

Recommended Guidelines for the Mental Health and Chemical Dependency Professionals (MHCDPs) Supervisor/Supervisee Relationship

The MHCDP Supervisor's Competence

Supervision Preparation... Prior to offering clinical supervision services, MHCDPs are trained in supervision methods and techniques. MHCDPs who offer clinical supervision services regularly pursue continuing education activities including both behavioral health and supervision topics and skills.

Boundaries of Competence... MHCDPs practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. MHCDPs gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

Continuing Education... MHCDPs recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their respective fields of practice. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

Multicultural Issues/Diversity in Supervision... MHCDP supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.

The MHCDP Supervisor's Responsibilities

Informed Consent for Supervision... Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

Credentials and Conditions... Supervisors ensure that supervisees are informed of the supervisor's credentials and professional status as well as all conditions of supervision as defined/outlined by the supervisor's practice, agency, group, or organization.

Emergencies and Absences... Supervisors establish and communicate to supervisees procedures for contacting them or, in their absence, alternative on-call supervisors to assist in handling crises.

Supervisee Assistance... Render timely assistance, as agreed upon by both parties, to supervisees who are or may be unable to provide competent counseling services to clients.

Establish and Maintain Standards for Supervisees... Supervisors make sure their supervisees are aware of professional and ethical standards and legal responsibilities. Supervisors of post-degree MHCDPs encourage their supervisees to adhere to professional standards of practice and respective code of ethics.

...Ensure that supervisees are informed about the process of supervision, including supervision goals, paradigms of supervision and the supervisor's preferred research based supervision paradigm(s).

...Ensure that supervisees inform their clients of their professional status (i.e., trainee, intern, licensed, non-licensed, etc).

Termination of Supervisory Relationship... Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

Evaluation, Remediation, and Endorsement of Supervisee

Evaluation... Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship. (e.g., one (1) hour per week).

Limitations... Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.

MHCDPs are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may

safely resume their work. MHCDPs assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

Counseling/Therapy for Supervisees... If supervisees request counseling/therapy, supervisors provide them with acceptable referrals. MHCDPs do not provide counseling/therapy services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning.

Endorsement... Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.