

# 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) Current licensing status of supervisee
  - c) Current directed action 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 also found at  
<https://www.azbbhe.us/node/557>
    - 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
- 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
- 4) Record keeping
  - a) Form and content re: Board requirements
  - b) Signatures, time, dates
- 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 supervision’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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