

## **Oregon Board of Licensed Professional Counselors & Therapists**

### **Supervisor's Checklist**

*Use of this form is optional.*

#### Initial Items

- I have thoroughly reviewed the laws, rules and code.
- We have completed the Associate Registration Plan Form
- Applicant has created an acceptable Professional Disclosure Statement (PDS)
- Applicant has applied for licensure (via the associate registration method) and submitted their forms to the Board
- Applicant and I have executed a supervision plan that includes:
  - Completing the licensure examinations
  - Purpose, goals and objectives
  - Individualized learning agreement
  - Context of supervision services
  - Method of evaluation
  - Duties & responsibilities
  - Procedural considerations
  - Supervisor scope of competence
- We have received notice from the Board that the registration plan has been approved
  - The associate's registration renewal (including the evaluation form) is due by \_\_\_\_\_
  - My license renewal is due by \_\_\_\_\_
  - We have added these important dates to our calendars

#### Ongoing Items

- Registrant's materials use appropriate titles and list my name as their supervisor
- Registrant's client population and caseload are appropriate
- My professional competence remains sufficient to meet Registrant's needs
- Registrant is only performing and purporting to be competent to perform professional services within their level of training
- My supervision file contains:
  - The Board-approved registration plan
  - Supervision plan outlining duties and expectations
  - Documented informed consent
  - Supervisory notes for each supervisory session
  - A log of hours completed by Registrant
  - Completed Registered Associate Supervisor Evaluation and Hours Report Form(s)
  - Registrant's current PDS
  - Registrant's current vitae

# Supervisor's Overview

## Introduction

The Board considers the supervised post degree experience of candidates for licensure in Oregon to be a vital step in ensuring safe and responsible professional practice. We rely on the counseling/therapy community to provide this training, mentoring and oversight. The oversight by the supervisor allows for a rich clinical experience for the registered associate, while protecting the welfare of the clients with whom the registrant is providing professional counseling and/or marriage and family therapy services. The Board approves and oversees registration plans and relies on the knowledge, skills and dedication of the supervising Oregon LPCs and LMFTs.

## Legal Considerations

- The practice of professional counseling and marriage and family therapy are governed by:
  - Oregon Revised Statutes (ORS) – “The Laws”
  - Oregon Administrative Rules (OARs) – “The Rules”
  - The American Counseling Association (ACA) Code of Ethics – “The Code”
- The laws, rules, and code are listed on the Board’s [Laws & Rules Webpage](#).
- A thorough knowledge of the content and application of the laws, rules and code is considered one of the more critical tasks of associate supervision.
- The supervisor must be able to model understanding and adherence to the laws, rules and code, and to assist the associate in mastering their professional competencies as they apply to the practice of professional counseling or marriage and family therapy.
- A comprehensive supervision plan will address the ACA Ethical Standards as they emerge in clinical practice and as a part of preparing the associate to eventually practice autonomously as a professional.
- A supervisor is responsible for continuously reviewing the laws, rules and code with the associate, and assisting the associate in developing a plan to prepare for competency examinations.
- While developing mastery of all the ACA Code of Conduct is essential, there are ethical standards that pertain specifically to the role of supervision, and, therefore warrant thorough review. These are as follows:
  - Professional Competence (C.2.)
  - Counselor Supervision Competence (F.2.)
  - Supervisor Responsibilities (F.4.)
  - Student and Supervisee Responsibilities (F.5.)
  - Counseling Supervision Evaluation, Remediation, and Endorsement (F.6.)
  - Informed Consent (A.2.)
  - Prohibited Noncounseling Roles and Relationships (A.5.)
  - Managing and Maintaining Boundaries and Professional Relationships (A.6.)
  - Information Shared With Others (B.3.)
- “Professional counseling” under ORS 675.705(8) means the assessment, diagnosis or treatment of mental, emotional or behavioral disorders involving the application of mental health counseling or other psychotherapeutic principles and methods in the

delivery of services to individuals, couples, children, families, groups or organizations. This may include, but is not limited to:

- Application of intervention methods based on cognitive, affective, behavioral, systemic or human development principles;
  - Provision of counseling services to address personal growth or wellness;
  - Definition of goals and the planning of action reflecting interests, abilities, aptitudes or needs as they relate to problems, disabilities or concerns in personal, social, educational, rehabilitation or career adjustments;
  - Research activities, including reporting, designing or conducting research in counseling with human subjects;
  - Referral activities, including the referral to other specialists when indicated to provide ethical treatment;
  - Consulting activities that apply counseling procedures and interpersonal skills to provide assistance in solving problems relating to an individual, group or organization; and
  - Record keeping activities, including documentation of counseling treatment, therapeutic services or clinical supervision.
- “Professional counselor associate” under ORS 675.705(9) means an applicant for licensure as a professional counselor who is registered to obtain post-degree supervised clinical experience toward licensure according to an approved plan pursuant to ORS 675.720.
  - “Marriage and family therapy” under ORS 675.705(7) means the assessment, diagnosis or treatment of mental, emotional or behavioral disorders involving the application of family systems or other psychotherapeutic principles and methods in the delivery of services to individuals, couples, children, families, groups or organizations. This may include, but is not limited to:
    - Application of counseling techniques for the purpose of resolving intrapersonal or interpersonal conflict or changing perceptions, attitudes, behaviors or interactional processes in the area of human relationships and family life;
    - Provision of services to address wellness or optimal functioning in human relationships or family life;
    - Research activities, including reporting, designing or conducting research in marriage and family therapy with human subjects;
    - Referral activities, including the referral to other specialists when indicated to provide ethical treatment;
    - Consulting activities that apply marriage and family therapy procedures to provide assistance to organizations that support or enrich marriage and family life; and
    - Record keeping activities, including documentation of counseling treatment, therapeutic services or clinical supervision.
  - “Marriage and family therapist associate” under ORS 675.705(6) means an applicant for licensure as a marriage and family therapist who is registered to obtain post-degree supervised clinical experience toward licensure according to an approved plan pursuant to ORS 675.720.

## The Supervision Plan

- Before registered associate supervision begins, the supervisor and prospective registrant must submit an [Associate Registration Plan Form](#).
- The Board will provide notification to the registrant when their registration is issued and their plan is approved. ***The applicant may not practice until the plan is approved!***
- A registration plan is effective for up to five years from the date it is approved. A one-year extension may be granted for good cause if requested prior to the registration expiration date.
- Associate registration status is a transitional step towards licensure and not intended as a means to avoid licensure. Registrations will not be extended if it does not appear that the candidate is making progress to complete the licensure process, which includes passage of the exams.
- Registrants may have no more than two supervisors at a time approved for each place of practice.
- Changes to the plan- supervisor or place of practice- must be approved by the Board to become effective. The same [form](#) is used to request changes. **Do not begin practicing under a revised plan until you have received notification from the Board that your request is approved.**
- See the [Becoming a Supervisor](#) webpage for information on supervisor qualifications.
- The supervisor may not be the registered associate's spouse, relative by blood or marriage, or someone the registered associate has or had a personal relationship with.

## Registrant Representation

- Registered associates must indicate registration and use the title "Registered Associate", "Professional Counselor Associate", or "Marriage and Family Therapist Associate" in connection with a practice that is covered by an approved plan.
- Registrants must also indicate their supervisor's name and designation as "supervisor."
- Appropriate designations are required in any representation in which registered associate is offering, practicing, or representing that they practice counseling or marriage and family therapy services, including advertisements, websites, directories, business cards, letterhead, and billings.
- **Titles such as "LPC Associate," "LPCi" or "LMFTa," or variations are NOT appropriate. These titles indicate an independent licensure status which is inaccurate since registered associates are practicing pre-licensed and under supervision.**

## Supervised Hours

- Registered associates must accrue at least 1,900 clock hours of supervised direct client contact over no less than 36 months. For marriage and family therapist associates, this must include at least 750 hours working with couples and families in the same session.
- Up to one year and 400 clock hours of supervised practicum or internship experience completed during the graduate program may count towards the requirement.
- "Clock hour" means a full 60-minute duration of time. Clock hours should be rounded down to the nearest tenth for purposes of reporting to the Board.

- “Direct client contact” means only those clinical experience hours that are therapeutic or a combination of assessment and subsequent therapeutic interactions.
  - *What counts:* Counseling / therapy services performed directly with clients (family, individual, couple, or group). They are therapeutic in nature and are comprised of face-to-face and voice-to-voice communication.
  - *What does not count:* intake input data only (excluding assessment), case management, casual contact, research, advocacy, administration of programs, instruction, attending training or discussion groups, or supervision hours.
  - “Supervision” means a professional relationship between a qualified supervisor and an intern, registered associate, counselor, or therapist during which the supervisor provides guidance and professional skill development and oversight to the intern, registered associate counselor or therapist.
- Supervision and clinical experience hours are measured on a monthly basis. All direct client contact hours and supervision must be reported on the [Registered Associate Supervisor Evaluation and Hours Report Form](#).
- **Monthly Supervision Requirements**
  - Important! If supervision in a particular month does not meet the rule requirements, then that month and all client contact hours accumulated during that month will be *disallowed*.
  - Supervision of direct client contact must take place within the same calendar month as the completed direct client contact hours.
  - Supervision meetings must take place at least twice per month, and in different weeks.
  - Supervision meetings must be no less than one hour.
  - Supervision each month must total at least:
    - Two (2) hours for months in which 45 or fewer hours of direct client contact are completed; or
    - Three (3) hours for months in which 46 or more hours of direct client contact are completed.
  - Monthly supervision must be conducted:
    - In-person in a professional setting; or
    - Through live, synchronous confidential electronic communications.
  - **Individual supervision** (one-on-one) must account for at least 50% of the required number of monthly supervision hours. The other 50% may be group.
  - **Group Supervision** must:
    - Include no more than six (6) supervisees;
    - Have leadership that does not shift from one supervisor to another; and
    - Not be a staff or team meeting, intensive training seminar, discussion group, consultation session, or quality assurance or review group.

### Supervisor’s Responsibilities

- Review and evaluate appropriateness of client population and caseload, individual charts, case records and management, diagnostic evaluation and treatment planning, and methodologies for keeping client confidentiality.
- Recommend that the registered associate refer clients to other therapists when client needs are outside the registered associate’s scope of practice.

- Ensure that letterhead, business cards, advertisements and directory listings, brochures, and any other representation includes appropriate titles and the supervisor’s name and designation as “supervisor.”
- Assist the registered associate in developing a plan to prepare for and complete competency exams in a timely manner. This includes, if applicable, navigating available special accommodations for disability or English as a second language offered by the Board.
- Notify the Board within 14 days and explain any significant interruption to supervision or expected termination of the supervisory relationship. See [Plan Holds](#).
- Create and maintain for at least three years a record of hours of supervision and notes for each supervision session *contemporaneously as supervision occurs*.
  - Documenting each supervisory session is an accepted standard of care in supervision, and besides being required by the Board, it also mitigates risk to the supervisor. **It provides a record of the cases brought to supervision and the clinical recommendations or directives given by the supervisor to the registrant**, outlines clinical practices being used, and tracks the elements of core competencies that are being addressed with the registrant.
  - Notes must be provided to the Board within fourteen days of request.
- Provide a written evaluation of the registered associate’s skills and progress annually and at the conclusion of the plan using the approved [form](#). Note: Supervisors may report to the Board at any time deemed necessary.
- Promptly notify the Board of professional or ethical concerns about a supervisee with the following information:
  - Specific concerns regarding conduct or performance;
  - Steps taken to address the concerns;
  - A remedial action plan with measurable outcomes to address the concerns; and
  - The registrant’s progress to address the concerns.
- Provide supervision only when the supervisor’s professional competence is sufficient to meet the needs of the registered associate.
- Do not permit the registered associate to perform, nor purport to be competent to perform, professional services beyond their level of training.
- Accept responsibility for the effects of the actions of the registrant of which the supervisor should be aware.

### **Avoiding Problem Areas**

- **Starting a Supervision Relationship**
  - Problem: Supervision begins without an approved plan. Sometimes the applicant erroneously concludes that they have an approved supervision plan as a result of the application submission. The supervisor in these cases relies on the applicant to have complied with the requirements and assumes the Board has approved.
  - The supervisor is assisting the Board in ensuring registered associates receive the oversight required by law. Supervising an applicant prior to plan approval and associate registration is aiding unlicensed practice.
  - Solution: The supervisor must ensure that the applicant does not begin providing clinical services until they have received notification of the Board’s approval.

- **Maintaining the Supervision Relationship**
  - Problem: Supervision is not maintained due to extended illness, vacations, or leaves by either the registrant or the supervisor without the Board's awareness.
  - Associate registration is for a minimum of 2 years- a 1,500-hour commitment with ongoing supervision at stipulated frequency (2-3 hours per month depending on workload).
  - Solution: Any variation from this expectation, beyond reasonable short absences, must be communicated to the Board in writing. If the supervisor is the absent party, other arrangements must be in place to provide the required supervision; otherwise, services conducted by the registrant must be suspended during the absence. Registered associates are unlicensed and therefore cannot practice without a licensee providing oversight. Consider having a second Board-approved supervisor as a contingency.
- **Terminating a Supervision Relationship**
  - Problem: The supervisory relationship/plan is terminated without notice to the Board.
  - The Board must approve changes in supervisor or place of practice.
  - Solution: If the supervision has ended, the Board must be notified in writing within 14 days. This notice may be given via submission of a plan change and/or a final evaluation and hours report. For a change in supervisor, a new plan form must be submitted for Board approval. Note that these forms are submitted by the registrant via the Licensee Portal. See [Plan Holds](#).
- **Supervisor's License Maintenance**
  - Problem: The supervisor allows their license to lapse and continues to provide supervision.
  - **Experience completed under an unlicensed supervisor cannot count towards the requirements for licensure, and can create serious implications for the registrant.**
  - Solution: The supervisor is primarily responsible for maintaining their professional license and meeting all requirements laid out in the laws, rules, and code. It is highly recommended that important due dates are calendared, and that parties do not rely on the Board's courtesy reminders. License statuses and expiration dates are publicly available on the online [License Search](#).

### **Beyond the Registration Plan Form**

- The informed consent process is standard practice in the therapeutic relationship between clinician and client. This documented informed consent process is equally important in supervision.
- The levels of informed consent in registered associate supervision are:
  - The supervisor and the registrant consent to the parameters of the supervisory relationship (rights and responsibilities)
  - The institution consents to the clinical, ethical and legal parameters of the registration
  - The client consents to treatment by the registrant
  - The client is informed of the credentials of registrant and their supervisor
  - The client consents to confidential information being shared with the supervisor

- Preparation for a successful supervisory relationship involves formalizing the partnership with a written supervision plan document that outlines the parameters of supervision to achieve the following goals:
  - Clarify the methods, goals and expectations
  - Encourage professional collaboration and partnership
  - Uphold ethical principles
  - Document the services to be provided
  - Aligns supervision with teaching and therapy
- Components of the plan will vary across supervisors and setting, and include:
  - Purpose, goals and objectives – protect client, develop supervisee, fulfill licensure requirements.
  - Individualized learning agreement – developed in collaboration between supervisor and registrant
    - It is optimal that this mirrors the final areas on which the registrant will be evaluated and that it contains specific goals and objectives the registrant has for their training. This might include theoretical and practice areas, types of clients and populations, and specific clinical activities such as formal assessments.
    - This should be a “living document,” meaning it is something that both the registrant and the supervisor refer to regularly to ensure that the learning goals are being achieved. It holds both parties accountable for training and learning.
  - Context of supervision services – format, setting, timeframe, methods.
    - Individual vs. group
    - Frequency and length of meetings
  - Method of evaluation – how, when, who gets to see it.
    - Content areas to be covered
    - Board evaluation form
  - Duties and responsibilities – job description, obligations, parameters.
    - Reporting duties to licensing Board (including mandatory reports)
    - Coverage, working hours, training, or other parts of the job
  - Procedural considerations: Routine and specific.
    - Use of the session- what is expected to be discussed
    - How are cases are selected, presented, and reviewed
    - Record keeping requirements and expectations
    - What to do in face of a crisis or emergency situation
    - Access to you – routine and emergency, and backup
    - Expectations of a full accounting of their caseloads
    - Any cost or fees
    - Expectations as to attendance at meetings
  - Supervisor scope of competence – professional disclosure.

### **Recommended Areas to Cover in Supervision**

- Clinical
  - Diagnostic Evaluation
  - Clinical Formulation

- Treatment Planning
- Therapeutic Interventions
- Theoretical Articulation
- Evidence Based Practice
- Diversity – individual, cultural, etc.
- Case Management
- Crisis Assessment & Intervention
- Record Keeping/Documentation
- Appropriate Termination
- Legal and Ethical
  - ACA Ethical Principles
  - Oregon Law; Federal Law
  - Rules
- Professional
  - Professional and Personal Factors/Countertransference
  - The Role of Peer and Self-Assessment
  - Integrating Knowledge with Technical Skills and Professional Values
  - Supervision of Others
  - Role as a Counselor/Therapist
  - Plan for Lifelong Education and Consultation
  - Value of giving back to the profession
- Licensure Preparation
  - Preparation for Exams
- Practice and Specialty Areas
  - Court Testimony Preparation
  - Community or Rural Practice
  - Managed Care Parameters
  - Private Practice Issues (marketing, setup, billing)
- Other areas identified by the registrant on the learning plan

### **Supervisory Concerns**

- Providing registered associate supervision is primarily a rewarding and enjoyable experience; however, it does require dedication and commitment to the process of preparing a future competent professional. It also requires that the supervisor ensure the safety and wellbeing of the registrant's clients and that the supervisor has the courage to act if the registrant is not able to fulfill the requirements necessary to become a competent professional.
- The Supervisor is obliged to take action if a registrant is not adequately progressing, is showing signs of potential impairment or grave deficits, or is in any way at risk of harming a client. Initial concerns should be discussed with the registrant, and the registrant should be provided with specific feedback about the behaviors and conduct of concern. Further actions may include but are not limited to the following:
  - Consultation with trusted colleagues, especially if there is another supervisor working with the registrant.
  - Drafting a plan in collaboration with the registrant for improving their performance. This plan would outline the improvements required with timelines

for completion, and include consequences/outcome for lack of progress or improvement.

- Increased supervision sessions.
  - Remedial training or education.
  - Recommendation of personal therapy, evaluation, or accessing an Employee Assistance Program.
  - Limiting or reducing client contact to ensure the registrant is not at risk of harming a client.
- The Board should be [notified](#) if there are signs that the registrant is not safe to practice.
  - Terminating the supervision plan should be seen as a last resort, and typically would not occur until all other actions aimed at remediation and improvement had been tried, as in the case where the supervisor has exhausted attempts to improve performance and remains concerned about client safety. A termination might need to be initiated if the registrant is not following the directives of the supervisor, has exhibited serious boundary violations, there are personal problems or deficits for which the registrant refuses to get help, or other situations that represent risk to client welfare and safety.
  - It may also be that the performance of the registrant is not the concern, rather there are identified conflicts and difficulties caused by supervisor and registrant differences which are indicative of a poor “fit.” In this case, the registrant and/or supervisor believe the registrant could be successful with another supervisor. In rare instances, the supervisory relationship “fails” and the registrant submits a plan change request for a new supervisor, receives Board approval, and then is able to successfully complete their associate registration.
  - On rare occasions, the task of a supervisor is to identify and take action in the case where the registrant does not appear to be able to attain the necessary skills, knowledge or awareness to be a competent LPC or LMFT. If someone is unable to safely practice, the supervisor must not endorse them for licensure. This should never come as a surprise to the registrant because it should follow a well-documented attempt to help the person meet appropriate standards, which in most instances will be successful.