CLINICAL SUPERVISOR CLINICALLY SUPERVISED EXPERIENCE FORM

APPLICANT’S NAME______________________________________________________

SUPERVISOR’S NAME_____________________________________________________

AGENCY_________________________________________________________________

PROFESSIONAL LICENSES AND/OR CERTIFICATES YOU HOLD__________________

*Supervisors must include a photocopy of a state or federal photo ID and a copy of the appropriate certification and/or licensure.

Purpose: The Clinical Supervised Experience is a crucial experiential learning component to assist in the development of qualified Supervisors. This form is to document that the candidate has received clinical supervision directly relating to the 12 Core Functions. Methods of clinical supervision that will be accepted are individual and/or group activities designed to provide direct supervision of counselor activities, review, and/or processing counseling activities. These activities are monitored and documented by the clinical supervisor, who provides timely feedback to assist the counselor in this learning process. There is no expiration on your clinical supervision, however, to pass the IC&RC examination you will need to be engaged in currently accepted practices.

Supervisors:
- Supervisors should have a good clinical background in substance abuse, chemical dependencies and co-occurring disorders.
- Acceptable credentials for clinical supervisors are CCS, CAADC, MAC or any licensed behavioral health professional such as LPC, LCSW, LMFT, RN, PsyD. or Psychiatrist who have a minimum of 5 hours of Addiction specific continuing education hours per year; certificate of attendance/completion may be requested.

Clinically Supervised Experience Requirements:
- The CCS Candidate must complete 200 hours of face-to-face clinical supervision.
- The CCS Candidates must complete 20 hours of face-to-face clinical supervision in each domain.
- Clinical supervision can be done individually, as part of a supervision group, clinical review meetings and via video conferencing if necessary. All Clinical Supervision should be supported by well-maintained documentation by the Clinical Supervisor. Clinical Supervision is not done via email, text or phone calls.

Domains of clinical supervision, with a minimum of twenty (20) hours in each domain:
I. Counselor Development: i.e. stages of counselor development, evaluating and enhancing counselor skills, etc.
II. Professional and Ethical Standards: i.e. boundaries between supervisor and supervisee, requirements for counselor’s ethical practice, etc.
III. Program Development and Quality Assurance: i.e. current best practices, program evaluation, adherence to protocol, etc.
IV. Assessing Counselor Competencies and Performance: i.e. communicate agency expectations, assessment of supervisees, clinical policies and procedures, effective service delivery, etc.
V. Treatment Knowledge: i.e. experience and knowledge of field of addictions, appropriateness of evaluation tools, pharmacological interventions/interactions, etc.
APPLICANT NAME:

Counselor Development:
- Build a supportive and individualized supervisory environment
- Maintain a constructive supervisory learning environment with two-way feedback
- Help supervisees develop skills specific to working with culturally diverse clients
- Provide feedback to supervisees on conceptualization of client needs, clinical skills, and overall performance of assigned responsibilities
- Create a professional development plan with mutually agreed on goals, timelines, and measurements of progress
- Implement activities to teach theoretical orientation, ethics, clinical skills, and personal wellness
- Help supervisees recognize and cope with transference and countertransference
- Educate supervisees on developments in substance abuse and behavioral health fields
- Encourage supervisees to develop a personal wellness plan

Hours spent with you in supervision of this task:_____
___________________________________ Supervisor’s Signature/Date

Professional and Ethical Standards
- Practice only within one’s areas of clinical and supervisory experience
- Ensure that supervisors and supervisees are adherent to professional codes of ethics, clients rights, and law and regulations governing counseling and clinical supervision practice
- Follow due process guidelines when responding to grievances, ensuring that supervisees know their rights
- Pursue personal and professional development in order to improve supervisory competence
- Recognize supervisees’ unique personality, culture, lifestyle, values, and other factors to enhance professional development.
- Ensure supervisees inform clients about the limits of confidentiality
- Ensure that supervisees inform clients about supervision practices and obtain documented informed consent from clients as appropriate
- Use and teach supervisees various ethical decision-making models and monitor their use to ensure their ethical treatment of clients
- Understand risks of dual relationships and potential conflicts of interest and maintain appropriate relationships at all times.
- Provide timely consultation and guidance to supervisees in situations that present moral, legal and/or ethical dilemmas
- Ensure that supervisees maintain complete, accurate, and necessary documentation, including detailed descriptions of critical situations
- Understand the reporting process for ethical violations to the appropriate professional organizations or regulatory authorities
- Intervene immediately and take action as necessary when a supervisee’s job performance appears to present problems
- Maintain familiarity with consensus- and evidence-based best practices in the treatment of substance use disorders
- Seek supervision and consultation to evaluate one’s personal needs for training and education, receive and discuss feedback on supervisory job performance, and implement a professional development plan
- Develop and maintain a personal wellness plan for physical and mental health

Hours spent with you in supervision of this task:_____
___________________________________ Supervisor’s Signature/Date
Program Development and Quality Assurance:

- Structure and facilitate staff learning about treatment interventions, program service design, and recovery models relevant to the organization and the population it serves.
- Understand the balance between fidelity and adaptability when implementing new clinical practices.
- Advocate within the agency for ongoing quality improvement, including strategies for client access, engagement, and retention in treatment.
- Support the organization’s quality assurance plan and comply with all monitoring, documenting, and reporting requirements.
- Develop program goals and objectives that are consistent with the organization’s quality assurance plan.
- Utilize program development methods.
- Facilitate development and implementation of professional quality improvement guidelines, forms, and instruments to monitor client outcomes and/or upgrade organizational performance.
- Advocate for the organization’s target population throughout the entire continuum of care as an agent of organizational change.
- Build and maintain relationships with referral sources and other community programs to expand, enhance, and expedite service delivery.
- Identify and assess program needs and develop a plan to improve clinical services and program development.

Hours spent with you in supervision of this task:_____  Supervisor’s Signature/Date

Assessing Counselor Competencies and Performance

- Communicate agency expectations about the job duties and competencies, performance indicators, and criteria used to evaluate job performance.
- Understand the concept of supervision as a two-way evaluation with each party providing feedback to the other, including constructive sharing and resolution of disagreements.
- Assess supervisees’ professional development, cultural competence, and proficiency in the addiction counseling competencies.
- Assess supervisees’ performance of tasks and clinical functioning by interviews, observations, review of case records, use of evaluation tools, and client/family feedback.
- Differentiate between counselor development issues and those requiring corrective action, (e.g., ethical violations, incompetence).
- Assess supervisees’ preferred learning style, motivation, and suitability for the work setting.
- Institute an ongoing formalized, proactive process that identifies supervisees’ training needs, involves conjointly reviewing goals and objectives, and reinforces performance improvement.
- Communicate feedback clearly, including written feedback, regarding performance deficits, weak competencies, or harmful activities and ensure that supervisees understand the feedback.
- Address and manage relational issues common to evaluation, including anxiety, disagreements, and full discussion of performance problems.
- Adhere to professional standards of ongoing supervisory documentation, including written individual development plans, supervision session notes, written documentation of corrective actions, and written recognition of good performance.

Hours spent with you in supervision of this task:_____  Supervisor’s Signature/Date
Treatment Knowledge:
- Have professional experience with and knowledge of the field of addictions, social and behavioral science, and self-help philosophy
- Understand the limitation of addiction treatment in general; its relationship to sustained, long-term recovery; and the specific limitation of the models or design in use by supervisees
- Understand the limitations of and appropriateness of assessment and evaluation tools utilized in the addiction field
- Understand the use of pharmacological interventions and interactions

Hours candidate spent performing this task: _______  _____________________________
Hours spent with you in supervision of this task:_____  _____________________________
Supervisor’s Signature/Date

______________________________________________

Candidate has spent ________ hours in supervision with me (total of all lines)

I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification, or revocation of same, upon discovery. I have read, understand, and agree to act in accordance with the code of ethics recognized by my profession and in compliance with any and all codes of professional conduct in effect in the State of Georgia. I acknowledge the right of ADACBGA to verify the information in this application or to seek further information from employers, schools or persons mentioned herein.

______________________________________________

Supervisor’s Signature/Date

______________________________________________

SEND THIS FORM DIRECTLY TO:

ADACBGA.
P.O BOX 250449
Atlanta, GA 30325
(770) 825-0481

Do not give to applicant unless placed in a sealed envelope with your signature across the back seal!
Supervisor Statement

APPLICANT______________________________________________________

SUPERVISOR_____________________________________________________

FACILITY_________________________________________________________

ADDRESS________________________________________________________

PHONE/FAX/E-MAIL______________________________________________

Professional licenses and/or certificates you hold________________________

How long have you supervised this applicant?

From (m/y)__________to (m/y)___________

Size of applicant’s caseload in:

Individual supervision _____ Group supervision _____

Average number of hours per week the applicant worked in:

Direct supervision services__________

Indirect supervision services___________________

Please describe the indirect services:

________________________________________________________________

Please add any comments on an additional sheet of paper.

I HEREBY CERTIFY THAT I HAVE OBSERVED AND HAVE FIRSTHAND KNOWLEDGE
OF THIS APPLICANT’S WORK AND THAT THE ABOVE INFORMATION IS, TO THE
BEST OF MY KNOWLEDGE, TRUE

__________________________________________________________

Signature date

PLEASE RETURN DIRECTLY TO
Alcohol and Drug Abuse Certification Board of Georgia, Inc.
P.O BOX 250449
Atlanta, GA 30325

Do not give to applicant unless placed in a sealed envelope with your signature across the back seal!