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2022 Supervision topics guide (R4-6-212C 1 – 10)

|  | R4-6-212 C (1 – 10), D - G.  Clinical Supervision Requirements | ARTICLE 11. STANDARDS OF PRACTICE | Blue Door Psychotherapy topics | Signatures |
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| Jan | 1. Reviewing ethical and legal requirements applicable to the supervisee’s practice, including unprofessional conduct as defined in A.R.S. § 32-3251; | R4-6-1101. Consent for Treatment | BD Policies/procedures  Advertising/social media  Use of email/text/videoplatforms |  |
| Feb | 2. Monitoring the supervisee’s activities to verify the supervisee is providing services safely and competently; | R4-6-1102. Treatment Plan | Fallibility agreement  Protocol for safe storage of records |  |
| Mar | 3. Verifying in writing that the supervisee provides clients with appropriate written notice of clinical supervision, including the means to obtain the name and telephone number of the supervisee’s clinical supervisor; | R4-6-1101. Consent for Treatment | Safety concerns/Boundaries  Crisis protocol |  |
| Apr | 4.Contemporaneously written documentation by the clinical supervisor of at least the following for each clinical supervision session at each entity: a. Date and duration of the clinical supervision session; b. A detailed description of topics discussed to include themes and demonstrated skills; c. Beginning on July 1, 2006, name and signature of the individual receiving clinical supervision; d. Name and signature of the clinical supervisor and the date signed; and e. Whether the clinical supervision occurred on a group or individual basis; | R4-6-1103. Client Record | Divorced parents/guardians  Payment source/ROI |  |
| May | 5. Maintaining the documentation of clinical supervision required under subsection (C)(4) for at least seven years;  6. Verifying that clinical supervision was not acquired from a family member as prescribed in R4-6-101(A)(29).  7. Conducting on-going compliance review of the supervisee’s clinical documentation to ensure the supervisee maintains adequate written documentation; | R4-6-1104. Financial and Billing Records | Confidentiality/ROI  Who is the client (individual, couple, family)  Cultural contexts |  |
| June | 8. Providing instruction regarding: a. Assessment, b. Diagnosis, c. Treatment plan development, and d. Treatment; | ARS 13-3620. Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions | Initial Assessments  Referrals: When/where/who to refer  Diagnosing  Duty to Warn/Danger to self/mandating reporting |  |
| July | 9. Rating the supervisee’s overall performance as at least satisfactory, using a form approved by the Board; | R4-6-1105. Confidentiality | Rating: supervisor, supervisee  Clinical Progress Notes and general notes  File room policies  Forms/documenting |  |
| Aug | 10. Complying with the discipline-specific requirements in Articles 4 through 7 regarding clinical supervision. | Articles 4 - 7 | Codes of ethics  Case Conceptualization/structuring sessions |  |
| Sept | D. The Board shall accept hours of clinical supervision submitted by an applicant for licensure if: 1. At least two hours of the clinical supervision were provided in a face-to-face setting during each six-month period; 2. No more than 90 hours of the clinical supervision were provided by videoconference and telephone; 3. No more than 15 of the 90 hours of clinical supervision provided by videoconference and telephone were provided by telephone; and 4. Each clinical supervision session was at least 30 minutes long. | R4-6-1106. Telepractice | Teletherapy  Deciding appropriateness for teletherapy and teletherapy training |  |
| Oct | E. Effective July 1, 2006, the Board shall accept hours of clinical supervision submitted by an applicant if at least 10 of the hours involve the clinical supervisor observing the supervisee providing treatment and evaluation services to a client. The clinical supervisor may conduct the observation: 1. In a face-to-face setting, 2. By videoconference, 3. By teleconference, or 4. By review of audio or video recordings. |  | Clinical records request/subpoenas  Protocol for sharing information/ responding to request/security issues for electronic communication |  |
| Nov | F. The Board shall accept hours of clinical supervision submitted by an applicant from a maximum of six clinical supervisors. |  | Responsibilities to clients vacations/ terminating services feedback/feedback informed treatment |  |
| Dec | 1. At least 25 of the clinical supervision hours involve individual supervision, 2. Of the minimum 100 hours of clinical supervision required for licensure, the Board may accept: a. Up to 75 of the clinical supervision hours involving a group of two supervisees, and b. Up to 50 of the clinical supervision hours involving a group of three to six supervisees. | Articles 4 - 7 | Retention of client records  Supervision documentation Continuing education/professional development/practice goals |  |
|  | Signature |  |  |  |
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