

# Department of Commerce, Community, and Economic Development

## ALASKA BOARD OF MARITAL AND FAMILY THERAPY

BOARD OF MARITAL AND FAMILY THERAPY  
Laura Carrillo, Licensing Examiner

### POSITION STATEMENT: SUPERVISION RESPONSIBILITIES

P.O. Box 110806  
Juneau, AK 99811-0806  
Main: 907.465.3811  
Fax: 907.465.2974

**Date:** April 22<sup>nd</sup>, 2016

**Status:** New

**Organized by:** The Alaska Board of Marital and Family Therapy

**Adopted by:** The Alaska Board of Marital and Family Therapy

#### **PURPOSE:**

The Board of Marital Family Therapy holds to the following position regarding a supervisor's role.

#### **HISTORY:**

**SUPPORTIVE MATERIAL:** 2016 AMFTRB guidelines on supervision competencies.

#### **SUMMARY:**

The role of the Supervisor is to prepare the Associate in the skills and requirements of the profession of Marital and Family Therapy in order to one day be recommended by the Supervisor as deemed capable to be licensed on their own. The priorities of the Supervisor is to oversee that the Associate:

- Does no harm to the public
- Knows the state statutes and regulations that govern the practice of marital and family therapy
- Is evaluated and trained in the skills of marital and family therapy
- Is aware and skilled in the 7 Psychotherapy Competencies (CSPCS):
  1. Supervision Relationship / Process
  2. Ethical / Legal Issues
  3. Management of Supervision Practice
  4. Methods, techniques & theory of psychotherapy
  5. Methods, techniques & theory of supervision
  6. Evaluation, Assessment, & Documentation
  7. Personal / Professional Development

# Clinical Supervision of Psychotherapy Competencies Scale (CSPCS)\*

## Items by competency area:

### A. Supervision Relationship/Process

1. Provide the facilitating dimensions of empathy, warmth, and understanding.
2. Develop a specific supervision plan for each supervisee based upon the supervisee's needs and stage of development.
3. Establish an ongoing working alliance.
4. Discuss the risks of multiple relationships in the supervisory relationship.
5. Provide a supportive environment for the supervisee.
6. Utilize cultural, racial, gender, age, sexual identity, and other diversity variables in the supervisory relationship.
7. Understand the complex nature of the relationship among the supervisor, supervisee, and the client.
8. Provide an environment characterized by warmth, respect, trust, and empathy.
9. Demonstrate an awareness of the impact of one's interpersonal style on the supervisee.
10. Delineate the various needs, roles, and expectations in each stage of supervisee development.
11. Facilitate the supervisee's active participation in the supervisory process.
12. Demonstrate an awareness of the importance of attending to the parallel process in the supervisory relationship.
13. Provide supervision in an orderly, thoughtful manner.
14. Recognize and understand the inherent differences in power that exist in the supervisory relationship.
15. Utilize supervisees' feedback to modify and improve the supervision process.
16. Demonstrate knowledge of the literature about the supervisory alliance.
17. Demonstrate a respect for personal integrity.
18. Provide a nonjudgmental atmosphere.
19. Acknowledge, identify, and resolve interpersonal conflicts that occur during the supervisory relationship.
20. Ensure that the power in the supervisory relationship is used in a fair, non-abusive manner.
21. Discuss with supervisees how to use supervision effectively.
22. Construct a supervisory relationship that facilitates individual awareness, self-efficacy, and feedback.
23. Understand that the supervisory relationship develops over time and that the needs of the supervisee vary with each stage of development.
24. Demonstrate an ability to cope with conflict that arises in the supervisory relationship.

## **B. Ethical/Legal**

1. Be conversant with relevant rules, regulations, and laws governing therapy and supervision practices.
2. Report ethical violations to the appropriate regulatory bodies.
3. Ensure that clients are informed about supervision practices. (e.g., live supervision; recorded sessions).
4. Ensure that supervisees are aware of their responsibility to report threats of violence (e.g., Tarasoff).
5. Conduct oneself in a professional and ethical manner.
6. Model appropriate ethical standards and behaviors.
7. Adhere to principles, laws, ethical guidelines, and agency/institutional policies regarding supervision.
8. Be conversant with relevant professional codes of ethics, rules, regulations, and laws governing the rights of clients.
9. Make certain that the supervisee complies with regulatory requirements and all state and federal laws and statutes.
10. Articulate the ethical and legal demands and liabilities inherent in supervision.
11. Ensure that supervisees are aware of their responsibility to report child abuse.
12. Refrain from endorsing impaired supervisees when such impairment inhibits supervisees from providing adequate clinical services.
13. Be conversant with relevant professional codes of ethics governing therapy and supervision practices.
14. Ensure compliance with local, state, and federal laws and regulations.
15. Maintain appropriate professional boundaries.
16. Ensure that supervisee obtain documented informed consent from clients.
17. Intervene in therapy in a timely manner to safeguard supervisees' clients.
18. Ensure that supervisees maintain case files according to professional standards and legal and ethical requirements.
19. Ensure that supervisees inform clients of their professional status and their conditions of supervision.
20. Ensure that supervisees inform clients of their right to confidentiality and privileged communication as applicable.
21. Ensure that supervisees develop a model for ethical decision-making.
22. Provide supervision only within areas of clinical and supervisory competency.
23. Intervene in any situation where supervisees' are impaired and put clients at risk.
24. Ensure that supervisees are familiar with Federal laws and regulations that provide constraints on the therapy relationship (e.g., HIPPA).
25. Adhere to the relevant professional standards pertaining to the documentation of supervision.
26. Ensure that supervisees inform clients about the limits of confidentiality.

### **C. Management of Supervision Practice**

1. Develop a supervisory contract that is comprehensive and specific.
2. Model appropriate professional case management behaviors (e.g., record keeping; storage of records, etc.).
3. Ensure supervisees are able to use information technology systems related to practice.
4. Formulate a specific supervisory contract that includes the structure, expectations, goals, evaluation methods, and the limits of the supervisory relationship.
5. Accept the organizational and management components of the supervisory relationship.
6. Manage a documentation system that provides a chronological record of the supervisory process.
7. Recognize and understand the various contexts in which supervision occurs.
8. Develop and improve organizational and time management skills.
9. Utilize various communication technologies within agency/institutional, legal and ethical guidelines, and professional standards.

### **D. Methods, techniques & theory of psychotherapy**

1. Discuss the risks of multiple relationships in the therapy relationship.
2. Demonstrate knowledge of clinical theory and practice.
3. Assist supervisees in developing case conceptualization skills including appropriate diagnoses.
4. Demonstrate personal therapeutic skill by actively conducting therapy.
5. Recognize and attend to transference and countertransference issues between supervisees and clients.
6. Assist supervisees in analyzing client-counselor interactions.
7. Model various clinical intervention techniques utilized in therapy.
8. Explain the rationale underpinning various intervention techniques utilized in therapy.
9. Articulate the historical context of treatment.
10. Understand the historical context of treatment.
11. Demonstrate an awareness of the importance of attending to the parallel process in the psychotherapeutic relationship.

### **E. Methods, techniques & theory of supervision**

1. Utilize a variety of direct supervisory activities (e.g., role play, live supervision, review of recorded sessions, presentation of case studies, etc.).
2. List and explain the purpose (s) of supervision.
3. Encourage supervisees to utilize multiple theoretical case conceptualizations.

4. Establish procedures with supervisees for handling crisis situations.
5. Recognize and attend to transference and countertransference issues between supervisors and supervisees.
6. Explain the role (s) of the supervisor.
7. Plan individual and group supervision activities that consider the preferred learning styles, cultures, genders, ages, and other appropriate variables.
8. Articulate the goals, objectives, and requirements of supervision.
9. Build and maintain relationships with community referral sources.
10. Identify and utilize appropriate learning and treatment resource materials to meet the needs of supervisees.
11. Articulate the various models of supervision.
12. Provide timely consultation and guidance about moral, legal, and ethical dilemmas.
13. Demonstrate a working knowledge of the various models of supervision.
14. Discuss the risks of multiple relationships in the supervisory relationship.
15. Differentiate the various modalities of supervision.
16. Demonstrate an understanding of the various modalities of supervision.
17. Be familiar with the current research related to the best practices in supervision.
18. Demonstrate the skills necessary to advocate for clients throughout the continuum of care.
19. Accept responsibility for the actions of supervisees.
20. Define the purpose of clinical supervision specific to clinical and administrative contexts, including supervisory goals and methods.
21. Understand the role (s) of the supervisor.
22. Discuss the risks of multiple relationships in the supervisory relationship.

## **F. Evaluation and Assessment**

1. Critically evaluate the competency with which supervisees implement research-based treatment protocols, professional literature, and continuing education programs.
2. Help supervisees to identify personal beliefs, values, and biases that affect their work with clients.
3. Provide timely feedback to supervisees concerning their conceptualization of client needs, attitudes toward clients, clinical skills, and overall performance.
4. Facilitate the supervisees' development of self-evaluation skills.
5. Solicit, document, and use client feedback.
6. Assess supervisees' professional development, cultural competence, and counseling skills.
7. Provide direct, well-reasoned feedback on an agreed upon schedule.
8. Discriminate between supervisees' developmental issues and behaviors that require corrective actions.
9. Determine the appropriateness of terminating or continuing supervision.
10. Utilize critical thinking skills as part of the evaluation process.

11. Establish procedures with supervisees for handling crisis situations.
12. Acknowledge the relational issues that are common to evaluation.
13. Support supervisees' use of new techniques after assessing for competency.
14. Encourage supervisees to provide direct feedback to the supervisor regarding the supervisor's performance.
15. Determine supervisees' learning style, motivation, and suitability for a specific work setting.
16. Provide constructive criticism.
17. Provide regular positive feedback and encouragement.
18. Monitor supervisees' clinical practice to enhance their competence and ensure their ethical treatment of clients.
19. Facilitate supervisees' self-assessment.

### **G. Personal/Professional Development**

1. Determine the appropriateness of terminating or continuing supervision.
2. Help supervisees to develop self-care skills.
3. Demonstrate and help supervisees to develop the skills of empathy and acceptance specific to culturally diverse clients.
4. Encourage the exploration of personal experiences on professional identity and behavior.
5. Maintain supervisory skills through readings, workshops, and other means, including consultation with other professionals.
6. Ask supervisees appropriate questions to assist in identifying the underlying issues in their self-disclosures.
7. Create, regularly assess, and revise a personal plan to provide direction for one's continuing professional development.
8. Designate appropriate readings for supervisees.
9. Assist supervisees in examining their beliefs and attitudes regarding cultures, race, values, gender, religion, sexual orientation, and potential biases.
10. Assist supervisees in their development of a professional identity.
11. Formulate a personal model of supervision.
12. Develop a professional development plan in conjunction with supervisees for improving performance.
13. Demonstrate an ability to cope with conflict that arises in the therapy relationship.

\* COPYRIGHT © 2010-2016 ASSOCIATION OF MARITAL AND FAMILY THERAPY  
REGULATORY BOARDS (AMFTRB)  
ALL RIGHTS RESERVED DO NOT COPY, REPRODUCE OR DISSEMINATE WITHOUT  
WRITTEN PERMISSION FROM AMFTRB