

Mental Health Professions Board

Mental Health Professions Licensing Board

Chapter 18: Supervision

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Chapter 18

Supervision

Section 1. The Practice of a Designated Qualified Clinical Supervisor (DQCS).

The DQCS assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the supervisee within the scope of the supervision.

Section 2. General Requirements for DQCS. A DQCS shall meet the following requirements:

- (a) The DQCS shall have been licensed for independent practice for a minimum of two (2) years prior to becoming a supervisor.
- (b) The DQCS shall have had four (4) years of post-graduate professional experience in their discipline prior to providing supervision.
- (c) The DQCS must be free from any disciplinary action brought against them by any jurisdiction, although exceptions to this requirement may be granted by the Board if consistent with the public interest.
- (d) The DQCS shall have taken a level course in clinical supervision or have at least 3 contact hours of CE in clinical supervision. If already approved as a supervisor by the Board, this educational requirement shall be fulfilled no later than during the current renewal period.

Section 3. Role of a DQCS for all supervisee license types

- (a) The DQCS shall allow the supervisee to perform independently only those functions for which the supervisee has training and experience.
- (b) The DQCS shall keep records verifying supervision, including the types of supervision provided and number of hours.
- (c) The DQCS shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.
- (e) The DQCS will take all necessary precautions to avoid conflictual dual relationships in supervision.
- (f) The DQCS is readily available to give aid, direction, and instruction to any supervisee rendering clinical services pursuant to the Act.

Section 4. Elements of Supervision. The DQCS monitors the quality of services being offered to clients, facilitates the supervisee's learning and skill development, and endeavors to enhance the professional growth of the supervisee within the discipline. In order to meet these

objectives the content of supervision shall include:

- (a) A review of the supervisee's permissible scope of practice, as defined by the Act.
- (b) Discussion of case notes, charts, records and services provided. The review and discussion should evaluate the appropriateness of the services to clients and the supervisee's therapeutic skill.
- (c) Review and skill development of appropriate therapeutic interventions, treatment approaches, treatment planning and evidence based practices, within the supervisee's scope of practice.
- (d) Discussion on the standards of practice and ethical conduct, with particular emphasis given to the supervisee's role and appropriate responsibilities, professional boundaries, power dynamics; and termination of clinical relationships.

Section 5. Requirement for Supervision. Clinical practice shall not be permitted, until documentation of a DQCS has been provided to, and approved by, the Board and only under the clinical supervision of an approved designated qualified clinical supervisor.

(a) Certified Addictions Practitioners, Certified Addictions Practitioner Assistants, Certified Mental Health Workers, Certified Social Workers and all provisionally licensed professionals may only provide services under the clinical supervision of a DQCS and under the administrative supervision of their employer.

(b) Individual, triadic face-to-face clinical supervision and/or individual distance clinical supervision by a DQCS shall be provided monthly at a ratio of at least one (1) hour for every twenty (20) hours of direct clinical provision of services defined in this act.

(c) In the event of a change of the DQCS, the certificate holder shall notify the Board within ten (10) days in writing. The certificate holder shall not provide services until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board. A change in supervision requires a revised disclosure statement. The DQCS shall submit the Verification and Evaluation of Supervised Experience (VESE) form directly to the Board within thirty (30) days of the termination of supervision.

Section 6. Types of Supervision

- (a) Individual Face-to-Face Clinical Supervision.
- (b) Triadic Face-to-Face Clinical Supervision.
- (c) Individual Distance Clinical Supervision.
- (i) Supervision must be adequate to ensure the quality and competence of the activities supervised and must comply with all other supervision requirements.

- (d) Type of supervision must be documented in the supervisor verification process.
- (e) Supervision of more than 2 supervisees simultaneously is not permitted to count towards the face-to-face supervision requirement.

Section 7. Limits of Supervision. DQCS must:

- (a) Not provide clinical supervision to persons seeking certification or licensure who have not submitted an application to the Board;
- (b) Not supervise a provisional licensee or a certificate holder without a board approved supervision agreement;
- (c) Not provide supervision to more than (5) supervisees at one time, unless granted an exception in writing from the Board;
- (d) Understand the Board may require an evaluation of the qualifications and roles of any designated qualified clinical supervisor and may approve or disapprove supervision at its discretion; and
- (e) Understand that if they act as a DQCS without meeting the requirements of this chapter are subject to discipline for unprofessional conduct.