

# SUPERVISION

Law, Rules, Documents & Forms

*CPCS Committee  
Licensed Professional Counselors' Association of Georgia*

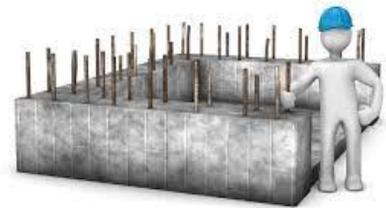


# FOUNDATIONS of CLINICAL SUPERVISION

## How Strong Is Your Foundation?

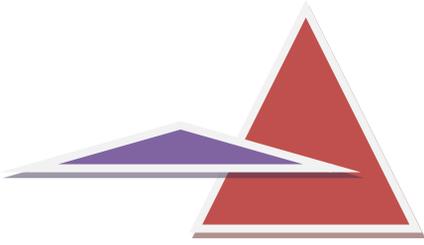
You can't build a great building on a weak foundation. You must have a solid foundation to have a strong superstructure.  
(Gordon Hinkley)

**... if you have a strong foundation ..., then you can build or rebuild anything on it.**  
**(Jack Scalia)**



**... if you have a weak foundation, then you are always fearful of when it will fall.**





Clinical supervision is an intervention provided by a more senior member to a more junior member of the same but not always the same profession.

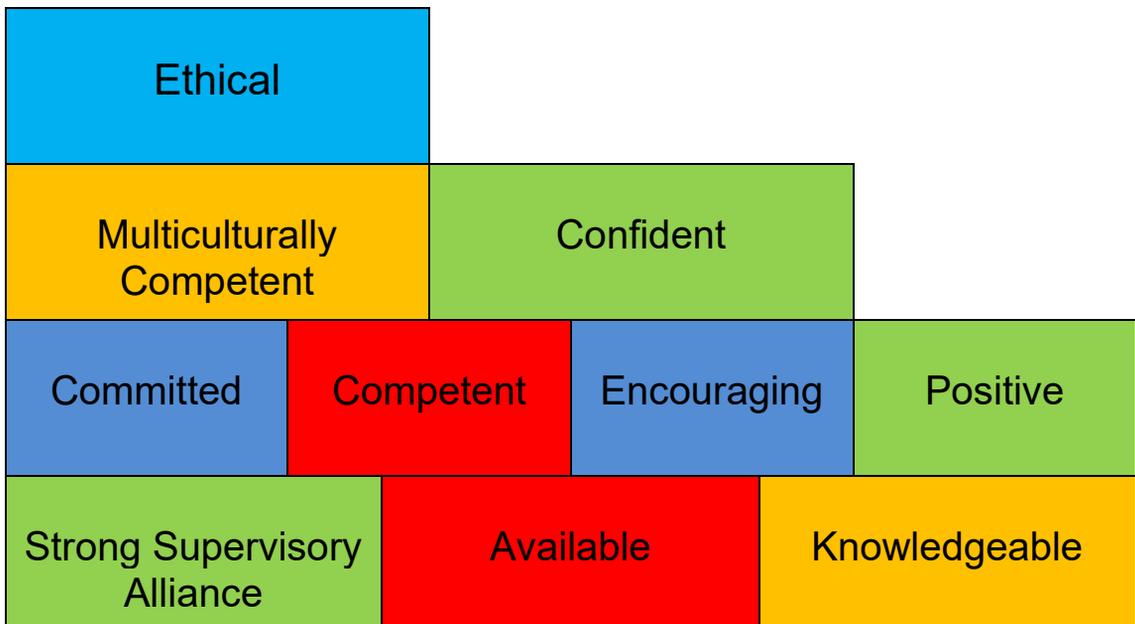
### Clinical supervision

is more and more understood to be the vessel in which counselors acquire knowledge and skills for the mental health counselor – providing a bridge between the classroom and the clinic (SAMHSA, TIP 52).

A strong foundation in supervision begins with a strong supervisory working relationship (Knox, 2015).



Building blocks are needed to create a strong foundation for a supportive and trusting supervisory working relationship?





## A satisfactory working relationship (SWA) for clinical supervision:

- ➔ Necessitates safety and trust so that supervisees can share their struggles in the service of their learning and skill-development.
  - ➔ Non-judgmental and empathic supervisors are more likely to promote open communication in a way that can better meet their supervisees' needs and the client needs.
- ➔ Evidence also indicates that a supervisor's lack of multicultural competence can seriously affect the working relationship and the supervisees' sense of safety and trust for disclosure (Inman, 2006).
  - ➔ Bernard and Goodyear (2019) suggested that the working relationship is positively enhance when the supervisee and the supervisor develop
- ➔ All supervisory relationships are responsible for facilitating supervisee development, ensuring client welfare, and gatekeeping of the profession.
- ➔ Has been shown to increase a supervisee's willingness to disclose, to ensure client welfare, and to reduce burn out.
  - ➔ Supervisees profess a greater level of job satisfaction.
  - ➔ Unethical behavior has been shown to decrease the quality of the supervisory relationship.
- ➔ Three components of the supervisory relationship are setting goals, determining tasks, and creating bonds.



# IMPORTANCE OF LAW, RULES, DOCUMENTS & FORMS



Buying a house

Purchasing a car



Renting an office



**+ DOCUMENTATION IS MORE THAN A CHORE**

It is one of the most important parts of the clinical supervision process.

*Documentation of clinical supervision hours and topics is required by GA LAW.*



## 14 Responsibilities of a Clinical Supervisor

- 1. Recognize you are ultimately responsible, both legally and ethically, for the actions of the supervisee.
- 2. Have knowledge of every case or patient with whom the supervisee works.
- 3. **Provide feedback and evaluation to supervisee regarding performance.**
- 4. Monitor the actions and decisions of the supervisee.
- 5. **Document the supervisory process.**
- 6. Supervise only within the scope of your expertise and refer out for additional supervision/consultation as necessary.
- 7. Provide supervisees with due process information.
- 8. **Have a written contract between the supervisor and supervisee regarding the scope and expectations in supervision.**
- 9. Monitor the personal development of the supervisee as it affects the practice of counseling.
- 10. Model effective problem-solving skills for supervisees and help them develop problem-solving capabilities.



## 14 Responsibilities of a Clinical Supervisor - Cont'd

- 9. Monitor the personal development of the supervisee as it affects the practice of counseling.
- 10. Model effective problem-solving skills for supervisees and help them develop problem-solving capabilities.
- 11. Promote the supervisee's ethical knowledge and behavior.
- 12. Promote the knowledge and skills required to understand and work effectively with clients' individual and cultural differences.
- 13. Educate supervisees about critical ethical issues involved when working within a managed care system.
- 14. Educate supervisees in recognizing the importance of self-care and assist supervisee in developing self-care strategies.

(Haynes, Corey, & Moulton, 2003)



## Ten+ Activities Required for Ethical Supervision

- Be trained; be competent
- Orient supervisees
- **Informed Consent Agreement**
- Know current ethical codes
- Have goals for supervision
- Create plans and structure for supervision
- **Plan for evaluation criteria and methods**
- Dialogue about dual relationships and multicultural issues
- **Document, document, document**
- Regular supervision of supervision, not crisis consultation
- Avoid “Dual Relationship”

Campbell, J. (2006). Essentials of clinical supervision.

- Rule 135-5-.02: What does: “...with particular attention being paid to prohibited dual relationships” mean?
- [http://sos.ga.gov/admin/files/Notice\\_of\\_Intent\\_135\\_5\\_06.pdf](http://sos.ga.gov/admin/files/Notice_of_Intent_135_5_06.pdf)
- Supervisors must avoid dual relationships with - and may not be related to - supervisees for whom they provide supervision. Supervisors may not provide supervision for any supervisees in which the supervisee or any of the supervisee’s direct relations own the business in which the supervisee is employed
- ***NOTE: Pay special attention to combined roles of director and supervisor as the Board can view this as a dual relationship in which there are conflicting interests at play. It is better to keep the roles separated.***
- Know the laws concerning mental health. For instance, while there are no statutory laws regarding duty to protect or duty to warn, precedence has been set through case law (duty to protect) and the ethical codes to make every effort to protect your client (duty to protect and warn) and any potential victims.
- Georgia has no laws concerning immunity for breaking confidentiality in duty to warn or duty to protect situations.



**Caution:  
All Clinical Supervisors**

Vicarious liability can be a very real and expensive consequence of not incorporating due diligence to legal statutes, ethical codes, and standards of best practice as a clinical supervisor.

- ✚ Occurs when the supervisor becomes liable by virtue of the relationship with the supervisee.
- ✚ Clinical supervisor must have the power to direct the supervisee
- ✚ It is imperative that documentation is clear, concise, and appropriate to the situation.
- ✚ All documentation should be signed by those in attendance.



## METHODS OF SUPERVISION

- ✚ Four supervisory orientations :
  - Competency-based models.
  - Treatment-based models.
  - Developmental approaches.
  - Integrated models.
- ✚ One of the characteristics a supervisor can expect to see in a supervisee who is growing developmentally is an increase in the supervisee's autonomy.
- ✚ In order to enhance a supervisee's experience in group supervision, the supervisor should be attuned to the various developmental levels of the group members and to allow space for each member to be productive.
- ✚ Parallel process in supervision occurs when the supervisee brings the interaction pattern that occurs with the client into the interaction pattern with the supervisor.
- ✚ It is important for the clinical supervisor to initially provide structure with little direct confrontation.
- ✚ Clinical supervisors should inform their supervisees at the first supervision session of remediation and due process policies in the case of adverse issues involving the supervisory relationship.

## Other Things to Note About Clinical Supervision



Supervisee evaluations are to be conducted regularly by the supervisors. These evaluations should be both formal and informal.



Clinical supervisors should conduct regularly scheduled FORMAL evaluations so that both the supervisor and the supervisee are aware of the supervisee's progress or lack of progress. The supervisor can then better provide a process for improvement or remedial plans.



A multiculturally competent supervisor is one who has a strong supervisory alliance with the supervisee, one who is not afraid to address their own cultural development process, and one who is committed to critical consciousness development.



It is important to address multicultural issues in supervision because doing so can minimize discord, can enhance the supervisory relationship, and can increase supervisee satisfaction with the supervisor.



It is the primary responsibility of the supervisor to ensure multicultural issues are addressed in the supervisory process.



There is no limit to the focus of multicultural issues. It is important for the supervisor and supervisee to recognize that every person is an individual with a unique understanding of their heritage and culture.



Development is facilitated when the supervisee engages in reflection on the counseling work and relationship.



It is important to be grounded in a theoretical framework in order to create a sense of terminology, focus, and technique.



Sessions should cover more than techniques, i.e. client conceptualization, therapist development, ethical issues, professional development, theoretical development and application, etc.

## What Supervision Is NOT !!

- Supervision groups with more than six (6) clinicians.
- Supervision sessions that have anyone other than mental health clinicians under clinical supervision in them. These would be professional counselors, social workers doing psychotherapy with clients, and marriage and family therapists. There can be no parent aides, administrative staff, etc.
- Treatment team meetings (these meetings can count as directed experience hours if the clinician discusses at least one of his or her clients in the meeting).
- Meetings to discuss a clinician's progress for anything other than clinically-related topics. If the purpose of the meeting is to discuss topics related to the organizational policies/rules that are not clinically related, the meeting is not supervision.
- Sessions provided by a director/superior who is not qualified to provide clinically-related feedback or evaluation. As of 10/01/18, the clinical supervisor must have the CPCS or the ACS certification unless the supervisee is grandfathered in.
- Clinicians can count clinical supervision hours provided by an LCSW, LMFT, LPsychologist, or LPsychiatrist for a **maximum of 35 supervision hours (one cycle) and no more**. All other supervision must be with a clinical supervisor (at least two full cycles – 70 hours) who has the CPCS or ACS credential.

***“EVERY COMPOSITE  
BOARD MEETING  
NOW HAS  
HEARINGS.”***



*“The issues are Form C and Form E not matching work hours with supervision hours. Must have both concurrently.”*

LPC Connection - Executive Director Report July 2018

+ ***“TOO MANY ISSUES  
WITH SUPERVISEES.”***

*“Mostly due to uninformed  
supervisors.”*

LPC Connection - Executive Director Report July 2018

+

***“SUPERVISORS MAY  
RECEIVE LETTERS  
OF CONCERN  
& REPRIMAND***

*If they are not instructing the  
supervisee correctly.”*

LPC Connection - Executive Director Report July 2018

+

***“THERE HAS BEEN  
A 60% INCREASE IN  
SUPERVISION AUDITS  
AT THE LICENSING  
BOARD***

*Due to supervision paperwork  
discrepancies.”*

<https://www.lpcaga.org/supervision-forms>

## “COMPETENCY IN SUPERVISION INCLUDES:

- + the capacity to provide a high standard of record keeping for clinical supervision sessions.”

General Clinical Supervisor Competencies:

<http://www.clinicalsupervisionguidelines.com.au>; AAMFT 2007;

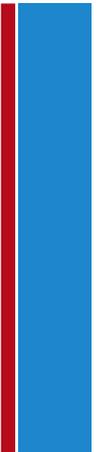
Bernard & Goodyear 2009; The Bouverie Centre

Moloney, Vivekananda & Weir 2007, 2010; Powell & Brodsky 1998



- “Teach the supervisee proper record keeping Techniques: Supervision strategies for the first practicum.” (Neufeldt, 1999)
- “No surprises: Practices for conducting supervisee evaluations” (Osborn & Kelly, 2010)
- “The supervisor maintains documentation that provides a system of supervisor accountability.”
  - (Documentation 8a - Best Practices in Clinical Supervision Adopted by the ACESExecutive Council April 22, 2011)
- Common errors are “Failing to record...Failing to document...Writing illegible or incomplete records.”
  - (Common Charting Errors – Nurses Service Organization, 2008, 4-5)
- Records must be “Accurate, valid, complete, legible, readable...” (American Nursing Association, 2010b)
- “...details are documented in a legal, legible and in a consistent format.” (Summary of Medication Charting Standards)
- Make sure documentation and forms are complete, legible, and professional (i.e. no mark through, no white out, no writing over).

- View and sign supervision logs/notes regularly. (GA LAW Title 43-10A)
  - Provides protection for supervisor and supervisee
  - (i.e. supervisor dies/leaves/replaced/refuses to sign Form E).
  
- Confirm that supervisee includes “Under Supervision and Supervisor” contact information on advertisements/paperwork/etc...
  
- Frequently check the LPCA website  
<https://www.lpcaga.org>
- and Secretary of State  
<http://sos.ga.gov/index.php/licensing/plb/43>





**KNOW THE LAW**

**KNOW THE  
RULES**

**LEARN THE  
PROCESS**



The law  
O.C.G.A. 43-10A

Rules 135-5-.01  
and 135-5-.02

+ The Law O.C.G.A 43-10A-3(10)  
Also called *The Scope of Practice*:

Professional counseling means that specialty which utilizes counseling techniques based on principles, methods, and procedures of counseling that assist people in identifying and resolving personal, social, vocational, interpersonal and intrapersonal concerns; utilizes counseling and psychotherapy to evaluate, diagnose, treat and recommend a course of treatment for emotional and mental problems and conditions, whether cognitive, behavioral, or affective; provided that the counselor shall have training and experience working with people with mental illness, mental retardation, or substance abuse; administers and interprets educational and vocational assessment instruments and other tests which the professional counselor is qualified to employ by virtue of education, training, and experience; utilizes information and community resources and goal setting for personal, social, or vocational development; utilizes individual and group techniques for facilitating problem solving, decision making, and behavior change; utilizes functional assessment and vocational planning and guidance for persons requesting assistance in adjustment to a disability or handicapping condition; utilizes referral for persons who request counseling services; and utilizes and interprets counseling research.

Secretary of State

<http://sos.ga.gov/index.php/licensing/plb/43>



APC – Associate Professional Counselor  
RULE 135-5-.01

LPC - Licensed Professional Counselor  
RULE 135-5-.02



## **REQUIREMENTS FOR LICENSURE**



## Rule 135-5-.02    **LPC**

- **MONTHS:** Each of the cycles\*\* must have a minimum of 12 consecutive up to 20 months as equal to a GA Composite Board year, the extra months are allowed in case the supervisee cannot meet the minimum hours in 12 months.
  
- **HOURS:** Each Cycle must have a minimum of 1000 hours "practicing the profession of counseling (Directions under a Director) this is your Work/Job
  
- **SUPERVISION:** Each cycles must have a minimum of 35 hours under a supervisor who meets the GA Composite Board requirement. Directed experience hours CANNOT be counted until the first clinical supervision sessions has been documented.
  
- **Out of the three (3) cycles, TWO (2) full cycles (a minimum of 70 clinical supervision hours) of them MUST be under the supervision of an LPC who meets rule 135- 5-.02 before they start supervising.**
  
- *\*\*For the purposes of accruing directed work*

*experience and clinical supervision hours, the terms year(s) and cycle (s) are used interchangeably to indicate the 12 to 20 months time frame.*

## + Question “How many hours per year are necessary direct experience with clients?”

☁ Rule 135-5-.02 does not specify time with clients because it is tied to the LAW. The law includes providing therapy, but it also includes attending CE workshops, research, and planning treatment plans. *However, the Composite Board could decide that a supervisee does not have enough direct client hours and deny the application. A supervisee should have MORE client hours (direct hours) than indirect hours.*

☁ Rule 135-5-.02: "Direction" means the ongoing administrative overseeing by an employer or superior of a Professional Counselor's work in the practice of professional counseling as defined by 135-5-.02 (a)(1) by a director. The director shall be responsible for assuring the quality of the services rendered by that practitioner and shall ensure that qualified supervision or intervention occurs in situations which require expertise beyond that of the practitioner.

☁ "Directed Experience" means time spent under direction engaging in the practice of Professional Counseling as defined in 135-5-.02 (a)(1).

☁ "One year of Directed Experience" means a minimum of 1000 hours of directed experience acquired within a period of not less than twelve months and not more than twenty months.



135-5-.02 (a)(1) "The Practice of Professional Counseling" means practice in that specialty which utilizes counseling and psychotherapy to evaluate and treat emotional and mental problems and conditions, whether cognitive, behavioral, or affective. The practice is further defined in O.C.G.A. 43-10A-3(10).



O.C.G.A. 43-10A-3(10) is called the law as included in the email below.



If you take 1,000 hours divide by 52 weeks, .... One year of Directed Experience is assumed that an LAPC will spend about 15-20 hours a week with clients over the course of 12 up to 20 months.

## + Supervision

LPC clinical supervisors must be licensed for three (3) years before they can supervise (based on their degree at the master's level) and credentialed as a CPCS and/or ACS.

(i) **Individual** supervision means one supervisor meeting with a maximum of two (2) supervisees.

(ii) **Group Supervision** means one supervisor meeting with a maximum of six (6) supervisees.

***Note: Group supervision is NOT the same as a treatment team meeting or a multi-disciplinary meeting. Only therapists working under supervision should be the group supervision meetings.***

A minimum of two (2) years of the supervision must be provided by a supervisor who is a Licensed Professional Counselor and meets the requirements in Rule 135-5-.02(a) section 5

The applicant must have documentation of the directed work experience and clinical supervision occurring in the same month. Clinical supervision does not count if the clinicians are not seeing clients and direct work experience does not count if the clinician is not under clinical supervision.



## What else should you know...



Both supervisors and supervisees are required to maintain a contemporaneous record of **the date**, **duration**, type (individual, paired, or group), and **a brief summary** of the pertinent activity for each supervision session to be submitted to the Board upon request.  
**(Georgia Law)**



If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.



Supervision does not require the supervisor to be present at the work site with the supervisee



An APC needs 35 clock hours of Clinical Supervision per “year” or per cycle



An APC needs 1,000 hours of work which may include Treatment Team Meetings, Face to Face with clients, Research time, CEs

**NOTE: The Composite Board wants to see more direct client hours than indirect hours.**

 To apply for the LPC, a person with a master degree in counseling needs:  
3,000 of work, 105 Clinical Supervision over a minimum of 36 months up to 60 months.

***Keep in mind that these hours are required to be accumulated in three (3) separate years/cycles of 1000 directed work experience hours and 35 clinical supervision hours for EACH YEAR/CYCLE. Each year***



**Licensure Hours 3 Cycles**

**No More Than 20 Months Total for EACH cycle nor 60 months total for All 3 Cycles**

*\* Place check mark and/or numbers of hours in each color-coded box for each month*

Year/Cycle 1 Start Date \_\_\_\_\_ End Date \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

Year/Cycle 2 Start Date \_\_\_\_\_ End Date \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

Year/Cycle 3 Start Date \_\_\_\_\_ End Date \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

Directed Experience 1000 hrs. (Each cycle) * <b>Must Have Director's Contract on File with the Board</b> * <b>Recommended to Have Director Sign Your Log Each Month.</b>
Clinical Supervision 35 hrs. (Each cycle) * <b>Must Have Supervisor's Contract on File with the Board &amp; CPCS or ACE credential</b> * <b>Must Have at Least One Hour of Supervision each Month and Both You and Your Clinical Supervisor Must Each Have a Signed Log of the hours (By Georgia Law)</b>
Client * <b>At Least One (1) Client Session Each Month While Under Direction and Supervision</b>

- \* Months **MUST BE** continuous with no gaps or breaks whether the cycle is at least 12 months or up to 20 months.
- \* **Must** notify the Composite Board within 14 days of any changes in supervisors, directors, or work locations.

**Example of a template for keeping an optic on directors, clinical supervisors, and number of hours for LPC licensure.**



# DOCUMENTS & FORMS AT THE INITIATION OF THE SUPERVISORY RELATIONSHIP



Associate Professional  
Counselor Application Parts  
III & V (Rule 135-5-.01)



Self Disclosure Statement &  
Contact Agreement



## APC Application - PART III



Supervision is the direct clinical review, for the purposes of training or teaching, by a supervisor of interaction with a client/s in order to promote the development of clinical skills. It may include - but is not limited to - the review of case presentations, audiotapes, videotapes, and direct observation.



***The supervisor assumes complete clinical responsibility for all clients.*** Supervision does not require the supervisor to be present at the work site with the supervisee. Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.



The requirements to be eligible to serve as a supervisor differ for Professional Counseling, Social Work and Marriage and Family Therapy. The number of hours and type (individual and/or group) of supervision is also specific to each license. See Chapter 135-5, Rules of the Composite Board for the precise requirements.

## +PART III – Contract Affidavit

- SUPERVISOR and APPLICANT must complete PART V - Plan for Supervision.
  
- Supervisor Credentials (Required @ 09-30-2018):  
ACS # or CPCS #
  
- Supervisor's License Type:  
LPC / LCSW / LMFT / Psychologist /  
Psychiatrist / CRC  
License #
  
- Supervisor's License:  
Date Originally Issued:  
Expiration:  
State:
  
- Do you have any current or prior relationship with the applicant/employee?  
No      Yes  
If "Yes," please explain:

## +PART III – Cont'd

- Do you plan to deliver any supervision via technology-assisted media?
- If yes, have you completed the continuing education required for Tele-Mental Health Supervision per Board Rule 135-11-.01?
- Please circle the type of supervision you will be providing: Individual / Paired / Group
- If group, how many supervisees are scheduled to attend each session?
- I attest that should I deliver supervision via technology-assisted media from one site while the supervisee is located at a distant site that I have obtained the training of a Tele-Mental Health supervisor as required per Board Rule 135-11-.01.



## APC Application - PART V

### Supervisor Agrees To...

- Ensure compliance with current Georgia Composite Board of Professional Counselors, Social Workers, and Marriage & Family Therapist Rules.
- Provide ongoing, clinical supervision in a professional setting.
- Ensure that supervision of the supervisee is compliant with Board rules 135-5-.01 and 135-11-.01.
- Discuss and review case notes, charts, records, and available audio or video for clients with the applicant.
- Review and closely supervise the applicant and all problem cases, providing special attention to assessments, treatment planning, ongoing case management, emergency intervention, record keeping, and termination.
- Focus on the appropriateness of the treatment plans and monitor the appropriateness of clients served based on the applicant's therapeutic skill. Direct the applicant to refer clients who fall beyond their level of competence.



## + PART V – Cont'd

### Supervisor Agrees To...

- Maintain confidentiality of all client and supervisory materials. Review the Georgia licensing laws (O.C.G.A. 43-10A), Board rules (135- 5), and Code of Ethics (135-7) with applicant.
- Seek timely clarification/consultation from the Board if there are any problems or conflicts between commitments to agency, administrative supervisor, and client or other conflicts relating to the authority, or shared responsibility for fulfilling the responsibilities under this Plan.
- *Establish and maintain a record-keeping system to track the direct client contact and supervision hours.* Supervisor will be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by Board.
- Notify the Board of any changes to supervisor's business address and phone number or change in credential status.
- Notify the Board of any interruption or proposed termination of the plan.



## PART V – Cont'd

### Supervisee Agrees To...

- Abide by the Code of Ethics for Counselors and Therapists as specified in Board rule: Code of Ethics 135-7.
- *Establish and maintain a record keeping system to track the direct client contact and supervision hours.* Applicant will be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by Board.
- Submit requests to change or modify the “Work Plan” to Board prior to implementing changes.
- Ensure supervisor has authority to review records, determine appropriateness of records, direct referrals of inappropriate clients, determine caseload, and report to Board.

## **+** *Self Disclosure Statement & Contract Agreement*

*“Effective clinical supervision  
involves a clear two-way  
contract, preferably written.”*

Creating the context for effective clinical supervision.  
<http://www.clinicalsupervisionguidelines.com.au>; AAMFT 2007;  
Bernard & Goodyear 2009; The Bouverie Centre - Moloney,  
Vivekananda & Weir 2007, 2010; Powell & Brodsky 1998

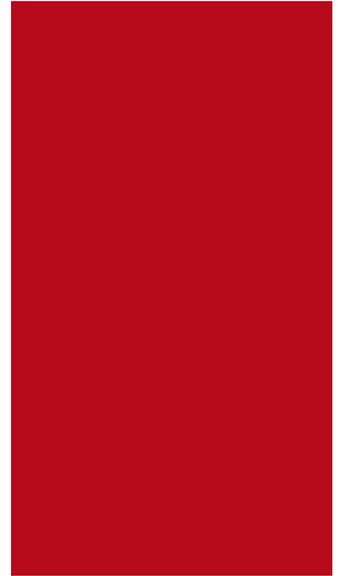


**“THE SUPERVISOR  
VERBALLY DESCRIBES AND  
PROVIDES THE SUPERVISEE  
WITH A WRITTEN CONTRACT  
OR SYLLABUS...”**

\*\*\*\*\*

**“THE SUPERVISOR  
PROVIDES THE SUPERVISEE  
WITH A PROFESSIONAL  
DISCLOSURE STATEMENT...”**

Initiating Supervision 1ai,iv - Best Practices in Clinical Supervision – Adopted by the ACES Executive Council April 22, 2011





# DOCUMENTS & FORMS DURING THE SUPERVISORY RELATIONSHIP



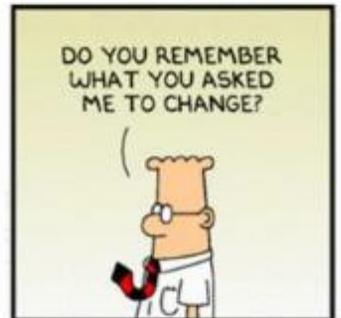
Supervision Logs

➤ Supervision Evaluation

Supervision Session Notes



# SUPERVISION LOGS





**Supervisor Clinical Supervision Notes** Meeting #: \_\_\_\_\_

Supervisee Name: \_\_\_\_\_ Date: \_\_\_\_\_ TOTAL TIME: \_\_\_\_\_

CLINICAL Supervisor Name: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

Agenda for session (i.e. client review, documentation, research, treatment techniques, etc.): \_\_\_\_\_

Client Identifier: _____ <input type="checkbox"/> New Client or <input type="checkbox"/> Update	<b>Demographics:</b> (i.e. age, ethnicity, etc.)
Presenting Issue:	
Treatment Modality Utilized: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Couple <input type="checkbox"/> Group	
Theoretical Approach:	<b>NOTES:</b>
Interventions Utilized:	
Treatment Plan:	
Suggestions/Follow-Up:	

Client Identifier: _____ <input type="checkbox"/> New Client or <input type="checkbox"/> Update	<b>Demographics:</b> (i.e. age, ethnicity, etc.)
Presenting Issue:	
Treatment Modality Utilized: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Couple <input type="checkbox"/> Group	
Theoretical Approach:	<b>NOTES:</b>
Interventions Utilized:	
Treatment Plan:	
Suggestions/Follow-Up:	

Supervisee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLINICAL Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revisions to the form were made by RFA/EP, WAFB and FOR/EPB. RFA/EPB consented all data entered on this form to be used for research purposes.

**SUPERVISOR'S NON-CLINICAL SUPERVISION NOTES**

Meeting #: \_\_\_\_\_

Supervisee Name: \_\_\_\_\_

Date: \_\_\_\_\_

TOTAL SUPERVISION TIME: \_\_\_\_\_

START TIME: \_\_\_\_\_

END TIME: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**Non-Clinical Agenda Items:**

\_\_\_\_\_

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CLINICAL Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

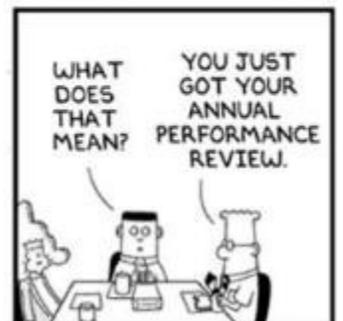
Supervisee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prohibit: Use of this form does not constitute a license and does not constitute a contract. All data entered on this form is for informational purposes only and does not constitute a record.



# SUPERVISION EVALUATION





# SUPERVISION EVALUATION

- “Early in the relationship the supervisor outlines how the supervisee will be evaluated, by what standards, and how and when this information will be given to the supervisee as well as to third parties.”

Ethical Considerations 7ei - Best Practices in Clinical Supervision – Adopted by the ACES Executive Council April 22, 2011

- “The supervisor provides both formative and summative evaluation on a regular basis. In general, formative evaluation occurs in every supervision session and informs the supervisee of his/her incremental progress or lack of progress. Summative evaluation occurs at regular, stated intervals (e.g. mid-term and end of semester; every three months), and includes written statement of supervisee performance.”

Evaluation 9a1, Best Practices in Clinical Supervision – Adopted by the ACES Executive Council April 22, 2011



# SUPERVISION EVALUATION

- Supervisor competency includes the “Skill in giving and receiving feedback in clinical supervision, both informally (e.g., in the course of supervision sessions) and formally (e.g., planned and documented reviews of supervision process and of supervisees' clinical skills).”

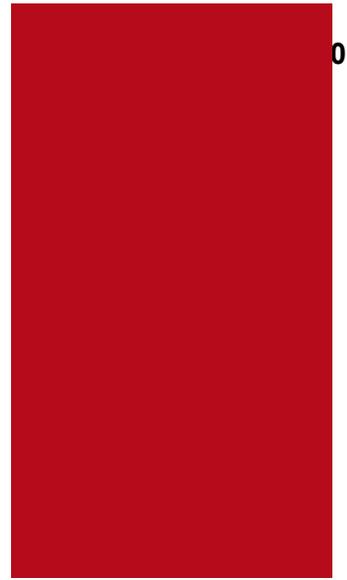
General Clinical Supervisor Competencies -  
<http://www.clinicalsupervisionguidelines.com.au>; AAMFT  
2007; Bernard & Goodyear 2009; The Bouverie Centre -  
Moloney, Vivekananda & Weir 2007, 2010; Powell & Brodsky  
1998

- Supervisors document sessions and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.

ACA Code of Ethics Evaluation F6.a.



# LAPC and LPC REQUIREMENTS



Georgia Online Application Services



# License Renewal Requirements

RESPONSIBILITY OF A LICENSE HOLDER Posted:  
Wednesday, June 19 2019

- ✓ LPCs and LAPCs must renew their license every EVEN year.
- ✓ Must have proof of meeting the Continuing Education Requirements

Five (5) Responsibilities include the following:

- 1. Renew your license** prior to the expiration date of the license. September 30 of even years, 2020, 2022, etc. While the Secretary of State's office may or may not send courtesy reminders via email to license holders, it is ultimately the **license holder's responsibility** to know the expiration date of his/her license and to renew that license in a timely manner. Renewals are online.
- 2. Name changes:** Write a letter to the Licensing Board with your name, license number, social security number, your new name, and a copy of the legal documentation granting the name change. please notify the Board via the online form and submit a copy of the legal documentation granting the name change.



## License Renewal Requirements

Cont'd...Five (5) Responsibilities include:

**3. Submitting address and/or email** address changes via the online link

**4. Keep current with Georgia laws and Board rules.**

According to the sworn statement your initial application and/or renewal application, you agree to become familiar and follow the state laws and board rules governing your profession.

Failure on your part to abide by the state laws and board rules may result in disciplinary action being taken against you by the licensing board governing your profession.

**5. O.C.G.A. § 43-1-27 requires any licensee who is convicted of a felony**

to notify the appropriate licensing authority of the conviction within ten (10) days of the conviction. *Failure to notify the Board of any such conviction shall be considered grounds for revocation of his/ her license, permit, registration, or certification.*



# LAPC and LPC REQUIREMENTS

## CEs



Rule 135-9  
Rule 135-11

+

## Continuing Education Rule 135-9

THERE IS NO “U” IN CEs.

If you see a listing CEU (the “U” is for units), a unit is 10 CE hours. Only used in the school system – not used in professional counseling.

CE hours or CE credits is the appropriate terminology.



# Continuing Education Rule 135-9

TOTAL HOURS needed **35 CLOCK Hours.**

**ETHICS - 5 HOURS MINIMUM** : Must be "in person" workshops. Cannot be done by webinar or Online or Independent Study. May be in any specialty or allied profession-which means the Ethics hours can be approved by LPCA, GSCSW, GAMFT. Any Additional ETHICS hours over the 5, may be applied to Core or Related Hours.

**CORE - 15 HOURS MINIMUM**: Must be in area in specialty in which you are licensed- if you are a professional counselor than it must be in counseling (see the law 43-10A Scope of Practice) Core courses must be sponsored or co-sponsored by LPCA, NBCC, Academic Department of your specialty, or A licensing or certification board in another state or jurisdiction in the specialty. Any Additional CORE hours over the 15, may be applied to Related Hours.

**RELATED - 15 HOURS MINIMUM**: The Other Specialty, GSCSW.org or GAMFT .org

***Graduate level coursework*** by an academic department in any specialty listed above, or a licensing or certification board in another state or jurisdiction, or Actives sponsored by federal, state, or local government agencies, and licensed hospitals.

***Independent Studies***. Out of the 15 Related hours, a maximum of five (5) hours in related hours may be obtained from professional activities, such as: Teaching a course, Presenting a lecture, Conducting a workshop.

## + Continuing Education Rule 135-11

TeleMental Health Requirements: TOTAL HOURS needed is six (6) **CLOCK Hours**.

- Prior to the delivery of clinical TeleMental Health, the licensee shall have obtained a minimum of six (6) continuing education hours.
- Training must have been within the last five (5) Years.

**SUPERVISORS must have TOTAL HOURS needed Nine (9) CLOCK Hours.**

- Training of the TeleMental Health Supervisor:
  - Prior to the delivery of supervision via TeleMental health, the supervisor shall have obtained a minimum of nine (9) hours of continuing education. Three (3) of these hours must be specific to TeleSupervision.
  - The continuing education hours may include the same eight (8) categories identified under "Training for Licensee", rule section (b)(1)(i)(I-VIII) above, plus, must also include three (3) hours in the category of: Supervising TeleMental Health Therapy- understanding the key components necessary to supervise effective, and efficient delivery of TeleMental health therapy.
- Training must have been within the last five (5) Years.

Assess the supervisee's fitness for virtual sessions

Inform the supervisee of tele-supervision policies and procedures

While some recommend requiring the initial session of what is to be virtual counseling sessions as face-to-face, it is not mandatory.

In telemental health counseling, it is critical for the client to present to the therapist a picture ID or use an agreed-upon password.

For therapists who are licensed in GA and want to do telemental health counseling, they can provide services to clients anywhere in the state of GA.

In telemental health counseling, the following would be considered part of an appropriate safety plan for the virtual client in case of a crisis:

- ✚ 911 and the contact information of emergency services in the client's area
- ✚ Knowledge of the location of the client at the time of the session
- ✚ Name, contact information, and a signed consent form for a designated safety person who is able to quickly check on the client



**DOCUMENTS  
& FORMS  
AT THE  
CONCLUSION  
OF THE  
SUPERVISORY  
RELATIONSHIP**



LPC Form E  
Personal Reference



# LICENSED PROFESSIONAL COUNSELOR - FORM E

## SUPERVISEE

- Form E: Complete Part I and forward this form to each supervisor from whom you obtained direct, clinical supervision as defined in Board Rule 135-5-.02.
- Complete a separate form for each Supervisor listed in your application (page 8 of the application)
- Use this form to only verify **CLINICAL SUPERVISION HOURS**.
- Directed work experience hours are documented on Form C and signed by the director.

***Note: Do not include both clinical supervision hours and directed work experience hours on the same form'***



# LPC - FORM E

## CLINICAL SUPERVISOR

- **YOU ARE REQUIRED TO SIGN FORM E** IF YOU PROVIDED CLINICAL SUPERVISION
- CHECK THE BOX APPROVE OR DISAPPROVE
- YOUR DECISION ON WHICH BOX TO CHECK IS PROTECTED. THE FORM IS NEVER RELEASED TO ANYONE.
- YOU CAN MAIL DIRECTLY TO THE LICENSING BOARD
- IF YOU REFUSE TO SIGN THE FORM, THE LICENSING BOARD WILL WANT TO KNOW WHY
- IF YOU TERMINATE SUPERVISION YOU ARE REQUIRED TO NOTIFY THE LICENSING BOARD.
- Your supervisee may ask you to fill out Form G – personal reference



## LPC- FORM E –Cont'd

### CLINICAL SUPERVISOR

- The supervisor must complete Part II and return form to the applicant for inclusion with the application for licensure OR submit directly to the Board office.
- “Supervision” means the direct clinical review by an eligible supervisor for the purpose of training or teaching of a Professional Counselor’s interaction with a client.
- The dates must be noted on the form. “Present” or “Current” is not acceptable in lieu of an actual date.
- Dates supervision provided: From/To: (Month/Day/Year).
- Number of Supervision Hours.
- Description of Practice Supervised.
- Recommend / Do Not Recommend
- License Type.



# FORM E - Cont'd

## CLINICAL SUPERVISOR

- License #.
- State Issued.
- Expiration Date.
- Sign and Notarize.





## Q & A

Hopefully,  
You are still awake  
and ready for the quiz

- License Board Website to find the Rules, lots of info in the application about policy, and more
- <https://sos.ga.gov/index.php/licensing/plb/43>
- The Law:
- [https://sos.ga.gov/plb/acrobat/Laws/41\\_Prof\\_Counselors,\\_So\\_c.\\_Workers\\_Marriage\\_And\\_Family\\_Therapists\\_43-10A.pdf](https://sos.ga.gov/plb/acrobat/Laws/41_Prof_Counselors,_So_c._Workers_Marriage_And_Family_Therapists_43-10A.pdf)
- LPCA of GA (just a phone call away)  
  
770-449-4547
- <https://www.lpcaga.org>



## References & Links

- ACA Code of Ethics 2014
- AMHCA Code of Ethics - Revised 2015.
- Best Practices in Clinical Supervision - <https://www.acesonline.net/resources/best-practices-clinical-supervision>
- Best Practices in Counseling Supervision - <https://www.iup.edu/WorkArea/DownloadAsset.aspx?id=181364>
- Campbell, J. (2006). Essentials of clinical supervision. New York: John Wiley & Sons, Inc.
- Clinical Supervision Guidelines – [www.Clinicalsupervisionguidelines.com.au](http://www.Clinicalsupervisionguidelines.com.au)
- CPCS CE Requirements - <https://www.lpcaga.org/ce-requirements-for-cpcs>
- CPCS Code of Ethics - <https://www.lpcaga.org/cpcs-code-of-ethics-and-forms>
- CPCS Recertification - <https://www.lpcaga.org/cpcs-recertification>
- CPCS Reactivation - <https://www.lpcaga.org/cpcs-reactivation>
- CPCS Supervision Forms - <https://www.lpcaga.org/supervision-forms>
- CPCS Unrecognized CE Providers - <https://www.lpcaga.org/unrecognized-ce-providers>



## References & Links Cont'd

- Georgia Composite Board Of Professional Counselors, Social Workers And Marriage And Family Therapists - [rules.sos.ga.gov/GAC/135](http://rules.sos.ga.gov/GAC/135)
- Guidelines For Constructing A Written Supervision Contract - Osborn, C.J., & Davis, T.E. (1996) The supervision contract: Making it perfectly clear. The Clinical Supervisor, 14(2), 121-134
- Haynes, R., Corey, G., & Moulton, P. (2003). Clinical Supervision in the Helping Professions: A Practical Guide. Pacific Grove, CA: Brookes/Cole—Thomson Learning.
- LPC Connection - Executive Director Report July 2018 - <https://www.lpcaga.org/newsletter>
- Principles for Nursing Documentation - <https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/principles-of-nursing-documentation.pdf>
- Responsibilities and Guidelines for AAMFT Approved Supervisors and Supervisor Candidates - <https://www.aamft.org/AAMFT/supervision/Responsibilities.aspx> ACES Executive Council April 22, 2011
- Self-Assessment and Professional Disclosure - [cce-global.org/Credentialing/ACS/Requirements](http://cce-global.org/Credentialing/ACS/Requirements)
- Special Report: Quality Documentation - <https://cdn.ymaws.com/iafn.site-ym.com/resource/resmgr/imported/Proper%20Documentation%20May%20Reduce%20Lawsuit%20Risk.pdf>
- The Who, What, Where, When, and Why of CMS and TJC Documentation Standards - [wwwfiles.ahcmedia.com/webinar/2014/T140512/T140512-PPT.pdf](http://wwwfiles.ahcmedia.com/webinar/2014/T140512/T140512-PPT.pdf)