



Clinical Supervision Standards and Procedures

PREAMBLE

- These guidelines are best practices rather than minimal acceptable practices intended to support supervisors in their work.
- They are intended to be relevant and practical and are offered to augment the judgment of supervisors.
- They are meant to supplement, not replace, the SAC Code of Ethics.
- As a living document, these guidelines will require review and revision every 8-10 years.

SOURCE:

ACES – Preamble (p. 2)

CLINICAL SUPERVISION STANDARDS AND PROCEDURES

SECTION A : GENERAL

PROCEDURAL CONSIDERATIONS

The supervisor engages in sound informed consent practices in the initial supervision session.

- 1) In academic settings, the supervisor employs written contracts specifying and differentiating the responsibilities of university and site supervisors.
- 2) The supervisor explicitly states clear parameters for conducting supervision.
- 3) The supervisor adheres to appropriate professional standards in establishing the frequency and modality of supervision sessions.
- 4) The supervisor uses a variety of supervisory interventions.
- 5) The supervisor employs various supervision formats that meet the needs of clients and the supervisee, and is appropriate to the site – time efficiency is not a primary rationale
- 6) The supervisor employs technology in ways that enhance the supervisory process and the development of the supervisee.
- 7) The supervisor conveys to the supervisee that both the supervisor and supervisee are expected to adhere to the relevant ethical codes and guidelines endorsed by their respective work and practice settings.
- 8) The supervisor maintains documentation that provides a system of supervisor accountability.
- 9) Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for termination are discussed, and both parties work to resolve differences. Supervisors make appropriate referrals where appropriate.
- 10) Students have regular, systematic opportunities to formally evaluate practicum and internship supervisors.

SOURCES:

ACES – Section 1: Initiating Supervision (pp. 2 – 3); ACA – Section F.1.c.: Informed Consent and Client Rights; Section F.4: Supervisor Responsibilities (p. 13); ACES – Section 4: Conducting Supervision (pp. 5 – 6); ACES – Section 10: Supervision Format (p. 13); ACES – Section 7: Ethical Considerations (p. 9); ACES – Section 8: Documentation (p. 11); ACA – Section F.4.d. Termination of the Supervisory Relationship (p. 13); CACREP – Section 4: Evaluation of Faculty and Supervisors (p. 18)

SUPERVISOR QUALITIES

- 1) The supervisor provides a safe, supportive, and structured supervision climate.
- 2) Supervisors for students in entry-level programs have:
 - a. Relevant experience
 - b. Professional credentials, and
 - c. Counselling supervision training and experience or are under supervision from counsellor education program faculty.
- 3) The supervisor understands that client welfare is his/her first and highest responsibility and acts accordingly.
- 4) The supervisor does not compromise the supervisory relationship by engaging in relationships with supervisees that are considered inappropriate. Examples include but are not limited to:
 - a. Avoiding being engaged in multiple relationships or with supervisees' significant others;
 - b. Attending to power issues with the supervisee to prevent harmful non-sexual or sexual relationships.

- c. Explaining to the supervisee the appropriate parameters of addressing the supervisee's personal issues in supervision by identifying the issues, helping the supervisee see the clinical implications, working to minimise the detrimental effects in the supervisee's clinical work, and contributing to a plan for resolution that does not directly involve the supervisor.
- 5) The supervisor can clearly describe the purpose of clinical supervision and distinguish it from the counselling process as well as from administrative and program supervision.
- 6) The supervisor has a collaborative relationship with additional supervisors with whom the supervisee may be working (e.g., clinical, administrative, and/or program supervisor at the university, practicum or internship site, and/or work setting).
- 7) The supervisor engages in self-reflection and other avenues of personal professional development.

SOURCES:

ACES – Section 4: Conducting Supervision (p. 5); ACA – Section F.2: Counsellor Supervision Competence (p. 13); CACREP – Section 3: Professional Practice (p. 15); ACES – Section 7: Ethical Considerations (pp. 10 – 11); ACES – Section 11: The Supervisor (pp. 14-15)

SECTION B : SUPERVISORY RELATIONSHIP

- 1) The supervisor operates with an awareness that the supervisory relationship is key to the effectiveness of supervision as well as the growth and development of the supervisee.
- 2) The supervisor intentionally engages with the supervisee to facilitate development of a productive supervisory relationship and working alliance.
- 3) The supervisor attends to ethical and cultural concerns that impact the supervisory relationship.
- 4) If supervisees request counselling, the supervisor assists in identifying appropriate services. Supervisors do not provide counselling services to supervisees.
- 5) Supervisors address interpersonal competencies in terms of how they impact clients, the supervisory relationship, and professional functioning.

SOURCES:

ACES – Section 2: Goal-Setting & Section 3: Giving Feedback (pp. 3-4); ACA – Section F.1.a.: Client Welfare; Section F.6: Counselling Supervision Evaluation, Remediation and Endorsement (p. 12, 13); ACES – Section 9: Evaluation (p. 13)

SECTION C : MEASUREMENT AND EVALUATION

- 1) Where possible, the supervisor co-develops specific goals for supervision with the supervisee.
- 2) The supervisor emphasizes goals that directly benefit the therapeutic alliance between the supervisee and client and the effectiveness of services provided.
- 3) The supervisor is intentional about addressing and evaluating goals in each supervision session.
- 4) The supervisor provides regular, ongoing feedback in manageable amounts, typically addressing no more than three skills or issues.
- 5) The supervisor provides a balance of challenging and supportive feedback, while helping the supervisee to process feedback.
- 6) The supervisor provides direct feedback to address supervisee behaviours that can be changed, offering alternatives or being directive to ensure clients' needs are met.
- 7) The supervisor's feedback is specific, concrete, and descriptive.
- 8) The supervisor encourages ongoing supervisee self-evaluation.

SOURCES:

ACES – Section 2: Goal-Setting & Section 3: Giving Feedback (pp. 3-4); ACA – Section F.1.a.: Client Welfare; Section F.6: Counselling Supervision Evaluation, Remediation, and Endorsement (p. 12, 13); ACES – Section

REFERENCES

American Counselling Association (2014). ACA Code of Ethics. Alexandria, VA: Author. Retrieved from <http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4>

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Council for Accreditation of Counselling and Related Educational Programs. (2015). 2016 CACREP Standards. Retrieved from <http://www.cacrep.org/wp-content/uploads/2012/10/2016-CACREP-Standards.pdf>

Singapore Association for Counselling (2014). Code of Ethics.

CREDITS

The SAC Clinical Supervision Standards and Procedures document is the sole contribution of Ms Teoh Tian Ping, Angeline a Clinical Member and Registered Counsellor as part of her doctoral studies. The document was proposed by the Clinical Supervision Sub-Committee and accepted by the Executive Committee of the Singapore Association for Counselling in April 2016. This document will serve as guiding principles for the competencies, conduct, discipline and practice of Pre-Registered Clinical Supervisors and Registered Clinical Supervisors who are members of the Singapore Association for Counselling.