Practice Guidelines

Disclaimer: Practice guidelines provide licensees with general guidance to promote good practice. Law, rules and regulations, not guidelines, specify the requirements for practice and what may constitute professional misconduct.

Guideline 10: Improving Practice Through Supervision

Your Use of Supervision

If you are receiving supervision for the purpose of qualifying for licensure, you should ensure that the supervision is provided according to the requirements defined in the Education Law and Commissioner's Regulations. The regulations establish qualifications for a supervisor that include education, licensure in New York State to practice the profession being supervised, and at least three years of experience in the practice of the profession.

You should not accept employment unless the supervision you will receive meets the specific requirements for the frequency, duration, and location of supervision necessary to qualify for a professional license. You can review the definition of a qualified supervisor in the law and regulations.

After you are licensed and during your initial years of professional practice, you are encouraged to seek regular supervision focused primarily on improving skills and knowledge in patient care and professional development. You may wish to seek supervision from a more experienced practitioner in the same profession as you or from a licensed professional in another field with experience in that area of patient care.

Even as an independent and mature practitioner, you should seek consultation with experienced colleagues whenever you are minimally qualified in a specific practice modality, when you believe a patient could benefit from a collaborative approach to service, or when the practice raises personal issues that may affect or obstruct your ability to provide professional services.

Your Responsibility as a Supervisor

Your supervisory relationships are a form of professional practice and should be governed by the same guidelines that apply to patient relationships with regard to ethical considerations, defining needs, confidentiality, expectations and responsibilities and in establishing appropriate boundaries.

It is your responsibility as the supervisor to ensure that the supervisee is competent to practice, whether or not the supervisee is licensed. The supervisor who allows a supervisee to practice beyond the supervisee's level of competence, may be subject to charges of professional misconduct under the Education Law.

If you are providing supervision in a group setting, the size and duration of the group should be conducive to participation by all supervisees. Many agree that groups should be limited to no more than five supervisees with one supervisor. You may choose to supervise a group of less than five, based on factors such as your supervisory skills and the qualifications and needs of the supervisees.

In some instances, the Commissioner's Regulations may allow you to provide supervision by telephone or other technology. Before using such technology, you should determine the requirements established in regulation and assess the skills of the supervisee and the purpose of the supervision, including limitations that may be inherent in the use of supervision that is not conducted face-to-face.

You may find it helpful to conduct a regular progress report with your supervisee(s). This could include documentation of the supervisee's ability to:

- establish professional relationships;
- assess patient need and plan appropriate interventions;
- carry out appropriate interventions;
- be flexible and change interventions in response to changing needs or patient preferences;
- practice as a licensed professional;
- work effectively with patients at various levels and in relation to systems, including families, organizations and other groups.

When you provide supervision you should consider developing with the supervisee a written agreement that clarifies the responsibilities of each party, such as:

- purpose and scope of the supervision;
- learning and development needs of the supervisee and plans to address those needs in supervision;
- structure of the supervision, including but not limited to:
    - expected duration of the supervisory relationship;
    - if other than individual supervision, the number of participants;
    - duration/length of each supervisory session;
    - frequency of supervisory sessions;
    - time and place of supervisory sessions;
    - cost (if any) and payment arrangements;
    - responsibilities for case materials;
    - role expectations of supervisor and supervisee(s);
    - accountability and reporting requirements;
    - confidentiality protections.

You should not accept responsibility for supervising an individual if you are not licensed in the profession or have not met other appropriate qualifications. Supervising an individual when you are not competent could result in charges of unprofessional conduct against you and the supervisee.

An individual practicing under a limited permit is not qualified to practice independently. In most cases, the permit holder may not supervise other permit holders, students, interns, or licensees.

The supervisor must have access to information about the supervisee's patient in order to provide appropriate supervision. The supervisee and supervisor must place a premium on maintaining as confidential any patient-specific information. The supervisor has the same obligation as the supervisee to keep information confidential. You may not provide third party supervision to an individual employed in an agency, without the consent of the employing agency.

When you are supervising an individual under a limited permit, the supervisee must notify the patient in advance that information will be shared with a licensed supervisor for the purpose of improving the practitioner's skills. The patient must know that you are supervising the permit holder and how to contact the supervisor. Even when you are licensed and practicing independently, and you choose to consult with a supervisor to improve your skills, you should obtain the patient's consent if identifiable information may be shared with a third-party.

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Citations of Pertinent Law, Rules or Regulations:

- Education Law, section 6509(2) - incompetence and negligence
- Education Law, section 6509(7) - permitting unlicensed practice
- Education Law, section 6509(9) - unprofessional conduct
- Regents Rules, part 29.1(b)(9) - practicing beyond competency and without adequate supervision
- Regents Rules, part 29.1(b)(10) - improper delegation of duties
- Regents Rules, part 29.2(a)(5) - failing to supervise appropriately
- Commissioner's Regulations, part 79-9.3 - experience requirement for mental health counselors
- Commissioner's Regulations, part 79-10.3 - experience requirement for marriage and family therapists
- Commissioner's Regulations, part 79-11.3 - experience requirement for creative arts therapists
- Commissioner's Regulations, part 79-12.3 - experience requirement for psychoanalysts

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TITLE 8. EDUCATION DEPARTMENT
CHAPTER I. RULES OF THE BOARD OF REGENTS
PART 29. UNPROFESSIONAL CONDUCT

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29.1 General provisions.

(a) Unprofessional conduct shall be the conduct prohibited by this section. The provisions of these rules applicable to a particular profession may define additional acts or omissions as unprofessional conduct and may establish exceptions to these general prohibitions.

(b) Unprofessional conduct in the practice of any profession licensed, certified or registered pursuant to title VIII of the Education Law, except for cases involving those professions licensed, certified or registered pursuant to the provisions of article 131 or 131-B of such law in which a statement of charges of professional misconduct was not served on or before July 26, 1991, the effective date of chapter 606 of the Laws of 1991, shall include:

(1) willful or grossly negligent failure to comply with substantial provisions of Federal, State or local laws, rules or regulations governing the practice of the profession;

(2) exercising undue influence on the patient or client, including the promotion of the sale of services, goods, appliances or drugs in such manner as to exploit the patient or client for the financial gain of the practitioner or of a third party;

(3) directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive, any fee or other consideration to or from a third party for the referral of a patient or client or in connection with the performance of professional services;

(4) permitting any person to share in the fees for professional services, other than: a partner, employee, associate in a professional firm or corporation, professional subcontractor or consultant authorized to practice the same profession, or a legally authorized trainee practicing under the supervision of a licensed practitioner. This prohibition shall include any arrangement or agreement whereby the amount received in payment for furnishing space, facilities, equipment or personnel services used by a professional licensee constitutes a percentage of, or is otherwise dependent upon, the income or receipts of the licensee from such practice, except as otherwise provided by law with respect to a facility licensed pursuant to article 28 of the Public Health Law or article 13 of the Mental Hygiene Law;

(5) conduct in the practice of a profession which evidences moral unfitness to practice the profession;

(6) willfully making or filing a false report, or failing to file a report required by law or by the Education Department, or willfully impeding or obstructing such filing, or inducing another person to do so;

(7) failing to make available to a patient or client, upon request, copies of documents in the possession or under the control of the licensee which have been prepared for and paid for by the patient or client;

(8) revealing of personally identifiable facts, data or information obtained in a professional capacity without the prior consent of the patient or client, except as authorized or required by law;

(9) practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform, or performing without adequate supervision professional services which the licensee is authorized to perform only under the supervision of a licensed professional, except in an emergency situation where a person's life or health is in danger;

(10) delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified, by training, by experience or by licensure, to perform them;

(11) performing professional services which have not been duly authorized by the patient or client or his or her legal representative;

(12) advertising or soliciting for patronage that is not in the public interest:

(i) Advertising or soliciting not in the public interest shall include, but not be limited to, advertising or soliciting that:

(a) is false, fraudulent, deceptive or misleading;

(b) guarantees any service;

(c) makes any claim relating to professional services or products or the cost or price therefor which cannot be substantiated by the licensee, who shall have the burden of proof;

(d) makes claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof; or

(e) offers bonuses or inducements in any form other than a discount or reduction in an established fee or price for a professional service or product.

(ii) The following shall be deemed appropriate means of informing the public of the availability of professional services:

(a) informational advertising not contrary to the foregoing prohibitions; and

(b) the advertising in a newspaper, periodical or professional directory or on radio or television of fixed prices, or a stated range of prices, for specified routine professional services, provided that if there is an additional charge for related services which are an integral part of the overall service being provided by the licensee, the advertisement shall so state, and provided further that the advertisement indicates the period of time for which the advertised prices shall be in effect;

(iii)

(a) all licensees placing advertisements shall maintain, or cause to be maintained, an exact copy of each advertisement, transcript, tape or videotape thereof as appropriate for the medium used, for a period of one year after its last appearance. This copy shall be made available for inspection upon demand of the Education Department;

(b) a licensee shall not compensate or give anything of value to representatives of the press, radio, television or other communications media in anticipation of or in return for professional publicity in a news item.

(iv) Testimonials, demonstrations, dramatizations, or other portrayals of professional practice are permissible provided that they otherwise comply with the rules of professional conduct and further provided that the following conditions are satisfied:

(a) the patient or client expressly authorizes the portrayal in writing;

(b) appropriate disclosure is included to prevent any misleading information or imagery as to the identity of the patient or client;

(c) reasonable disclaimers are included as to any statements made or results achieved in a particular matter;

(d) the use of fictional situations or characters may be used if no testimonials are included; and

(e) fictional client testimonials are not permitted;

(13) failing to respond within 30 days to written communications from the Education Department or the Department of Health and to make available any relevant records with respect to an inquiry or complaint about the licensee's unprofessional conduct. The period of 30 days shall commence on the date when such communication was delivered personally to the licensee. If the communication is sent from either department by registered or certified mail, with return receipt requested, to the address appearing in the last registration, the period of 30 days shall commence on the date of delivery to the licensee, as indicated by the return receipt;

(14) violating any term of probation or condition or limitation imposed on the licensee by the Board of Regents pursuant to Education Law, section 6511.

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29.2 General provisions for health professions.

(a) Unprofessional conduct shall also include, in the professions of:

acupuncture

athletic training

audiology

certified behavior analyst assistant

chiropractic

creative arts therapy

dental hygiene

dentistry

dietetics/nutrition

licensed behavior analyst

licensed pathologists' assistants

licensed perfusionist

licensed practical nursing

marriage and family therapy

massage therapy

medicine

mental health counseling

midwifery

occupational therapy

occupational therapy assistant

ophthalmic dispensing

optometry

pharmacy

physical therapist assistant

physical therapy

physician assistant

podiatry

psychoanalysis

psychology

registered dental assisting

registered professional nursing

respiratory therapy

respiratory therapy technician

social work

specialist assistant

speech-language pathology

(except for cases involving those professions licensed, certified or registered pursuant to the provisions of article 131 or 131-B of the Education Law in which a statement of charges of professional misconduct was not served on or before July 26, 1991, the effective date of chapter 606 of the Laws of 1991):

(1) abandoning or neglecting a patient or client under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care, or abandoning a professional employment by a group practice, hospital, clinic or other health care facility, without reasonable notice and under circumstances which seriously impair the delivery of professional care to patients or clients;

(2) willfully harassing, abusing or intimidating a patient either physically or verbally;

(3) failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient. Unless otherwise provided by law, all patient records must be retained for at least six years. Obstetrical records and records of minor patients must be retained for at least six years, and until one year after the minor patient reaches the age of 21 years;

(4) using the word “Doctor” in offering to perform professional services without also indicating the profession in which the licensee holds a doctorate;

(5) failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed professional;

(6) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(7) ordering of excessive tests, treatment, or use of treatment facilities not warranted by the condition of the patient;

(8) claiming or using any secret or special method of treatment which the licensee refuses to divulge to the State Board for the profession;

(9) failing to wear an identifying badge, which shall be conspicuously displayed and legible, indicating the practitioner's name and professional title authorized pursuant to the Education Law, while practicing as an employee or operator of a hospital, clinic, group practice or multiprofessional facility, registered pharmacy, or at a commercial establishment offering health services to the public;

(10) entering into an arrangement or agreement with a pharmacy for the compounding and/ or dispensing of coded or specially marked prescriptions;

(11) with respect to all professional practices conducted under an assumed name, other than facilities licensed pursuant to article 28 of the Public Health Law or article 13 of the Mental Hygiene Law, failing to post conspicuously at the site of such practice the names and the licensure field of all of the principal professional licensees engaged in practice at that site (*i.e.,* principal partners, officers or principal shareholders);

(12) issuing prescriptions for drugs and devices which do not contain the following information: the date written, the prescriber's name, address, telephone number, profession and registration number, the patient's name, address and age, the name, strength and quantity of the prescribed drug or device, as well as the directions for use by the patient. In addition, all prescriptions for controlled substances shall meet the requirements of article 33 of the Public Health Law;

(13) failing to use scientifically accepted infection prevention techniques appropriate to each profession for the cleaning and sterilization or disinfection of instruments, devices, materials and work surfaces, utilization of protective garb, use of covers for contamination- prone equipment and the handling of sharp instruments. Such techniques shall include but not be limited to:

(i) wearing of appropriate protective gloves at all times when touching blood, saliva, other body fluids or secretions, mucous membranes, nonintact skin, blood-soiled items or bodily fluid-soiled items, contaminated surfaces, and sterile body areas, and during instrument cleaning and decontamination procedures;

(ii) discarding gloves used following treatment of a patient and changing to new gloves if torn or damaged during treatment of a patient; washing hands and donning new gloves prior to performing services for another patient; and washing hands and other skin surfaces immediately if contaminated with blood or other body fluids;

(iii) wearing of appropriate masks, gowns or aprons, and protective eyewear or chin- length plastic face shields whenever splashing or spattering of blood or other body fluids is likely to occur;

(iv) sterilizing equipment and devices that enter the patient's vascular system or other normally sterile areas of the body;

(v) sterilizing equipment and devices that touch intact mucous membranes but do not penetrate the patient's body or using high-level disinfection for equipment and devices which cannot be sterilized prior to use for a patient;

(vi) using appropriate agents, including but not limited to detergents for cleaning all equipment and devices prior a sterilization or disinfection;

(vii) cleaning, by the use of appropriate agents, including but not limited to detergents, equipment and devices which do not touch the patient or that only touch the intact skin of the patient;

(viii) maintaining equipment and devices used for sterilization according to the manufacturer's instructions;

(ix) adequately monitoring the performance of all personnel, licensed or unlicensed, for whom the licensee is responsible regarding infection control techniques;

(x) placing disposable used syringes, needles, scalpel blades, and other sharp instruments in appropriate puncture-resistant containers for disposal; and placing reusable needles, scalpel blades, and other sharp instruments in appropriate puncture-resistant containers until appropriately cleaned and sterilized;

(xi) maintaining appropriate ventilation devices to minimize the need for emergency mouth-to-mouth resuscitation;

(xii) refraining from all direct patient care and handling of patient care equipment when the health care professional has exudative lesions or weeping dermatitis and the condition has not been medically evaluated and determined to be safe or capable of being safely protected against in providing direct patient care or in handling patient care equipment; and

(xiii) placing all specimens of blood and body fluids in well-constructed containers with secure lids to prevent leaking; and cleaning any spill of blood or other body fluid with an appropriate detergent and appropriate chemical germicide; and

(14) failing to adhere to applicable practice guidelines, as determined by the commissioner, for the compounding of sterile drugs and products.

(b) Unprofessional conduct shall also include, in those professions specified in section 18 of the Public Health Law and in the professions of acupuncture, certified behavior analyst assistant, creative arts therapy, marriage and family therapy, massage therapy, mental health counseling, and psychoanalysis, failing to provide access by qualified persons to patient information in accordance with the standards set forth in section 18 of the Public Health Law. In the professions of acupuncture, certified behavior analyst assistant, creative arts therapy, licensed behavior analyst, marriage and family therapy, massage therapy, mental health counseling, and psychoanalysis, qualified persons may appeal the denial of access to patient information in the manner set forth in section 18 of the Public Health Law to a record access committee appointed by the executive secretary of the appropriate State Board. Such record access review committees shall consist of not less than three, nor more than five members of the appropriate State Board.

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29.15 Special provisions for the professions of creative arts therapy, marriage and family therapy, mental health counseling, and psychoanalysis.

Unprofessional conduct in the practice of creative arts therapy, marriage and family therapy, mental health counseling and psychoanalysis shall include conduct prohibited by sections 29.1 and 29.2 of this Part and, in accordance with section 8407 of the Education Law, shall also include:

(a) in the case of treatment of schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention-deficit hyperactivity disorder and autism, providing any mental health service for such illness on a continuous and sustained basis without a medical evaluation of the illness by, and consultation with, a physician regarding such illness. Such medical evaluation and consultation shall be to determine and advise whether any medical care is indicated for such illness;

(b) prescribing or administering drugs as a treatment, therapy, or professional service in the practice of his or her profession; or

(c) using invasive procedures as a treatment, therapy, or professional service in the practice of his or her profession. For purposes of this subdivision, *invasive procedure* means any procedure in which human tissue is cut, altered, or otherwise infiltrated by mechanical or other means. Invasive procedure includes, but is not limited to surgery, lasers, ionizing radiation, therapeutic ultrasound, or electroconvulsive therapy.

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Responsibilities and Guidelines for AAMFT Approved Supervisors and Supervisor Candidates

AAMFT Approved Supervisors and supervisor candidates are bound by the AAMFT Code of Ethics (http://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx), and the Responsibilities and Guidelines included in the Approved Supervisor Designation Standards and Responsibilities Handbook.

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.
- 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 (/aamft/Content/Legal_Ethics/Code_of_Ethics.aspx) 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 an 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 (http://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx). 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 (/Documents/Supervisor_Candidate_Verification_Form.pdf) verifying that the candidate is in ongoing supervision mentoring.

The Approved Supervisor's Role with Regard to AAMFT Membership Requirements and Licensure Requirements: Supervisors must ensure that they are familiar with current AAMFT membership requirements. Since applicants for AAMFT membership must meet standards in place at the time of their application, the supervisor should encourage them to apply for AAMFT membership at the level for which they are currently qualified (student, associate, affiliate or Clinical Membership). By doing so, supervisors and MFTs/trainees will know exactly what additional requirements must be met in order for the MFT/trainee to obtain Clinical Membership.

If the MFT/trainee intends to apply for MFT licensure, and use the supervision being provided to fulfill those licensure requirements, the Approved Supervisor should also be familiar with licensure requirements in the state/province concerned.

AAMFT membership applications and files are confidential. Therefore, the AAMFT membership evaluators can discuss their content with the membership applicant only, not with the applicant's supervisor. Supervisors should tell MFTs/trainees that despite their responsibility to evaluate the trainee's knowledge, only the AAMFT can determine when membership requirements have been met.

Approved Supervisors who choose not to maintain Clinical Membership with the AAMFT must make a special effort to stay up-to-date on the latest AAMFT membership requirements, since these non-members will not learn of membership changes through the traditional routes of member communication (i.e., member emails and mailings). All AAMFT Approved Supervisors are strongly encouraged to maintain Clinical Membership in the AAMFT.

Supervising for the AAMFT Approved Supervisor Designation

AAMFT Approved Supervisors may be asked to serve as the mentor for a marriage and family therapist who wishes to become an Approved Supervisor. Before accepting the responsibility of mentoring a supervisor candidate, the Approved Supervisor should be thoroughly familiar with the current requirements for becoming an Approved Supervisor.

Approved Supervisors must have accumulated a total of 300 hours of MFT supervision experience before they can provide supervision mentoring to supervisor candidates. The 300 hours can include the 180 hours of supervision the Approved Supervisor provided during his/her own training for the designation.

Approved Supervisors are responsible for an initial screening to evaluate the prospective supervisor candidate's familiarity with the important literature in MFT, theories of supervision, supervision practice, and professional ethics. Supervisor candidates should be able to effectively apply a systemic perspective. If supervisor candidates are not AAMFT Clinical Members, the Approved Supervisor mentor should direct them to the AAMFT for an evaluation to ensure they can meet the requirements for Clinical Membership by the time they intend to apply for the designation.

Before a prospective supervisor candidate begins to train for the designation, they and their Approved Supervisor mentor should review the requirements for becoming an Approved Supervisor, verify that the candidate meets the prerequisites for becoming a supervisor candidate, and have an adequate plan for meeting the application requirements.

A contract between the Approved Supervisor mentor and the supervisor candidate should be developed which delineates fees, hours, time and place of meetings, case responsibility, caseload review, handling of suicide threats and other dangerous clinical situations, and so forth. The schedule of meetings should be such that the supervisor candidate is able to complete the requirements in the time limits specified for training.

The fee for supervision mentoring is a function of the contract between Approved Supervisors and the supervisor candidate, including amounts and collection procedures. Fees should be in keeping with the community standard. Approved Supervisors are encouraged to provide supervision mentoring to deserving supervisor candidates on a pro-bono or reduced fee basis.

Responsibility of the Approved Supervisor in the Mentoring of Supervision Candidates:

When an Approved Supervisor agrees to mentor a supervisor candidate during their training for the Approved Supervisor designation, the Approved Supervisor mentor assumes responsibility for overseeing the training, providing supervision mentoring, evaluating the candidate's progress, and assisting the candidate in making the final application for the designation. This requires the Approved Supervisor to be completely familiar with eligibility criteria, supervisory training requirements and application procedures as described in the Approved Supervisor Designation Standards and Responsibilities Handbook, October 2007 . It is the Approved Supervisor's responsibility to mentor and socialize the supervisor candidate into the family therapy supervision tradition through an intensive emphasis on the nine learning objectives (/aamft/Content/Supervision/Nine_Objectives.aspx).

The Approved Supervisor mentor should maintain a strict log of supervision mentoring, and review the supervisor candidate's log of supervision that the candidate is providing to MFTs/trainees. A sample of a supervision log can be found by clicking here (/Documents/Sample_Supervision_Log.pdf). The Approved Supervisor mentor will be asked to verify these hours at the time of the candidate's application for the designation. The Approved Supervisor mentor must ensure that the hours counted by the supervisor candidate were actually spent in case discussion, and on the development of the candidate's supervisory skills. Hours spent discussing the requirements for the designation, or on completing the Approved Supervisor application packet, should not be counted as hours toward the supervision mentoring requirement.

Supervision mentoring is expected to have the following characteristics:

- It must focus primarily on live or audio taped/videotaped sessions of the supervision candidate's work with a MFT/trainee.
- It must include no more than two supervisor candidates at the same time. Supervision mentoring of a group of supervisor candidates does not count toward fulfilling the requirements.
- It must consist of face-to-face conversation between the Approved Supervisor mentor and the supervisor candidate, usually in periods of one hour each.
- The major emphasis should be on the development of the supervisor candidate's supervisory skills as opposed to an exclusive focus on clinical therapy skills.

Work supervised is to be conducted in appropriate professional settings with adequate facilities. The Approved Supervisor mentor must be available to the supervisor candidate in emergency situations or arrange in advance for a colleague to provide emergency consultation if needed by the supervisor candidate.

The Approved Supervisor mentor must evaluate and provide regular feedback to the supervisor candidate about progress, strengths, and areas in which professional development are needed. It is recommended that after half of the required hours of supervision mentoring have been received, the Approved Supervisor conduct a mid-term evaluation. (Some suggestions for the evaluation can be found by clicking here (/Content/Supervision/Evaluation_Guidelines.aspx).) Any concerns that could affect the candidate's eventual application for the Approved Supervisor designation should be documented, along with a proposed plan to address them, and both should be shared with the supervisor candidate. Approved Supervisors and supervisor candidates must have a clear understanding about the responsibility for evaluations and reports as well as specific details about how they will be shared.

While the evaluation and feedback process should be ongoing, the Approved Supervisor mentor will be asked to complete a written Approved Supervisor Evaluation (/Documents/Approved_Supervisor_Evaluation.pdf) of the candidate when the candidate is ready to apply for the designation. If the Approved Supervisor rates the candidate below an acceptable level on any of the evaluation criteria, the mentor and candidate should develop a specific plan for remediation. This could include additional reading or specific discussions in supervision mentoring sessions.

If, at any time, concerns develop between an Approved Supervisor mentor and a supervisor candidate about their relationship, or the competence or behavior of either, the matter should be documented and discussed between the two. If the discussion does not lead to a mutually agreeable plan and all other means of resolving the matter have been exhausted (grievance procedures at the institution or agency, for example), the Approved Supervisor mentor and supervisor candidate may consider consulting with another AAMFT Approved Supervisor. If the matter still cannot be resolved, the mentor and/or candidate should consult with the AAMFT supervision staff before proceeding with further sessions.

Supervisors do not disclose supervisee confidences except in limited circumstances as described in the AAMFT Code of Ethics (http://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx).

Approved Supervisors may not provide supervision mentoring to their 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. Although provision of supervision to

colleagues and employees in the same organization is a widespread practice, Approved Supervisors must ensure that their judgment is not contaminated by the context. A supervisor supervising a superior, for example, could confuse the hierarchy and place the employee at risk.

When the supervisor candidate has met the requirements for the designation and is ready to submit the Approved Supervisor application, the Approved Supervisor must approve and sign the application materials before the supervisor candidate submits them to the AAMFT. The Approved Supervisor's signature indicates that she/he believes that **ALL** requirements for the designation have been met, and further, that the supervisor candidate has successfully integrated the nine learning objectives (/aamft/Content/Supervision/Nine_Objectives.aspx) into a coherent theory and practice of MFT supervision.

With the Approved Supervisor mentor's signature on the Approved Supervisor application, the AAMFT staff will complete a quantitative review to ensure that all deadlines have been met and appropriate hours earned. If so, the AAMFT will award the Approved Supervisor designation to the supervisor candidate.

Advertising

Advertising by Approved Supervisors: Approved Supervisors may advertise their designation in the yellow pages, and on business cards, stationery, etc., provided these conform with the principles of the AAMFT Code of Ethics (http://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx). An example of an appropriate listing is "AAMFT Approved Supervisor." Approved Supervisors may also list the designation in programs, registers, professional journals, and newsletters. The designation must not be represented as an advanced clinical status.

AAMFT Clinical Members receive a listing on the AAMFT online referral service, TherapistLocator.net (http://www.therapistlocator.net/). Approved Supervisors who are Clinical Members are encouraged to update their TherapistLocator profile to describe their supervision practice, and to attract potential supervisees.

Advertising by Supervisor Candidates: Supervisor candidates may not list that status in the yellow pages, on business cards, stationery, in programs, registers, journals, etc. The term "supervisor candidate" is used to describe persons who are actively training for the Approved Supervisor designation, but it is not a title or credential and should not be used as such. Supervisor candidates should take care that they do not imply that they have been awarded a designation, or that they will definitely receive the designation at some specified date. Candidates may indicate on resumes that they are in training to become Approved Supervisors, but only if it is clear that the candidate is not an AAMFT Approved Supervisor but is in training for the designation. The term "Approved Supervisor" should not be used until the supervisor candidate officially receives the designation.

If supervisor candidates need to contact prospective MFTs/MFT trainees to offer supervision, the communication should be clearly intended for marriage and family therapists, not clients. The focus of the communication should be the fact that quality training is assured for the prospective MFT/trainee because the supervisor candidate is under ongoing supervision by an AAMFT Approved Supervisor. If supervisor candidates are asked to verify that they are in fact in training for the designation they may use the Supervisor Candidate Verification Form (/Documents/Supervisor_Candidate_Verification_Form.pdf).

Useful Definitions

AAMFT Approved Supervisor is an MFT who has completed the education, experience and supervision mentoring requirements established by the AAMFT. The Approved Supervisor designation identifies for the MFT community those professionals who have met the AAMFT requirements to provide MFT supervision. It is a designation to identify qualified supervisors, and is not an advanced clinical credential.

Approved Supervisor mentor is an AAMFT Approved Supervisor who has agreed to provide supervision and mentorship to a supervisor candidate who wishes to become an AAMFT Approved Supervisor.

Individual supervision is face-to-face contact between one supervisor and a maximum of two MFTs/trainees. When more than two individuals are receiving supervision, it is considered group supervision.

Marriage and Family Therapist (MFT): MFTs deal primarily with relationships and interaction from a systemic perspective. Thus, the practice of MFT requires special conceptualization and procedures that are distinct from individually oriented therapies. It is the specific expertise in interpersonal relationships, interaction and systems theory that qualifies a professional as an MFT.

MFT clinical experience is face-to-face sessions with clients, usually in periods of approximately one hour each, and practiced according to the ethical standards of the profession, governmental regulation and the AAMFT. The therapy is sustained and intense, as indicated by the needs of clients.

MFT supervision must be the supervision of MFT cases. It is direct supervision provided to an MFT or MFT trainee and may be provided through live observation of the MFT/trainee and/or face-to-face contact between the supervisor and the MFT/trainee. (When the Approved Supervisor or supervisor candidate intends on receiving credit for this supervisory experience, he or she must be clearly responsible for the supervision during this period. Watching another supervisor at work does not count toward this requirement.)

Supervisees (or trainees) are MFTs, or students in training to become MFTs, who are being supervised by an Approved Supervisor or supervisor candidate.

Supervision mentoring is a service provided by an Approved Supervisor to a supervisor candidate as part of the training requirements for the Approved Supervisor designation. This has also been referred to as supervision-of-supervision. The major focus in supervision mentoring is on the development of the supervisor candidate's supervisory abilities as opposed to an exclusive focus on clinical skills. This experience should focus on live or taped sessions, and may include no more than two supervisor candidates.

Supervisor candidate: A supervisor candidate is a marriage and family therapist who is in the process of meeting the educational, experiential and supervisory training requirements for the AAMFT Approved Supervisor designation. Supervisor candidates are authorized to supervise trainees who are in preparation for AAMFT Clinical Membership, as long as the supervisor candidate receives ongoing supervision mentoring by an AAMFT Approved Supervisor.

CLINICAL SUPERVISION TOOLKIT

Reference

A Reference for LPCA Certified Professional Counselor Supervisor (CPCS) Training

A Brief Refresher in Being a Clinical Supervisor

Clinical supervisors are responsible for knowing, understanding, teaching, and training future professional counselors/clinicians. Recently, at LPCAGA we have seen an influx of supervisors needing guidance concerning matters ranging from licensure requirements to ethics violations. As a result the Clinical Supervision Committee wants to provide you with reminders that will assist in your provision of quality, professional, and ethics based supervision. See the Do's and Don'ts below.

Please read the following and keep to reference as needed. If you have specific questions that you prefer not to post in the Clinical Supervision Social Circle you may email CPCS@LPCAGA.org.

- **Non Compliance with the Licensure Board is both unprofessional and unwise:** As a supervisor you will undoubtedly interact directly with the licensure board at some point in your career. This can be a stressful process. Remember that the Licensure Board is the entity that supplies your credential to practice. The Licensing Board protects the public not the profession. If documents are requested in an audit, provide them. If you have a hearing for some reason, present yourself professionally not emotionally. Politely comply with every request. If you have questions ask them in a non-confrontational manner. As a supervisor you are a seasoned professional, be sure that you exude this when corresponding with the Licensure Board.

- **Both you and your supervisees are responsible for maintaining accurate supervision records:** There may come a time with the Licensure Board wants to compare your supervision records to those of your supervisee. Unfortunately, if you cannot provide a record stating that your supervisee should have maintained a record will not be a sufficient response for the licensure board. The supervisee is operating under your license.

- **Pay Close attention to dates when signing Licensure Applications:** The accumulation of hours does not start until supervision and direction of the work experience has started (concurrent). Again…the clock does not start until supervision starts, hours accumulated prior to commencing supervision will not be accepted. You may not sign paperwork prior to the three year (36 months and not a day less) anniversary of the exact start date of the supervision. If dates do not match you may receive a reprimand from the Licensure Board and what's worse your supervisee will not be granted licensure.

- **Working beyond your scope of practice is unethical:** Every healthcare discipline and every healthcare organization develops rules to guide providers. As a counselor you operate under the law (your Scope of Practice) and the Licensing Board Code of Ethics (Rule 135-7) Law/Rule-bending in the interest of patient care is risky business, that could cost you, your license. Know the Law, Rules, and your *Code of Ethics*.

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A Brief Refresher in Being a Clinical Supervisor

- **Maintain Clear Boundaries:** Continually reiterate to your supervisees that the supervision relationship is indeed a professional relationship. Boundaries can easily become blurred for supervisors and supervisees as you are operating in a position of authority. Remember that the only things that you can ethically offer your supervisees are supervision services, resources, and referrals.
  - DON'T:
    - Gifts are off limits.
    - Proving them with transportation or shelter is off limits.
    - Though positive rapport is necessary be careful not to become a friend, parental figure, or romantic partner to your supervisees.
    - Buying or selling anything to your supervisee is also unethical (even selling your own publication that you believe is a great resource is unethical).
    - Partnering with your supervisees in any business transaction is also unethical.

- **Imposition of Beliefs:** Be certain to speak less and listen more in supervision. Your preferred treatment modality may be different from theirs. As long as they are operating legally, and ethically and "doing no harm" to their clients allow them to explore so they can their sound clinical judgment.

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"No Right to Private Practice" Agreement

For those Supervisees that are Licensed

Statement of Understanding

The undersigned Supervisee understands that he/she has entered into a clinical supervision agreement which, under law and Georgia Composite Board of PC, SW, MFT rules, allows him/her to work toward licensure as an Associate Professional Counselor. Until the process is completed and a license is granted by the state of Georgia you are not permitted to practice privately (i.e. receive payments directly from clients for counseling services).

No Private Practice Allowed

All work must be supervised and directed by an authorized person/superior or agency. Your employer will provide the direction.

Employer: ____

Superior/Directors Name: ____

Address: ____

City: ___________________________ State: _________ Zip: _______________

Name/Title of Director: ____

Phone Number(s): ____

Email Address (if applicable) ____

As a Licensed Associate Professional Counselor, I understand the following: (initial each item)

____ I may only use the title "Associate Professional Counselor" or "Licensed Associate Professional Counselor" in all documentation, including the informed consent, business cards, etc.

____ I may not go into private practice, even though I am under clinical supervision.

____ I may engage in the practice of Professional Counseling, but only under direction and supervision.

____ My worksite is listed on the "Contract Affidavit" and if I change employment or directors, I will update the "Contract Affidavit" and send to the Ga Composite board within the required two-week period.

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"No Right to Private Practice" Agreement

For those Supervisees that are Licensed

____ I cannot receive money directly from a client. All compensation I receive must come to me through my employer. My signature below implies that I understand and agree to abide by this provision of the Ga Composite Board.

____ Failure to follow the above-mentioned guidelines will constitute an ethical violation according to Georgia Composite Board rules and will be grounds for termination of clinical supervision and the filing of a complaint with the Ga Composite Board as required by the Ethics rule 135-7.

____ ___________________

Supervisee Signature **Date**

____

Supervisee Name (Printed)

____ ___________________

Clinical Supervisor Signature **Date**

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EXAMPLE

SUPERVISEE FILE CHECKLIST

- ☐ Contract with Clinical Supervisor
- ☐ Emergency Contact Form
- ☐ Graduate Degree Unofficial Transcript/Copy of Diploma
- ☐ Limited Liability Insurance – Copy of Policy
- ☐ Licensure Application Contract Affidavit (Complete every time there is a change)
- ☐ Work Site Information
- ☐ Clinical Supervisor Logs & Notes
- ☐ 5 Ethics CEs (biennial) – Copy of Certificate
- ☐ Other: ____
- ☐ Other: ____
- ☐ Supervisee 6-month Evaluations 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____
- ☐ Supervisor 6-month Evaluations 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

YEAR 1: Start Date: _________ End Date: _________ TOTAL # SPV HOURS: ______

YEAR 2: Start Date: _________ End Date: _________ TOTAL # SPV HOURS: ______

YEAR 3: Start Date: _________ End Date: _________ TOTAL # SPV HOURS: ______

YEAR 4: Start Date: _________ End Date: _________ TOTAL # SPV HOURS: ______

YEAR 5: Start Date: _________ End Date: _________ TOTAL # SPV HOURS: ______

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EXAMPLE

PROGRESS NOTE CHECKLIST

Behavior **Counselor observation, client statements**	**Check if addressed**
1. Subjective data about the client – what are the client's observations, thoughts, direct quotes?	
2. Objective data about the client – what does the counselor observe during the session (affect, mood, appearance)?	
Intervention **Counselor's methods used to address goals and objectives, observations, client statements**	
1. What goals and objectives were addressed this session?	
2. Was homework reviewed?	
Response **Client's progress to the intervention, progress made toward Tx Plan goals and objectives**	
1. What is the client's current response to the clinician's intervention in the session?	
2. Client's progress attending to goals and objectives outside of the session?	
Plan **Document what is going to happen next**	
1. What in the Tx Plan needs revision?	
2. What is the clinician going to do next?	
3. What is the next due date?	

General Checklist	**Check if addressed**
1. Does the note connect to the client's individualized treatment plan?	
2. Are client strengths/limitations in achieving goals noted and considered?	
3. Is the note dated, signed and legible?	
4. Is the client name and/or identifier included in each page?	
5. Has referral and collateral information been documented?	
6. Does the note reflect changes in client status (e.g., GAF, measures of functioning)?	
7. Are all abbreviations standardized and consistent?	
8. Did counselor/supervisor sign note?	
9. Would someone not familiar with this case be able to read this note and understand exactly what has occurred in treatment?	
10. Are any non-routine calls, missed sessions, or professional consultations regarding this case documented?	

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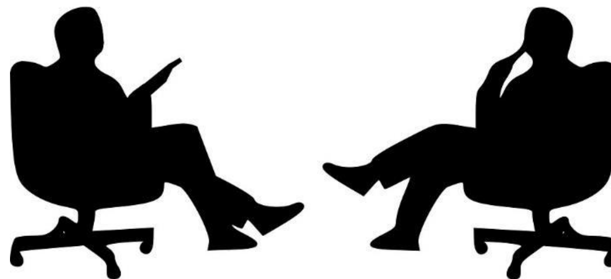
CONFIDENTIALITY vs PRIVILEGED

What is confidentiality?

Confidentiality refers to the ethical duty of the mental health professional not to disclose information learned from the patient to any other person or organization without the consent of the patient or under proper legal compulsion. The Hippocratic Oath.



What is privileged?

Privilege belongs to patient. The therapist-patient privilege "belongs" to the patient. In legal terms, it is like a piece of property. Only the patient can establish the privilege and take the necessary steps to assert or waive it. The mental health professional must take his or her direction from the patient.

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The ABCs of Ethics for LPCs in Georgia

Courtesy of CPH & Associates, Denis Lane, MA, JD
for more "avoiding liability" resources, please visit http://www.cphins.com/blog/

A **Abuse Reporting** – LPCs are mandated reporters of suspected child abuse, which is defined as physical or sexual abuse, neglect, or exploitation. Reports must be made to DCFS. Failure to report suspected child abuse is a misdemeanor offense. Consult with a supervisor or colleague if you have any question regarding whether a duty to report exists. Document the information reported to DCFS.

B **Bartering** is defined in the AMHCA Code of Ethics, Section IE, which prohibits the practice if there is a potential for exploitation of the client; or if it creates the potential for conflicts or distortion of the professional relationship. The AMHCA Code also provides: "Bartering may occur if the client requests it, there is no exploitation, and the cultural implication and any concerns of such practice are discussed with the client and agreed upon in writing."

C **Confidentiality** is essential in a professional relationship, and must be maintained in compliance with Composite Board Rule 135-7-.03, which recognizes several exceptions to confidentiality. These include client consent; a situation where there is clear and imminent danger to the client or others; or when required by law, as in the case of child abuse reporting, *etc.*

D **Dual relationships** are defined in Board Rule 135-7-.01(2)(c). This Rule prohibits relationships with clients that create a conflict of interest which can impair the LPC's professional judgment, harm the client, or compromise the therapy. Prohibited dual relationships are also defined in the AMHCA Code in Section I(A) as including familial, social, financial, business, or close personal relationships. When an LPC discovers during treatment of a client that a conflict constituting a dual relationship has arisen, the therapist should terminate treatment and refer the client to another provider.

E **Ethical Codes** contain the generally accepted standards of practice for therapists. The AMHCA Code (Revised 2015) provides excellent guidance for LPCs in their counseling practice. New provisions in the AMHCA Code, adopted in 2015, include guidance concerning the use of technology, concerning Social Media, and clinical supervision. When an ethical conflict arises with another professional, the Code of Ethics requires that you confer with that professional in an effort to resolve the conflict, if possible.

F **Fees** for treatment services must be fair, and can only be billed by the person who actually provided services to the client. Rule 135-7-.01(2)(h) prohibits an LPC from "charging a fee for anything without having informed the client in advance of the fee." This Rule also prohibits LPCs from taking action to collect fees "without first advising the client of the intended action and providing the client with an opportunity to settle the debt."

G **Goals** of treatment need to be formulated, based upon the therapist's assessment of the client's presenting problems, as part of a treatment plan. Rule 135-7-.01(2)(d) provides that unprofessional conduct occurs when an LPC undertakes a course of treatment "when the client or the client's representative does not understand and agree with the treatment goals." This suggests that a best practice for therapists would be to prepare a written treatment plan, outlining the goals to be achieved, to be signed by the client after the treatment process and its goals have been explained.

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Reference Documents for Discussion

H

HIPAA Privacy Rule provides that clients are not entitled to access their "psychotherapy notes", which are defined the same as "session notes". This Privacy Rule provides that clients may receive a Progress Report that basically contains a summary of treatment information and the client's progress in therapy. This Rule also provides that "psychotherapy notes" be kept in the client's chart separate from the rest of the treatment records. The HIPAA Privacy Rule can be found at 45 CFR Section 164.524.

I

Informed consent is required for all treatment by LPCs in compliance with Rule 135-7-.01. Many provisions of the Composite Board's Rules and Regulations, containing the Board's Code of Ethics require disclosures to clients, which are part of the informed consent process. Informed consent includes informing the client of the presenting problem and goals of therapy, determined by an LPC through the assessment conducted. Other specific disclosures required by an LPC include providing the client with a description of any "foreseeable negative consequences of the proposed treatment" in compliance with Rule 135-7.01(2)(g). When obtaining informed consent for children, whose parents are divorced, obtain a copy of the Court Order which provides for "decision-making authority" to select treatment providers for children. If the parents have joint decision-making authority, they both need to consent to treatment; however, if one parent is granted the sole authority to select treatment providers, that is the individual who must provide informed consent for treatment.

J

Join your Professional Association, LPCA. This will enhance your knowledge of ethical standards, and will give you the opportunity to obtain free continuing education concerning practice issues, changes in Georgia law, and ethical standards. Members also receive newsletters which contain information on these same topics, as well as proposed legislation. Participation by LPCs in their Professional Association is an excellent way for LPCs to contribute to the profession.

K

Kickbacks – may not be given or received by therapists in exchange for referrals. Such conduct is unethical, in violation of Rule 135-7-.02(2)(g).

L

Liability insurance protects LPCs in professional liability (malpractice) claims and also board complaints. Such insurance, of course, is needed to protect the personal assets of LPCs. When a professional is practicing as an employee of a corporation, that, too, is designed to protect the professional's personal assets. Keep in mind that the corporation itself must be covered under a professional liability policy which insures both the therapist and the corporation. The group professional liability policy for LPCA members is issued through CPH & Associates.

M

Mental health commitments – LPCs have a duty to initiate a hospital evaluation of a client in compliance with Rule 135-7-.03 "when there is a clear and imminent danger to the client or others", posed by the client's mental illness. LPCs have 1013 authority to initiate the hospital evaluation and treatment process. Document carefully any evaluations of a client's suicidal ideation, threats by the client to harm themselves or others, any consultation obtained regarding action needed, and action taken by the therapist to hospitalize a client or to provide a safety plan.

N

Neglect is defined as the failure of a parent or caretaker to provide proper housing, clothing, food and supervision for a child. Suspected neglect must be reported to DCFS. Improper supervision includes leaving children home alone when they lack the age and maturity to care for themselves, as well as situations in which children are allowed to consume illegal drugs or alcohol.

O

Objectivity must be maintained by LPCs in their counseling relationships, especially when services are provided to children whose parents are separated or divorced. Both

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