

“Training in Supervisory Practices for Certified and Licensed Clinical Alcohol and Drug Counselors”

Kentucky Board of Alcohol and Drug Counselors

Tim Cesario, Chair

Kristi Elrod, Vice Chair

Leon Heaton

Stephanie M. Raglin

Karyn Hascal

David Gearheart

Bruce Dudley, Citizen Member

Miranda Guarnieri, Board Administrator

Tasha Stewart, Section Supervisor

Daniel Leffel, Board Attorney

International Certification & Reciprocity Consortium (IC&RC):

- ▶ (“IC&RC”)- which dictates the parameters of licensure, certification and registration.
- ▶ The regulations are modeled on an international set of evidence-based standards that are used to credential more than 50,000 professionals through 77 member boards in 48 U.S. states and territories, four Native American regions, all branches of the U.S. military and 11 international regions. [www.internationalcredentialing.org](http://www.internationalcredentialing.org). The standards will allow individuals credentialed by the three levels of this statute to have reciprocal standing with other states and jurisdictions through the International Certification and Reciprocity Consortium (IC&RC).
- ▶ In order for Kentucky board credential holders to be able to have national reciprocity, the board has to comply with their requirements.
- ▶ The IC&RC represents the best practices in the industry.
- ▶ Resource for credential holders-Study Guides, testing, etc.

How Many Credential Holders in Kentucky

License Type	Status	Total as of 4/20/22
LCADC	active	582
LCADCA	active	45
CADC	active	521
CADCA-I	active	58
CADCA-II		1
Temporary CADC	active	1695
Temporary RADPSS	active	206
Registered A&D Peer Support Specialists	active	26
LADC	active	6
Total		<b>3140</b>

### Online Account

Please make sure you have an on-line account established. This is so you can verify your credential, update your contact information, submit annual reports, take care of renewals, etc.

<https://oop.ky.gov/Eservices/Default.aspx>

### Renewal Reminders

All notices for renewal will be sent by email. Please make sure you have an updated email address to receive these notifications!!!

### Supervisory Training

Pursuant to 201 KAR 35:070 Section 4. (1)(a) A certified alcohol and drug counselor or licensed clinical alcohol drug counselor shall submit a Form 4, Request to Provide Supervision, to become approved by the board to provide supervision.

A certified alcohol and drug counselor who has at least two (2) years of post-certification experience, including Alcohol and Drug Counselor credentials transferred through reciprocity, and has attended the board-sponsored supervision training may be approved by the board to provide supervision.

A licensed clinical alcohol and drug counselor who has at least twelve (12) months of post-licensure experience, including Advanced Alcohol and Drug Counselor credentials transferred through reciprocity, or has attended the board-sponsored supervision training.

### Supervision Requirements

Pursuant to 201 KAR 35:070 Section 4 (2) A board approved supervisor shall obtain a minimum of three (3) continuing education hours in supervision theory or techniques in each three (3) year renewal cycle. The board shall suspend its approval of a supervisor if the supervisor does not complete the required continuing education.

Pursuant to 201 KAR 35:070 Section 4 (3) A certified alcohol and drug counselor or licensed clinical alcohol and drug counselor shall not be the supervisor of record for more than twenty-five (25) supervisees.

A licensed clinical alcohol and drug counselor associate shall only be supervised by a licensed clinical alcohol and drug counselor.

### Request to Provide Supervision

Complete the Request to Provide Supervision form: To Be Completed By CADC or LCADC  
Requesting to Become a Board Approved Supervisor (Please Check One) \_\_\_ CADC \_\_\_ LCADC

You will see a link on your eServices page that will say Request to Provide Supervision. You will need to fill that out and attach your supervisors training certificate with the RTPS. These documents will then be submitted for Board review.

### Supervision Applications

After you have been approved to provide supervision, complete the designated application with the Supervisee, especially Section 3 – Supervisory Agreement.

### Supervision Annual Report

Supervisees with annual reports due are to submit documentation via their eServices online account found at <http://adc.ky.gov> by clicking on “Online Services – eServices” in the yellow bar across the top of the page. Direct Link: <https://oop.ky.gov/Eservices/Default.aspx>

Once logged in, select the “Supervision” option on the main page.

You should see your board approved supervisor(s) listed.

Under your supervisor, you will first need to change the drop-down box to “Annual Report” and upload Form 14.

Then, change the drop-down box to “Supervision Logs” and upload Form 13.

Supervisors may also upload the documentation for the supervisee if they wish.

One year from the issuance of your temporary certification, YOU MUST SUBMIT A SUPERVISION ANNUAL REPORT and YOUR SUPERVISION LOGS to the Board.

### Annual Report Forms to Submit and Where to Locate the Forms

The Supervision Logs/Form 13 Supervision Verification Form is located on the “Applications and Forms” page at <http://adc.ky.gov>, under “Resources” at the top of the page.

The Annual Report/Form 14 Supervision Annual Report” is also located on the “Applications and Forms” page at <http://adc.ky.gov>, under “Resources” at the top of the page.

### Electronic Annual Report

**When the Supervisee Initiates:** Log into eServices account > Click the supervision link on the right-hand side of the menu > Select your ADC Credential > Beside the name of your supervisee you will see “Pending Supervisor Review.” > Upon review of the documents, edit if necessary > Sign your name electronically > Scroll down and click “I Agree” > Click continue > You will receive a Transaction Complete Receipt

### Supervision Requirements

Pursuant to KRS 309.83 Section 5 An applicant for registration as an alcohol and drug peer support specialist shall have completed five hundred (500) hours of board-approved experience working with persons having a substance use disorder

### Supervision

Supervisors have a serious duty to supervisees to accurately and honestly record and report the hours of supervision, to ensure that the supervisee is practicing within the scope of the supervisory agreement, and submit an annual report on all supervisees.

Not doing these things can result in the Board taking disciplinary action against a supervisor.

### Information Related to Supervision Experience

**I, as the board approved supervisor of the above named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:**

That all supervised experience will be completed in accordance with the Law and Regulations related to supervised experience and all subsequent board rules.

That I will provide supervision to the above name applicant at least 2 hours every 2 weeks of documented experience.

That I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.

That I understand the supervisory arrangement is only valid while my credential remains in good standing.

That I will notify the board within 30 days if the supervisory arrangement is terminated.

That I understand that I shall not serve as a supervisor of record for more than twelve persons obtaining experience for peer support/certification/licensure at the same time.

### 201 KAR 35:070E

### Supervision Experience

Clinical supervision may occur in individual or in group settings.

The methods of clinical supervision include: Face-to-face; Video conferencing; or

Teleconferencing.

Changes to KAR 35:070E - Effective March 5, 2021:

- (a) For applicants with a high school diploma or high school equivalency diploma requires 300 hours of clinical supervision with a minimum of ten (10) hours in each domain listed in subsection (2).
- (b) For applicants with an associate degree in a relevant field requires 250 hours of clinical supervision with a minimum of ten (10) hours in each domain.
- (c) For applicants with a bachelor's degree in a relevant field requires 200 hours of clinical supervision with a minimum of ten (10) hours in each domain.
- (d) For applicants with a master's degree or higher in a relevant field requires 100 hours of clinical supervision with a minimum of ten (10) hours in each domain.

Clinical Supervision for Certification and Licensure Applicants. Clinical supervision shall include a minimum of ten (10) hours in each of the following four (4) domains:

- (a) Screening assessment and engagement
- (b) Treatment planning, collaboration, and referral
- (c) Counseling
- (d) Professional and ethical responsibilities

Upon a change of supervisor, a new plan for supervision shall be submitted by the supervisor and supervisee to the board for approval. This plan may require additional hours of supervision than was previously approved by the board.

Upon termination of the supervisor-supervisee relationship, the final report of supervision shall be submitted to the board within thirty (30) days of the termination, including (Supervision Evaluation and copies of Supervision Logs)

For each certificate or license holder supervised, the supervisor shall maintain a KBADC Form 13, Verification of Clinical Supervision, for each supervisory session that shall include the domain covered, date of session, length of session, and method of supervision of each supervisory session.

For each registrant supervised, the supervisor shall maintain a KBADC Form 8, Peer Support Specialists Verification of Supervision Form, for each supervisory session that shall include the date, length, method, and domain covered during the session. This record shall be maintained for a period of not less than six (6) years after the last date of supervision.

If a supervisee has more than one (1) board-approved supervisor, the supervisors shall be in direct contact with one another at least once every six (6) months, and they shall provide supervisory plans and reports to the board and copies to one another.

A request to have more than two (2) supervisors at one (1) time shall require a special application to the board which shall include detailed information as to how the supervisors shall communicate and coordinate with each other in providing the required supervision

Section 8. If the supervisee is a licensed clinical alcohol and drug counselor associate, a temporary certified alcohol and drug counselor, certified alcohol and drug counselor associate I, or certified alcohol and drug counselor associate II, the supervisor of record shall:

- Review all alcohol and drug assessments and treatment plans;
- Review progress notes and correspondence on a regular basis to assess the competency of the supervisee to render alcohol and drug services;
- Jointly establish with the supervisee a supervisory plan that shall be submitted to the board and approved within thirty (30) days of the beginning of the supervisory relationship.

**The plan shall:**

- Be updated and revised, as needed, and submitted to the board annually;
- Include intended format and goals to be accomplished through the supervisory process; and
- Include methods that the supervisor and supervisee shall employ to evaluate the supervisory process;
- At least semi-annually, have direct observation of the supervisee's work, which may be accomplished through audiotaping, video camera, videotaping, one (1) way mirror, or as a co-therapist;
- Have direct knowledge of the size and complexity of the supervisee's caseload;
- Limit and control the caseload, as appropriate, to the supervisee's level of competence;
- Knowledge of the therapeutic modalities and techniques being used by the supervisee;
- Have knowledge of the supervisee's physical and emotional well-being if it has a direct bearing on the supervisee's competence to practice; and
- Submit a completed KBADC Form 7, Supervision Evaluation, within thirty (30) days of termination of a [peer support special]supervisory agreement.

If the supervisee is a peer support specialist, the supervisor of record shall:

- (1) Jointly establish with the supervisee a supervisory plan that shall be submitted to the board and approved within thirty (30) days of the beginning of the supervisory relationship. The plan shall:
  - (a) Be updated and revised, as needed, and submitted to the board annually;
  - (b) Include intended format and goals to be accomplished through the supervisory process; and
  - (c) Include methods that the supervisor and supervisee shall employ to evaluate the supervisory process;(2) Review and countersign all peer recovery service plans;(3) Review peer recovery notes and correspondence on an as-needed basis to assess the competency of the supervisee to render peer recovery services;
- (2) Review and countersign all peer recovery service plans;

- (3) Review peer recovery notes and correspondence on an as-needed basis to assess the competency of the supervisee to render peer recovery services;
- (4) At least once every two (2) months, have direct observation of the supervisee's work, which may be accomplished through audiotaping, video camera, videotaping, one (1) way mirror or direct observation;
- (5) Have direct knowledge of the size and complexity of the supervisee's caseload;
- (6) Limit and control the caseload, as appropriate, to the supervisee's level of competence;
- 7) Have knowledge of the methods and techniques being used by the supervisee;
- (8) Have knowledge of the supervisee's physical and emotional well-being if it has a direct bearing on the supervisee's competence to practice; and
- (9) Submit a completed KBADC Form 9, Supervision Evaluation for Peer Support Specialist, within thirty (30) days of termination of a peer support special supervisory agreement.

#### Change in Supervisor

If a Supervisee changes supervisors, you must submit a new Supervisory Agreement to the Board for approval.

#### Temporary Supervision

In extenuating circumstances, if a supervisee is without supervision, the supervisee may continue working up to sixty (60) calendar days under the supervision of a qualified mental health provider as defined by KRS 202A.011(12), a certified alcohol and drug counselor, or a licensed clinical alcohol and drug counselor while an appropriate board-approved supervisor is sought, and a new supervisory agreement is submitted to the board. Extenuating circumstances include situations such as death or serious illness of the board-approved supervisor, a leave of absence by the supervisor, the termination of the supervisor's employment, or termination of the supervisory agreement except for a violation of KRS 309.080 to 309.089, or 201 KAR Chapter 35.

Within ten (10) days of the establishment of the temporary supervisory arrangement, the supervisee shall notify the board of the extenuating circumstances that have caused the supervisee to require temporary supervision. The supervisee shall submit, in writing, a plan for resolution of the situation within thirty (30) calendar days of the establishment of the temporary supervisory arrangement. The written plan shall include: 1. The name of the temporary supervisor ;2. Verification of the credential held by the temporary supervisor; 3. An email address and a postal address for the temporary supervisor and the supervisee; and 4. A telephone number for the temporary supervisor.

The temporary supervisory arrangement shall expire after sixty (60) days of the establishment of the temporary supervisory arrangement.



To avoid the expiration of a temporary supervisory arrangement:

- (a) A temporary alcohol and drug counselor shall submit a completed KBADC Form 3, Supervisory Agreement; or
- (b) A peer support specialist shall submit a completed KBADC Form 6, Peer Support Specialist Supervisory Agreement.

#### Renewing a TCADC

Forms are now available through your eServices account!

Form 13 – Verification of Clinical Supervision

Form 14 – Supervision Annual Report

Supervision Logs

One must be an approved and active TCADC, approved by the Board, ***prior*** to starting supervision and engaging in the practice of alcohol and drug counseling. Supervision hours acquired under a Board-approved CADC supervisor will not count towards the LCADC supervision requirement. Therefore, as a Temporary CADC working towards the LCADC, please be sure you are engaged in the correct type of supervision.

#### Current Issues

Incomplete/Incorrect Applications Submitted

Supervision Documentation

Large Blocks of Daily Supervision- 8, 10 hours+

Large Blocks of Monthly Supervision

No signatures from the Supervisor

Not thoroughly reviewing the application before the Supervisee submits it, resulting in the supervisee's application being deferred.

The Supervisor should stress to the applicant that it is his/her responsibility to ensure that all required documentation is sent to the Board.

Accumulation of 300 hours of supervision in one year.

#### Changes

201 KAR 35:070E Section 1 - Supervision that exceeds two (2) hours in a single day shall be accompanied by a written explanation justifying the length of supervision exceeding two (2) hours.

### What Supervision Is Not

“If the alcohol and drug counselor supervisor is in the building you can count those hours towards supervision!”

Spending the day with the supervisor in a training count as supervision.

Chart Audits count as the core function Record Keeping.

My Supervisor and I work alongside each other daily.....so that’s 8 hours of supervision.

My Supervisor teaches my class.....that’s supervision.

### What is Clinical Supervision?

As defined in 201 KAR 35:010E, Section 1 (12), “clinical supervision” means a disciplined, tutorial process wherein principles are transformed into practical skills, with four (4) overlapping foci: administrative, evaluative, clinical and supportive.

These activities are observed/reviewed by the clinical supervisor who provides timely positive and constructive feedback to assist the counselor in the learning process.

**Quality clinical supervision** is founded on a positive supervisor-supervisee relationship that promotes client welfare and the professional development of the supervisee.

You are a teacher, coach, consultant, mentor, evaluator, and administrator; you provide support, encouragement, and education to staff while addressing an array of psychological, interpersonal, physical, and spiritual issues of clients (TIP 52-Clinical Supervision, SAMHSA)

### Functions of a Clinical Supervisor

**Teacher:** Assist in the development of counseling knowledge and skills by identifying learning needs, determining counselor strengths, promoting self-awareness, and transmitting knowledge for practical use and professional growth. (TIP 52-Clinical Supervision, SAMHSA)

**Consultant:** Case consultation, monitoring performance, assessing counselors as well as gatekeeper for the agency. In some ways like a business consultant so to speak.

**Coach:** Very similar to an athletic model where you are supportive, building morale while being constructive and challenging staff to produce their best effort and skills. Often a cheerleader for the troops while alleviating burn-out and mitigating clinical vs. administrative issues.

**Mentor:** An experienced supervisor will mentor and teach the supervisee through role modeling, facilitating professional development and identity and trains the next generation of supervisors. (TIP 52- Clinical Supervision, SAMHSA)

## Principles of Clinical Supervision

Clinical Supervision is an essential part of all clinical programs

Quality of Care, Continued Professional Development, Clinical supervision is the primary means of determining the quality of care provided

Clinical supervision enhances staff retention and morale

Clinical supervision is a primary means of improving workforce retention and job satisfaction  
(Roche, Todd, & O'Connor, 2007)

Every clinician, regardless of level of skill and experience, needs and has a right to clinical supervision. In addition, **supervisors need and have a right to supervision of their supervision.**

The frequency and intensity of the oversight and training will depend on the role, skill level, and competence of the individual (TIP 52-Clinical Supervision, SAMHSA)

Clinical Supervision needs the full support of agency administrators.

Counselors should be in an environment where learning and professional development and opportunities are valued and provided for all staff.

The supervisory relationship is the crucible in which ethical practice is developed and reinforced.

The supervisor needs to model sound ethical and legal practice in the supervisory relationship

This is where ethical practice is translated from a concept to a set of behaviors

Developing a process of **ethical decision making.**

Clinical supervision in substance abuse treatment most often requires balancing administrative and clinical supervision.

Often the supervisor may feel caught between two roles-They may complement while they at times conflict

Culture and other contextual variables influence the supervision process: Supervisors need to continually strive for cultural competence.

This involves the counselor's response to clients and the program's response to the cultural needs of the diverse community it serves.

Successful implementation of Evidence Based Practices.

Supervisors ensure that evidence-based practices are successfully integrated into ongoing programmatic activities by training, encouraging, and monitoring counselors.

Supervisors have the responsibility to be gatekeepers for the profession.

Responsible for maintaining professional standards, recognizing and addressing impairment, and safeguarding the welfare of clients.

May be necessary to counsel some individuals out of the field because they are ill-suited to the profession. (TIP 52-Clinical Supervision, SAMHSA)

Clinical Supervision should involve direct observation methods.

One of the most effective ways of building skills, monitoring performance, and ensuring quality of care.

### Developing Counselors

Help supervisees develop skills of empathy and acceptance specific to working with culturally diverse clients.

Provide timely and specific feedback to supervisees.

Create a professional development plan with supervisees-timeline, goals, etc.

Implement direct supervisory activities

Help supervisees recognize, understand, and cope with unique problems of transference and countertransference when working with clients.

Acknowledge supervisee's development and celebrate accomplishments-Recognition and Affirmation

Help them develop a personal wellness plan for stress management. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)

### Training for Supervision

Peake et al (2002) found that fewer than 20% of clinical supervisors had any formal training in the process.

Supervisors cannot teach what they do not understand.

Effective teaching is more than just familiarity with the subject matter.

### Things a New Supervisor Should Know

1. The reason for supervision is to ensure quality of care
2. Supervision is all about the relationship – a good alliance just like in counseling
3. Culture and ethics influence all supervisory interactions
4. Be human and have a sense of humor – everyone makes mistakes!
5. Rely first on direct observation of your counselors and give specific feedback.
6. Have a practice model of counseling and of supervision; have a sense of purpose-Counselors need to know what they are going to learn from you!
7. Make time to take care of yourself spiritually, emotionally, mentally, and physically.
8. You are in a position to advocate for the best interests of the supervisee, the client, and your organization.

## Critical Thinking

Cognitive processes of conceptualizing, analyzing, applying information, synthesizing, and evaluating. Supervisors are expected to use critical thinking to make sound decisions and solve problems on a regular basis-Help supervisees develop critical thinking skills. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)

### Critical Thinking Skills

- **Analyzing**
  - Separating or breaking a whole into parts to discover their nature, functional and relationships.
  - "I studied it piece by piece"
  - "I sorted things out"
- **Applying Standards**
  - Judging according to established personal, professional, or social rules or criteria.
  - "I judged it according to..."
- **Discriminating**
  - Recognizing differences and similarities among things or situations and distinguishing carefully as to category or rank.
  - "I rank ordered the various..."
  - "I grouped things together"
- **Information Seeking**
  - Searching for evidence, facts, or knowledge by identifying relevant sources and gathering objective, subjective, historical, and current data from those sources
  - "I knew I needed to lookup/study..."
  - "I kept searching for data."
- **Logical Reasoning**
  - Drawing inferences or conclusions that are supported in or justified by evidence
  - "I deduced from the information that..."
  - "My rationale for the conclusion was..."
- **Predicting**
  - Envisioning a plan and its consequences
  - "I envisioned the outcome would be..."
  - "I was prepared for..."

- **Transforming Knowledge**

- Changing or converting the condition, nature, form, or function of concepts among contexts
- "I improved on the basics by..."
- "I wondered if that would fit the situation of ..."
- Ask supervisees relevant and clarifying questions and listen critically for content and underlying issues in their self-disclosure
- Negotiate, communicate, and document the resolution of conflicts or disagreement and strategies for resolving performance problems.
- Help supervisees develop sound criteria for self-evaluation and clarify their beliefs, values, and biases. (TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors, 2012)

Some Resistance in the Beginning is Normal

"I've been doing this longer than you!!"

"I've completed graduate training!"

"You're not even in recovery"

Recognize that this may happen with your supervisees and is often an expression of ambivalence about change and not a personality defect of the counselor "How are we going to resolve this-We're in this together?"

Promoted from Within

Don't try to be something that you are not!

Don't try to fake it.

Acknowledge that it is new.

Worst mistake is to try to take the reins too quickly and not considering the staff's reaction to your promotion!

Skills of the Clinical Supervisor

A body of knowledge

Teaching

An attitudinal shift

Counseling

Skills  
Training  
A new identity  
Mentoring

### Models of Supervision

#### **Competency Based Models:**

Focus on skills and learning needs of the supervisee.

SMART: Specific, Measurable, Attainable, Realistic, Timely

Key strategies include applying social learning principles-Role-playing and practice, using teaching, consulting, and counseling.

#### **Treatment-Based Supervision Models:**

Train to a particular theoretical approach to counseling

MI, CBT, DBT, etc.

Understanding of theory, incorporating approaches and techniques, emphasizes strengths.

#### **Integrated Models:**

Style of leadership combined with a model of treatment, dimensions of supervision.

Skill and competency development.

Integrated models seek to incorporate EBPs into counseling and supervision.

### Skills Valued by Supervisees

Knowledge and Expertise

Open-mindedness-Allows supervisee autonomy

Encourages supervisee disclosure

Disclosure of actions, feelings, attitudes, and conflicts. (Clinical Supervision: A Competency Based Approach: Falendar & Shafraske, APA).

#### **Feedback:**

- It should be timely, frequent, objective, clear, specific, credible, balanced, and reciprocal
- Feedback should be based on specific behavioral criteria that are within the control of the supervisee. (Heckman-Stone-2003, Trainee Preferences for Feedback and Evaluation in Clinical Supervision, The Clinical Supervisor, 22 (1), 21-33
  - Take what they learned in school and apply it to what they are doing now

- A combination of support and confrontation may yield the best results with beginning supervisees (Steward RJ & Neil, DM (2001) Counselor Education 7 Supervision, 41; 131-141.

### Rules of Supervision

“Do not ask a supervisee to do something you’re not willing to do first.”

Leaders bear pain, they don’t inflict it.

Take a risk by demonstrating your skills first before asking staff to do so.

Inspire rather than command staff

### What Supervisee’s Typically Do Not Want

#### **A supervisor that is any of the following:**

Inflexible/Intolerant

Insensitive to supervisee’s needs

Ineffective teaching strategies

Unavailable

Spends too much time on:

-Administrative issues

-On their own issues

(Jim Clark, Ph.D., 2011)

### Suggested Strategies

Modeling: How do we reflect what we do?

Environment: Is it respectful?

Questioning: Ask discriminating questions- Why are you doing what you are doing?

Themes: When meeting with clients, what are the patterns, issues, that come from their communication?

Deal, KH (2003) The Relationship Between Critical Thinking and Interpersonal Skills: The Clinical Supervisor, 22 (20 3-19)

### Ethical and Legal Issues

You are the organization’s gatekeeper for ethical and legal issues!



Ethical decision making is a continuous, active process.

Ethical standards are not a cookbook. They tell you **what** to do, not always **how**.

Each situation is unique-It's important that all supervisees learn to "think ethically" and make sound ethical and legal decisions

The most complex ethical issues tend to arise in the context of two ethical behaviors that conflict.

Therapy is conducted by fallible beings-People make mistakes-hopefully minor ones!

Sometimes the answer to ethical and legal questions are elusive. (TIP 52-Clinical Supervision, SAMHSA)

### **Direct vs. Vicarious Liability**

**Direct Liability** of the supervisor might include dereliction of supervisory responsibility-" not making a reasonable effort to supervise".

In **Vicarious Liability**, a supervisor can be held liable for damages incurred as a result of negligence in the supervision process.....example??

Supervisor liability increases when the counselor has been assigned too many cases, no direct observation, not available to supervise.

### **Supervisors have a serious duty to supervisees:**

- To accurately and honestly record and report the hours of supervision
- To ensure that the supervisee is practicing within the scope of the supervisory agreement
  - Submit an annual report on all supervisees
- Not doing these things can result in the Board taking disciplinary action against a supervisor.

### **Dual Relationships and Boundary Issues:**

"The most common basis for legal action against counselors (20 % of claims) and the most frequently heard complaint by certification boards against counselors (35%) is some form of boundary violation or sexual impropriety." (Falvey, 2002b)

Between Supervisors and Supervisees and between Counselors and Clients-Providing therapy for a supervisee, developing an emotional relationship with a supervisee, becoming an AA sponsor for a former supervisee.

Help them look at the gray areas, potential boundary crossings, etc.

### **Section 1: Responsibility to Clients**

If a dual relationship cannot be avoided, and does not impair professional judgment, incur a risk of exploitation of the client, or otherwise violate a provision of this administrative regulation, a counselor shall take appropriate professional precautions to ensure that judgment is not impaired, and exploitation of the client does not occur. A credential holder shall not engage in a romantic relationship or sexual intimacy with a member of a client's immediate family or client's romantic partner.

Engage in a sexual relationship with a current client or current client of the facility where the counselor provides alcohol and drug counseling or with a former client or former client of the facility where the counselor provides alcohol and drug counseling.

Exploit the trust and dependency of a client or client of the facility where the counselor provides alcohol and drug counseling or any other service or where the peer support specialist provides services.

Engage in a dual relationship with a client or client of the facility where the counselor provides alcohol and drug counseling or any other service or where the peer support specialist provides services, including a social, business, or personal relationship.

A credential holder shall maintain a client's record for no less than seven (7) years from termination of services with the client.

THANK YOU!!!

If you have any questions or concerns, please reach out to the Board Administrator at: [adc@ky.gov](mailto:adc@ky.gov)