

# Licensure-Quality Clinical Supervision of Counseling and Psychotherapy

## A Workflow Drawing from Arizona Board of Behavioral Health Examiners and Clinical Supervision Literature

- 1) Initial Contact with Possible Supervisee
  - a) Name, work email & phone, brief overview of needs
  - b) Request upcoming meeting and supervisee bringing documents:
    - i) completed Supervisee Intake Form:  
[http://www.psychod.com/CLSV\\_SuperviseeIntake.pdf](http://www.psychod.com/CLSV_SuperviseeIntake.pdf)
    - ii) liability insurance cover page
    - iii) current license
    - iv) signed disclosure statement: Disclosure Statement for Clinical and Consulting Supervision, available here:  
<http://www.psychod.com/CLSVDisclosureStatement.pdf>
- 2) Initial meetings
  - a) Check the current Supervision Registry status of supervisor
  - b) Check the licensing status of supervisee
  - c) Check for any directed action for the supervisee via Board Consent Agreement, occupational directives, etc.
  - d) A generic question: ‘what brings you?’
  - e) Current accumulated licensing hours (number and setting to meet licensing criteria)
  - f) Assessment of licensing needs
    - i) Consult with the pages of their licensing application for an (LCSW) -- the pages in the application regarding the “clinical supervision” they will be submitting for licensure
    - ii) Consult with the accompanying Resource Guides, search on AZBBHE website for current location
    - iii) create a rough-out plan of attendance frequency, group or individual, face-to-face or telemedicine, etc. that fits with their needs
    - iv) Discussion of necessity or not re: Exemptions, see: Rules R4-6-212.01
    - v) Simple Letter citing Exemption Request to their employing organization regarding: clinical supervision agreement; access to their client files; supervisee’s need seek signed Release of Information requests from all relevant clients
    - vi) The AZBBHE right to access all clinical supervision notes that are being taken
    - vii) If practicing in their own setting:
      - (1) Document both sign: Agreement to Provide Clinical Supervision:  
<https://www.azbbhe.us/pdfs/Sample%20supervision%20agreement%209.2021.pdf>
      - (2) Request for Approval of Clinical Supervisor: see fillable form here: <https://www.azbbhe.us/pdfs/Clinical%20supervisor%20approval%20form%20fillable%209.2021.pdf>

- (3) Submit online: Request for Exemption of Clinical Supervisor (as of 1/3/21) see: <https://www.azbbhe.us/node/764> and go to the supervisee's license type to see if this is necessary
- g) Generate and maintain a formal contract with the organization employing the supervisee: company letterhead, signed by both the executive director and the clinical supervisor, stating that clinical supervision of this employee is to take place from this date forward and that 'access to client files will be just like that of employees in the setting'
- 3) Assessment of learning needs
- a) Current practice overview
- i) Setting
- ii) Population
- iii) Treatment methods
- iv) Sense of Professional Identity
- v) Sense of Efficacy
- b) Learning plan development
- i) Therapeutic topics of focus
- ii) Culture, ethics, gender
- c) A formal contract with the organization employing the supervisee; company letterhead, signed by both the executive director and the clinical supervisor, stating that clinical supervision of this employee is to take place from this date forward and that 'access to client files will be just like that of employees in the setting'
- 4) Record keeping
- a) Form and content re: Board requirements
- b) Signatures, time, dates
- c) Board Verification letter every six months if working outside an agency; see <https://azbbhe.us/pdfs/Verification%20of%20Supervision%20form%20fillable.pdf>
- d) Telemedicine Permission to be signed and maintained, see: [www.psychod.com](http://www.psychod.com)
- 5) Supervisory introduction
- a) Reading together "Unprofessional Conduct"  
<https://www.psychod.com/UnprofessionalConduct.pdf>
- b) Reviewing the Code of Ethics in the supervisee's national professional organization
- c) The supervisor's explanation, in detail, of their training, employment background, their specific experience doing psychotherapy and doing clinical supervision
- d) The proposed model of case presentation
- e) Clinical supervision authors of influence
- f) The occasional necessity for the clinical supervisor to seek case consultation regarding this supervisee and their work

- g) A method of appealing to other authorities regarding the clinical supervisor's success or failure
- 6) Proposing a structure
- a) Fee
  - b) Frequency
  - c) Responses to cancellations
  - d) Media employed
  - e) Crisis access to the clinical supervisor
  - f) Any special needs or exemptions re: clinical supervisor
  - g) Retention of notes seven years
  - i) The State licensing Board request to submit an "evaluation" (three choices) on the licensing application of the supervisee's competence
- 7) Begin recurring meetings at the time/date/location agreed
- 8) Every meeting, notes taken exactly as cited at: R4-6-212.C.4.(a)-(e)

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