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California Association of Marriage and Family Therapists

CAMFT Presents

COMPREHENSIVE SUPERVISION I: The Anatomy of Supervision

Presented by
Ellen Kinoy, MA, LMFT

Friday, October 19, 2018
9:00 a.m.–4:30 p.m.
(6 CE Credits)

Co-sponsored in part by



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CAMFT Comprehensive Supervision I
The Anatomy of Supervision – Ellen Kinoy, MFT
October 19, 2018

9:00 am – 10:30 am

Introductions

Structures of Supervision

10:30 am – 10:45 am

Break

10:45 am – 12:00 pm

Facilitative Learning Dimensions of Supervision

12:00 pm – 1:00 pm

Lunch

1:00 pm – 2:30 pm

Trauma-Informed Supervision & Power Dynamics

2:30 pm – 2:45 pm

Break

2:45 pm – 4:30 pm

Methods of Supervision

Closure



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A MARRIAGE AND FAMILY THERAPIST TRAINEE OR ASSOCIATE

Title 16, California Code of Regulations (16 CCR) section 1833.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward licensure as a Licensed Marriage and Family Therapist to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision, and to provide the associate or trainee with the original.

Name of MFT Trainee/Associate: Last	First	Middle
Name of Qualified Supervisor:	Qualified Supervisor's Daytime Telephone Number:	

As the supervisor:

- 1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. (16 CCR § 1833.1(a)(1) and Business and Professions Code (BPC) § 4980.03(g))

A. The license I hold is:

Licensed Marriage and Family Therapist.....	License #	Issue Date
Licensed Clinical Social Worker.....	License #	Issue Date
*Licensed Professional Clinical Counselor.....	License #	Issue Date
**Licensed Psychologist.....	License #	Issue Date
**Physician certified in psychiatry by the American Board of Psychiatry and Neurology.....	License #	Issue Date

- ***B. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California. (16 CCR § 1833.1(a)(2))

C. I will keep myself informed about developments in marriage and family therapy and in California law governing the practice of marriage and family therapy. (16 CCR § 1833.1(a)(3))

- 2) I have and maintain a current and valid license in good standing and will immediately notify any trainee or associate under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1833.1(a)(1), (a)(4))
- 3) I have practiced psychotherapy or provided direct supervision of trainees, associates, associate clinical social workers, or associate professional clinical counselors who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1833.1(a)(5))
- 4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or associates. (16 CCR § 1833.1(a)(6))
- 5) I have completed six (6) hours of supervision training or coursework within the renewal period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision. (16 CCR § 1833.1(a)(6)(A)&(B))

* LPPCs must meet the requirements to assess and treat couples and families per BPC § 4999.20(a)(3) and 16 CCR § 1820.7

** Psychologists and Physicians certified in psychiatry are not required to comply with #5.

*** Applies only to supervisors NOT licensed as a Marriage and Family Therapist.

- 6) I know and understand the laws and regulations pertaining to both the supervision of trainees and associates and the experience required for licensure as a marriage and family therapist. (16 CCR § 1833.1(a)(7))
- 7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or associate. (16 CCR § 1833.1(a)(8))
- 8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or associate by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1833.1(a)(9))
- 9) I shall address with the trainee or associate the manner in which emergencies will be handled. (16 CCR § 1833.1(a)(10))
- 10) I agree not to provide supervision to a TRAINEE unless the trainee is a volunteer or employed in a setting that meets all of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC section 4980.02; (C) is not a private practice owned by a licensed marriage and family therapist, a licensed professional clinical counselor, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions. (BPC § 4980.43(e)(1))
- 11) I agree not to provide supervision to an ASSOCIATE unless the associate is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC section 4980.02. (BPC § 4980.43(f)(1))
- 12) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the associate or trainee, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the associate or trainee. (16 CCR § 1833(b)(4))
- 13) I shall give at least (1) one week's prior written notice to a trainee or associate of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1833.1(c))
- 14) I shall obtain from each trainee or associate for whom supervision will be provided, the name, address, and telephone number of the trainee's or associate's most recent supervisor and employer. (16 CCR § 1833.1(d))
- 15) In any setting that is not a private practice, I shall evaluate the site(s) where a trainee or associate will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in 16 CCR section 1833 and section 4980.43 of the Code. (16 CCR § 1833.1(e))
- 16) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR section 1833.1. (16 CCR § 1833.1(f))
- 17) I shall provide the associate or trainee with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1833.1(b))

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing, that I meet all criteria stated herein, and that the information submitted on this form is true and correct.

Printed Name of Qualified Supervisor

Signature of Qualified Supervisor

Date

Mailing Address:

Number and Street

City

State

Zip Code

THE SUPERVISOR SHALL PROVIDE THE ASSOCIATE OR TRAINEE BEING SUPERVISED WITH THE ORIGINAL OF THIS SIGNED STATEMENT PRIOR TO THE COMMENCEMENT OF ANY COUNSELING OR SUPERVISION.

THE TRAINEE OR ASSOCIATE SHALL SUBMIT THIS FORM TO THE BOARD UPON APPLICATION FOR LICENSURE.



Lincoln Clinical Supervision Contract

Supervision is a forum for supervisees to gain clinical, emotional and administrative support for their development as mental health professionals. At Lincoln we value a team approach to both leadership and service provision and supervisor(s) may share information to ensure quality client care and continued supervisee support.

Supervisee responsibilities include:

1. Supervisee will identify reasonable goals and training needs with Supervisor.
2. Supervisee will attend weekly individual and group supervision as scheduled. If Supervisee must miss a supervision session it is their responsibility to initiate a “make-up” supervision time.
3. Supervisee will plan to use and utilize the allotted individual and group supervision sessions by coming prepared with a clinical agenda. Clinical supervision will focus on the Supervisee’s clinical interventions and/or countertransference.
4. Supervisee is expected to follow the directives and suggestions of the individual and group supervisor regarding clinical issues, legal obligations and ethical responsibilities.
5. Supervisee is expected to be on time to individual and group supervision.
6. Supervisee will submit the Summary of Experience logs to the Supervisor for review and signature on a monthly basis. The Summary of Experience logs and Experience Verification forms should be an accurate reflection of the Supervisee’s actual services provided. All Board of Behavioral Sciences and/or Board of Psychology documentation will be completed prior to the Supervisee’s departure from Lincoln.
7. Supervisee will inform Supervisor of any ethical or legal issues that arise in therapy with the client and/or family in accordance with Lincoln policies and procedures.

Supervisor responsibilities include:

1. Supervisor will provide supervision according to the rules and regulations of the Board of Behavioral Sciences and/or Board of Psychology.
2. Supervisor will provide individual and/or group supervision.

3. If Supervisor must miss a scheduled supervision session, either individual or group, it is the Supervisor's responsibility to initiate a "make-up" session.
4. Supervisor will assess the Supervisee's developmental and skill level and provide constructive feedback to support Supervisee's professional growth.
5. Supervisor will provide Supervisee with guidance on both the content and process of his/her clinical work. This will include concrete directives and suggestions for therapeutic strategies, theoretical frameworks for conceptualizing the clinical work and analysis of countertransference and issues of human diversity.
6. Supervisor will raise issues of job performance and prepare a plan of improvement if deemed necessary. Supervisor will accordingly recommend additional personal support as deemed necessary to enhance clinical work performance.
7. Board of Behavioral Sciences and/or Board of Psychology paperwork submitted by Supervisee will be completed prior to Supervisee's departure from Lincoln.
8. Supervisor will document a summary of content of individual and/or group supervision and track Supervisee's attendance.
9. Supervisor will follow the Risk Management Communication policy and expeditiously address all risks of liability to the program or agency. Supervisor will inform the Supervisee of the extent of what are identified as liability issues.

Other agreements and/or expectations:

I have reviewed and agree to the above Clinical Supervision Contract:

Supervisee

Dated

Individual Supervisor

Dated

Group Supervisor

Dated

Interview Questions for Supervisees to ask Potential Supervisors

1. Q: _____

A: _____

2. Q: _____

A: _____

3. Q: _____

A: _____

4. Q: _____

A: _____

5. Q: _____

A: _____

6. Q: _____

A: _____

7. Q: _____

A: _____

8. Q: _____

A: _____

Facilitative Learning Dimensions Worksheet

<p style="text-align: center; color: purple;"><u>High Support–High Directive</u></p> <p>Good match for:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 50%; text-align: center; color: purple;">Positives</td> <td style="width: 50%; text-align: center; color: purple;">Negatives</td> </tr> <tr> <td style="height: 150px;"></td> <td style="height: 150px;"></td> </tr> </table>	Positives	Negatives			<p style="text-align: center; color: green;"><u>High Support–Low Directive</u></p> <p>Good match for:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 50%; text-align: center; color: green;">Positives</td> <td style="width: 50%; text-align: center; color: green;">Negatives</td> </tr> <tr> <td style="height: 150px;"></td> <td style="height: 150px;"></td> </tr> </table>	Positives	Negatives		
Positives	Negatives								
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<p style="text-align: center; color: cyan;"><u>Low Support–High Directive</u></p> <p>Good match for:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 50%; text-align: center; color: cyan;">Positives</td> <td style="width: 50%; text-align: center; color: cyan;">Negatives</td> </tr> <tr> <td style="height: 150px;"></td> <td style="height: 150px;"></td> </tr> </table>	Positives	Negatives			<p style="text-align: center; color: magenta;"><u>Low Support–Low Directive</u></p> <p>Good match for:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 50%; text-align: center; color: magenta;">Positives</td> <td style="width: 50%; text-align: center; color: magenta;">Negatives</td> </tr> <tr> <td style="height: 150px;"></td> <td style="height: 150px;"></td> </tr> </table>	Positives	Negatives		
Positives	Negatives								
Positives	Negatives								

Principles of a Trauma-Informed System

Understanding Trauma & Stress

Without understanding trauma, we are more likely to adopt behaviors and beliefs that are negative and unhealthy. However, when we understand trauma and stress we can act compassionately and take well-informed steps toward wellness.

Safety & Stability

Trauma unpredictably violates our physical, social, and emotional safety resulting in a sense of threat and need to manage risks. Increasing stability in our daily lives and having these core safety needs met can minimize our stress reactions and allow us to focus our resources on wellness.

Cultural Humility & Responsiveness

We come from diverse social and cultural groups that may experience and react to trauma differently. When we are open to understanding these differences and respond to them sensitively we make each other feel understood and wellness is enhanced.

Compassion & Dependability

Trauma is overwhelming and can leave us feeling isolated or betrayed, which may make it difficult to trust others and receive support. However, when we experience compassionate and dependable relationships, we reestablish trusting connections with others that foster mutual wellness.

Collaboration & Empowerment

Trauma involves a loss of power and control that makes us feel helpless. However, when we are prepared for and given real opportunities to make choices for ourselves and our care, we feel empowered and can promote our own wellness.

Resilience & Recovery

Trauma can have a long-lasting and broad impact on our lives that may create a feeling of hopelessness. Yet, when we focus on our strengths and clear steps we can take toward wellness we are more likely to be resilient and recover.

Reflective Supervision Tasks

Providing Containment During Times of Change

1. Sharing up-to-date information
2. Allowing sufficient time for exploring the anticipated difficulties
3. Guiding the discussion back to a consideration of what the effect will be for children and families
4. Reflecting on other changes that have occurred and what strategies might have been helpful at those times
5. Relating new practices to familiar, established practices – so they seem less challenging
6. Pointing out when negativity seems to be wearing the staff person down and diminishing their sense of optimism and hope
7. Using humor to brighten mood and communicate a more positive outlook

Developing Professional Use of Self Skills through Parallel Process

1. Consider a range of possible interpretations of the behaviors of another person by inquiring about or imagining the perspective of the other person
2. Empathize with another person's experience while maintaining objectivity
3. Regulate your own feelings of overwhelm and prevent becoming engulfed by the feelings of others
4. Use partnering communication strategies as alternatives to direct or didactic instruction
5. Understand the importance of self-awareness – monitoring one's own thoughts and feelings in the moment and appreciating the effect of one's own past experiences, values, beliefs, and culture on the work
6. Consider all the ways in which role, age, gender, ethnicity, race, class and context have an effect on supervisees and families
7. Appreciate the ways in which a supervisee' or family's past experience can affect them and how they relate to service providers or a service delivery system

(From: Heffron, M. C. & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: ZERO to THREE)

8. Understand the importance of boundaries – the ability to maintain a distinction between personal and professional boundaries
9. Recognize how our history, values, culture, privilege, and discipline-specific training can lead us to have specific biases or triggers when we do our work
10. Use self-disclosure to model ways of using self-awareness to understand another person and situation more fully

(From: Heffron, M. C. & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood programs*. Washington, DC: ZERO to THREE)

Trauma-Informed Supervision Worksheet

Trauma-Informed Principle	Application to Supervision & Parallel Process
Understanding Trauma & Stress	
Cultural Humility & Responsiveness	
Safety & Stability	
Compassion & Dependability	
Collaboration & Empowerment	
Resilience & Recovery	

Progress Note for Supervision Discussion

Individual therapy session with Trixie. Trixie was in an elevated mood when she arrived as evidenced by her wide smile, upright posture and well-groomed appearance. She began by reporting how positive her week had been and described several relational successes where she had remained her “best self” despite having initial negative reactions to the other person and what was happening between them. I reflected back how happy she was with her ability to apply the skills we had been working on and asked her what was different about this week and these examples that had led to this outcome. Trixie responded that practicing in session together had been very helpful. I provided psychoeducation about the benefits of rehearsing emotionally challenging conversations and invited her to predict some future situations that we could role-play together to solidify her success. We practiced 3 scenarios that Trixie identified and she ended our session by telling me how much she valued our relationship and that she doesn’t know how she could manage without me. I reassured Trixie that I would always be available for her to rely on for guidance in her life. We confirmed out next appointment date at 4:30 pm on 10/26/18.

Supervisory Methods Comparison

Progress Notes		Video Review	
Pros	Cons	Pros	Cons

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