or registration • Cost recovery

Ethical
Responsibility
in Clinical
Supervision

ACA

AAMFT

NASW

APA

How to Evaluate Supervisee's Performance



Monitoring



Evaluating



Guiding

Best Practices

Informed Consent with
supervisee

Contracting

Expectations

Boundaries

▸ Supervision Credentials

- NBCC ACS: <https://www.cce-global.org/credentialing/acs>
- AAMFT Approved Supervisor:
<https://www.aamft.org/supervision/supervision.aspx>

Resources

- SAMHSA TIP 52:
<https://store.samhsa.gov/product/TIP-52-Clinical-Supervision-and-Professional-Development-of-the-Substance-Abuse-Counselor/SMA14-4435>
- ACA Code of Ethics:
<https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- AAMFT Code of Ethics:
https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx
- NASW Code of Ethics:
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>