

## Common Elements of Clinical Supervision

Supervisor Competence	Supervisory Relationship	Professionalism	Logistics	Ethical Considerations/ Confidentiality
<p>Current in legal and ethical knowledge and skills.</p> <p>Adhere to all Board of Behavioral Sciences (BBS), California Board of Psychology (BOP), or AOD Counselor certification boards' regulations.</p> <p>Meet BBS, BOP, and AOD Counselor certification boards' requirements for the provision of clinical supervision. Provide proof of completion of requirements to Service Chief.</p> <p>Knowledge of various theoretical orientations, evidence-based practices, cultural considerations, clinical specialty areas, and relevant current events.<sup>1</sup></p> <p>Competency obtained and maintained through formal education, training, professional research, and experience.</p> <p>Participate in regular consultation with other clinical supervisors.</p>	<p>Build collaborative relationship based on trust, confidentiality, support, and empathy.<sup>2</sup></p> <p>Facilitate collaborative discussions of expectations, goals, and tasks.<sup>3</sup></p> <p>Acknowledge differences such as, values, culture, and biases.</p> <p>Facilitate discussion of power differential.</p> <p>Establish a written agreement, or Supervision Contract, which includes: responsibilities, expectations, program goals, supervision structure, limits of supervision responsibility, learning objectives, measureable goals, and guidelines for evaluation.</p>	<p>Model characteristics and interpersonal skills that are essential to the profession such as, collaboration, objectivity, honesty, respectful interactions, straightforward communication, and openness to feedback.</p> <p>Maintain objectivity when handling situations.</p> <p>Avoid dual/multiple relationships.</p> <p>Address all conflicts in an open, honest, and explicit and timely manner.</p> <p>Establish and communicate protocol for how to handle differences in opinion between a clinical supervisor and the program's Service Chief, or between two clinical supervisors (i.e. individual supervisor and group supervisor).</p>	<p>Establish frequency and duration of supervision prior to the commencement of supervision.</p> <p>In addition to regularly scheduled supervision, be accessible and provide timely response to clinical supervision requests (e.g. crisis situations, consultations on child or elder/dependent adult abuse reporting).</p> <p>Discuss coverage plans for absences.</p> <p>Provide systematic, routine feedback and encourage reciprocal feedback.</p> <p>Provide regular feedback that encourages professional growth.</p> <p>Maintain consistent notes/record keeping.</p>	<p>Monitor and manage risk of emotional and/or physical harm to the individuals and families served, the supervisee, or to others that may arise within the sphere of supervisory responsibility.<sup>4</sup></p> <p>Identify incompetent or unethical practice and take appropriate actions to address the errors of the supervisee.<sup>2</sup></p> <p>Handle supervisory material in a confidential manner.</p> <p>Establish boundaries and at all times be aware of supervisory status and not abuse their position.</p>

1. APA Council of Representatives, 2014
2. NASW, 2013
3. APA, 2014
4. New Zealand Psychologists' Board, 2010