

Clinical Supervision Manual 2017

Sharon Spector, LCPC

Personal Disclosure & Informed Consent for Supervision

This document serves to provide a thorough description of the counseling supervision provided by Sharon Spector, LCPC, ACS. The intent is to familiarize you with the supervision approach and goals, highlight the expectations of the supervision process, and provide you with information that will ensure a successful supervisory relationship.

PROFESSIONAL INFORMATION	
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Degrees:	Certificate of Advanced Study , Harvard University Graduate School of Education in Counseling and Consulting Psychology MEd,Harvard University Graduate School of Education in Counseling and Consulting Psychology MEd Trenton State College in Pupil Personnel Services BA Hofstra University Theatre Arts in Performance and Literature
License:	Licensed Clinical Professional Counselor, #LC0064 Maryland, Expires 1/31/19 -Licensed Clinical Professional Counselor Supervisor, #668
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SUPERVISION OVERVIEW
<p>Sharon Spector, LCPC, offers a private practice of counseling supervision services. I am dedicated to providing supervision services that improve the clinical and professional development of counselors in training. Your signature on the “Supervision Contract” document indicates that you have consented to supervision with me and have received and understand the contents of the “Supervision Policies” document which includes the Notice of Privacy Practices (HIPAA).</p>
<p>What is supervision and how does it work? Supervision is a working relationship between a supervisor and a counselor in which the counselor can share, reflect, and get feedback to help increase her/his ethical competence and confidence to best serve clients over several sessions. Hence, supervision is the process employed to communicate the counseling experience with the goal of the supervisor facilitating the development of therapeutic competence in the supervisee within each 50 minute session.</p> <p>The supervisor takes on specific roles with the supervisee based on the dynamic of the relationship and cases being processed. These roles include Teacher (Action) for didactic-oriented activities, evaluative functions, and transmitting knowledge; Counselor (Relationship) to help the counselor understand his or her own dynamics and resolve issue affecting counseling; and Consultant (Insight) to provide opportunity for the counselor to develop her/his own conceptualization and plan.</p>

With these roles, the supervisor also embraces a development model of supervision where she or he aims to support you in the process of moving toward greater competence via stages. In the beginning stages, the supervisor will look for relationship building, goal setting, and contracting; soon after, will most likely vacillate between the role of counselor and teacher as the supervisee is faced with affective issues and any skill deficits. You will then see that the supervisor will adopt a more collegial role of consultant as the supervisee gains confidence and expertise. Finally, the supervisor may become more distant and serve as a consultant with the intent that the supervisee takes responsibility for her/his learning and development as a counselor. However, with these stages the supervisor may revert back to a previous stage when she/he finds that there is a need to lecture, instruct, and inform the supervisee of concepts or when there is a need to assist supervisees in identifying his or her own "blind spots" or counter-transference process, etc. In addition to assuming various roles and proceeding through stages based on your needs, as supervisor, I may pull methods and strategies from my theoretical perspective, which includes a combination of humanistic and client centered.

The supervisee discloses information related to the client, therapeutic interaction, supervisory interaction, and personal information. Therefore, the supervisee should play an active role in the supervision process and be open to asking questions since the supervision relationship will be maximized if it is based on openness, acceptance, and trust. Two important roles in the provision of clinical supervision are to protect the welfare of the client and to serve as a gate keeper for the field.

The process of clinical development, administrative finesse, and change will, in many ways, be unique to the supervisee. Who a supervisee is as a person will help to determine the ways in which she or he will go about developing into a counselor.

The most important factor in the success of supervision is good communication between supervisor and supervisee. Of course talking about your clinical development and your cases may trigger dynamics that impact your interpersonal relationships, and over time you will see greater clarity in your personal/professional boundaries and you will be able to process your counseling/supervision experience with those in your support system. Further it is understood that not all counselors benefit from working with a particular supervisor and you may decide to seek supervision elsewhere.

Supervision with me will be consistent with the ethical standards set forth by the following organizations and the same will be expected of the supervisee: The Maryland Board of Professional Counselors (<http://dhmh.maryland.gov/bopc/SitePages/Home.aspx>), the American Counseling Association (<http://www.counseling.org/resources/codeofethics/TP/home/ct2.aspx>), and the National Board of Certified Counselors (<http://www.nbcc.org/ethics>). If at any time during supervision you have questions about whether or not supervision is effective, feelings about something your supervisor has said or need clarification of our goals, do not hesitate to bring this up in your session. As the counselor/supervisee you have the right to ask me your questions about my qualifications, background, and therapeutic/supervision orientation. In fact it is your duty to do so. Supervision works best when you show up.

MEETINGS AND FEES

I normally conduct an evaluation during the first session to ensure that the supervision requirements can be met and to identify two to three primary goals that the counselor would like to achieve in order to

further grow and develop as a clinician. Please bring the signed Supervision Contract and a copy of your Photo ID to this session even if you have previously submitted it. During this time, you and I can both decide if I am the best person to provide the services you need in order to meet your supervision goals. If supervision is begun, we will usually schedule one 50-minute session at a time both parties agree on on a regular schedule. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation [unless both parties agree that you were unable to attend due to circumstances beyond your control, if it is possible, the supervisor will try to find another time to reschedule the appointment].

The hourly fee is \$100 for office and/or online supervision. In addition to your regular appointments, I will charge this amount for other professional services you may need, though the supervisor will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or supervision summaries, and the time spent performing any other service you may request of the supervisor. If you become involved in legal proceedings that require my participation, you will be expected to pay for professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$500 per hour for preparation and attendance at any legal proceeding.

CONFIDENTIALITY POLICY

As supervisor, I have an obligation to respect your right to confidentiality for the information you share within this clinical supervision setting. Confidentiality of client and counselor/supervisee information is governed by federal law (Health Information Portability and Accountability Act) and by state law. Maryland laws impose some limitations to your rights to confidentiality. The following is a list of some situations in which your right to confidentiality must be abridged:

- I am obligated to report any maltreatment of minors or vulnerable adults. This includes physical abuse, sexual abuse or neglect. This applies to you and any clients you may be working with.
- I am obligated to report any prenatal exposure to controlled substances. This applies to you and any clients you may be working with.
- I am obligated to report any serious harm you intend to inflict on yourself or another. This applies to you and any clients you may be working with.
- I am obligated to share information if directed by Court Order to conform to state or federal law, rules or regulations. This applies to you and any clients you may be working with.
- I am obligated to share information with licensing boards, which is pertinent to a disciplinary proceeding involving a provider. This includes if the supervisee exhibit signs of impairment, exhibit behaviors that are unethical and/or dangerous to the client.

If you are working with minors, you should know that they have a limited right to privacy in that her/his parents may have access to their records. However, if the supervisor/counselor believes that sharing this

information will be harmful to the client, confidentiality will be maintained to the limits of the law.

At the conclusion of each supervision session, the supervisee will submit notes of the session to the supervisor within one week, these records will be available to you to view at any time, and may include additional notes the supervisor has from each session. I will maintain these notes for seven years. If you are submitting these hours of clinical supervision for your professional license, you are responsible to keep track of the number of hours. Be certain that I can document every hour of supervision that you submit. You may request that I provide information to others, and I will do so after you have signed a release statement. All information regarding supervisees is considered strictly confidential and will not be given out to anyone without your written consent as bound by legal and professional ethics. In the event of request for transfer of records, the records will be forwarded upon completion of a consent form and a payment fee of \$10.00 processing and copying fee.

BILLING

You are responsible to pay the full fee for each session at the time of your session by check or cash. If your check bounces you will be responsible for the fee plus any fees that my bank levies. In addition, I will no longer accept payment by check from you.

TECHNOLOGY POLICY

I may require recordings of clinical sessions during your supervision and supervision may occur via technological devices such as with online supervision. The purpose of the recordings and use of technology for supervision is for supervision of the supervisee's clinical practice. You will follow the policies and procedures of the site regarding recording procedures. Clients are informed that:

1. You give your written permission to be audio recorded prior to recording a session.
2. You will never be recorded without your permission.
3. The recording may be electronically or digitally recorded and electronically or digitally shared for the purpose of continued training and clinical development with relevant individuals such as other supervisors.
4. Identifying client and supervision information will be disguised/removed when turning in recordings and writing reports. Encryption or encoding will be used to limit access to authorized users.
5. Electronic recordings will be compliant with **Health Insurance Portability and Accountability Act (HIPAA)**, see <http://www.hhs.gov/ocr/privacy/> including "Technical Safeguards."
6. When using digital recordings, confidentiality is limited by the security of the technology being used to record, transmit, and store them.
7. All efforts will be made to keep recordings and online supervision sessions confidential but the possibility of unforeseen events, including technological events, mean that confidentiality cannot be absolutely guaranteed.
8. Supervisees are mandated to abide by the American Counseling Association Code of Ethics: H.2. Informed Consent and Security, and H.5. Records and Web Maintenance.
9. Recordings will be stored and transported with utmost care and deleted after they are used.
10. When recordings are used for supervision review, the supervisee will be in possession of the recording at all times.

COURT & LEGAL PROCEEDINGS

I do NOT provide disability determination, custody studies, or handle court issues.

I do not perform court evaluations nor do I appear in court on behalf of counselors/supervisees, individuals, children or adults. I provide clinical supervision. I am not trained for, nor do I maintain records with the intended purpose of court involvement.

-In addition, the legal process is such that I may be compelled to reveal information about you/your clients that could affect you negatively or undermine your relationship with me. Because the supervisee/supervisor relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship for the supervisor to be asked to present records to the court, testify whether factual or in an expert nature, in court or deposition.

-If you wish forms for determination of mental illness, disability, court involvement with custody or assessments to be completed for you/your clients, I would be happy to refer you to practitioners in the area who offer this service.

-In the event that it is necessary, by court order or by subpoena, for me to testify before any court, arbitrator, or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the supervision relationship to a court official, the client agrees to pay me expenses, (including but not limited to: travel, necessary expenditures (copies, parking, meals, and the like), time spent speaking with attorneys, reviewing records and preparation of reports) @ the rate of \$500.00 per hour, rounded to the nearest half hour.

-The client further agrees to pay a retainer fee of \$3000.00 two weeks prior to the appearance, presentation of records, or testimony requested. Checks will not be considered an acceptable form of payment for these services.

Litigation Limitation: Due to the nature of the supervision process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc. for you/your clients), neither you (supervisee,) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the supervision records be requested.

Initials of counselor/supervisee _____ showing that this litigation limitation is clearly understood and agreed to.

NOTICE OF PRIVACY PRACTICES (HIPAA)

This notice describes how your health/supervision information and your clients' health information may be used and disclosed and how you and they can access this information. Please review it carefully. Protecting our supervisee's privacy and her or his clients has always been important to me. A state and federal law, the Health Insurance Portability and Accountability Act (HIPAA), went into effect on April 14, 2003 and requires us to inform you of our policy. I am very careful to keep your supervision information and your client's health information secure and confidential. This law requires us to continue maintaining your/your client's privacy, to give you this notice and to follow the terms of this notice. The

law permits me to use or disclose your supervision/your client's health information to those involved in your supervision and your client caseload; for example, a review of your file by your site supervisor(s) whom I may be involved in your supervision as well. I may use or disclose your supervision/your client's health information for payment of your services. For example, I may send a report of your supervision progress to your clinical site if requested. I may use or disclose your supervision/your client's health information for our normal healthcare/supervision operations. For example, I may enter your information into our computer. I may use your information to contact you or your clients. For example, I may send newsletters or other information to you. I may also want to call and remind you about your appointments. In rare cases, I may also deem it appropriate to contact your clients if a clinical situation arises. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. In an emergency, I may disclose your supervision information to a family member or another person responsible for your client caseload. I may release some or all of your supervision information when required by law. Except as described above and by law, this practice will not use or disclose your supervision information without your prior written authorization.

You may request in writing that I not use or disclose your supervision information as described above. I will let you know if I can fulfill your request. You have the right to know of any uses or disclosures I make with your supervision information beyond the above normal uses. As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your supervision information to another practice. You have the right to see or receive a copy of any of your supervision information. You have the right to request an amendment or change to your supervision information. Please be sure that your request for me to make changes is in writing. If you wish to include a statement in your file, please give it to me in writing. I may or may not make the changes you request, but will be happy to include your statement in your file. If I agree to an amendment or change, I will not remove or alter earlier documents, but will add new information. You have the right to receive a copy of this notice. You may file a complaint with the **MD Board of Professional Counselors**.

COUNSELOR/SUPERVISOR BILL OF RIGHTS

I do not discriminate on the basis of religion, race, gender, marital status, age, sexual orientation, national origin, previous incarceration, disability or public assistance status.

Every counselor/supervisee:

- shall be informed prior to, or at the time of the initial appointment of services available and of any financial charges that are the supervisee's responsibility to pay
- can expect complete and current information concerning her/his supervision in terms she/he can understand.
- shall have the freedom to place grievances to me free from restraint, interference, coercion,

discrimination, or reprisal.

- has the right to be informed of and to refuse to participate in any experimental research.
- may expect courteous treatment and to be free from verbal, physical, or sexual abuse.
- may assert the supervisee's right(s) without retaliation.
- has the right to choose freely among available mental health professional supervisors and practitioners in the community and to change providers after mental health supervision services have begun by giving at least a two week notice.

COMMUNICATION

I am often not immediately available by telephone, email, or texts. You can usually reach me by phone between 10 am and 6 pm, I will not answer the phone or return emails/texts when with a client/supervisee. When unavailable, the telephone is answered by voice mail [that is monitored frequently]. I will make every effort to return your call within 24-48 hours after you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. Please note that confidentiality of electronic/voice communications cannot be guaranteed so please keep this in mind when leaving or sending messages. If you are unable to reach me and feel that you can't wait for a return your call/email, contact your family physician or the nearest emergency room and ask for the therapist/supervisor on call. If I will be unavailable for an extended time, you will be provided with the name of a colleague to contact if necessary. We value your opinion and strive to provide the best service possible. If you would like to share your comments, questions, or concerns, please contact me, Sharon Spector, LCPC at 443-415-5415 or at sharonspector@gmail.com.

EXPECTATIONS OF SUPERVISION

Modalities that are used in clinical supervision include face-to-face case review (including treatment assessments, notes, etc.), live observation, transcription, and tape review. I believe a healthy combination of these methods facilitates a comprehensive and holistic experience for the supervisee. It is also believed that both parties should continuously develop cultural competency via self-reflection, learning about other groups, and developing effective cultural-specific interventions to help your clients and you.

I am responsible to:

- Prepare for and attend supervision sessions.
- Provide regular feedback and a formal assessment periodically and at the conclusion of the supervisory relationship.
- Review supervisee's case notes or other materials for quality control purposes.
- Adhere to all applicable legal and ethical standards.
- Maintain a healthy and professional relationship with the supervisee.

- Practice only within the boundaries of competence, based on education, training, supervised experience, and professional credentials.

- Ensure that all cases you take on are within the limits of my competency to supervise and are appropriate for your level of skill.

You, the Supervisee, are responsible to:

- Submit and maintain a list of current clients names, contact information, active diagnosis for each supervision session.

- I will submit proof of professional liability insurance and the policy should be at least \$1,000,000 / \$3,000,000 which means you are covered for up to \$1,000,000 for each professional liability coverage claim and up to \$3,000,000 aggregate for professional liability coverage.

- Prepare for and attend supervision sessions.

- Complete any assigned task or learning exercises between sessions.

- Keep supervisor informed regarding client issues and progress, including clients in crisis such as suicidal ideation.

- Have knowledge of and adhere to all applicable legal and ethical standards.

- Provide each client with whom you work an appropriate Client Disclosure/Informed Consent Statement, Release of Information, Suicide At-Risk Contract, and other appropriate documentation with my identifying contact information that informs your clients that you are obtaining clinical supervision from me and how they can contact me directly if needed.

- Maintain ethical relationships and healthy boundaries with your clients.

- Since you and I each have 100% of the responsibility for your client's welfare, you are expected to inform me immediately of any problems. Such problems include, but are not limited to, suspected child, elder or dependent abuse, domestic violence, if your client may be a danger to self or others, intentional spreading of infectious diseases defined by the Center for Disease Control, or if you use any non-traditional treatment methods.

EVALUATION INFORMATION

In order to determine the effectiveness of supervision, there will be ongoing evaluations through direct feedback during each session. Also, at an interval we both agree upon, I will do summative evaluations in order to check-in on progress. A formal tool will be used in order to review your progress in several competencies. This will allow me to evaluate your professional growth. In addition, a different instrument will be used to solicit your feedback about your relationship and the supervision services you have received from me.

Sharon Spector, LCPC
6711 Park Heights Avenue
Baltimore, Maryland 21215
443-415-5415
sharonspector@gmail.com

Counseling Supervision Contract

My signature below indicates that I am consenting to supervision and have received and understand the contents of the **Personal Disclosure & Informed Consent for Supervision** within the Clinical Supervision Manual, including the Notice of Privacy Practices (HIPAA). Any termination in the supervision contract should include a two week notice. This contract is subject to revision at any time, upon the request of either the Supervisor or Supervisee. If I have questions, the information has been explained and/or summarized for me.

SIGNATURE	DATE
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Supervisee’s Signature _____ Date _____

Supervisor’s Signature _____ Date _____

This contract is effective from _____ to _____

Date of revision or termination _____

Supervision Evaluation

Supervisee: _____

Supervisor: Sharon Spector, LCPC

Year/Semester: _____

Date of Review: _____

Evaluation is most beneficial when it is a collaborative process to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for evaluating performance and also a vehicle for exchange. Every three months, the supervisee’s competencies in each of the 10 areas designated below should be discussed and evaluated.

DIRECTIONS: Below are several general areas of professional competencies, each with a set of specific skills or behaviors for evaluation

0	1	2	3	4	5	6	7	8	9	10
Remediation Needed		Beginning Supervisee		Intermediate Supervisee				Advanced Supervisee		Professional

Using the above descriptors (along the continuum of professional development), provide a numeric rating for each skill or behavior listed which best reflects the developmental level of the supervisee's performance as observed in the most recent evaluation period. If you have not been able to observe or evaluate this skill, write "U" for "Unable to Evaluate." For areas that are not required for this level of training, write "N/A."

Intake Skills	Observed Level
Adequately identifies and clarifies nature of the client's presenting problem	
Gathers sufficient information and history in most relevant areas	
Can assess client strengths and problem areas	
Determines environmental stressors and support systems that come to bear on client issues	
Identifies and establishes realistic counseling goals; distinguishes between immediate and long term goals	
Can develop a working diagnosis	
Performs an adequate MSE, assesses for suicidal/homicidal ideation	
Evaluates client motivation and determines appropriateness of/readiness for counseling	
Writes intake reports that reflect the content of the interview	
Demonstrates appropriate balance between information gathering and therapeutic alliance	
<i>Overall level in this Competency</i>	

Comments:

Counseling and Therapy Skills	Observed Level
Demonstrates an adequate awareness and responsiveness to cognitive material	
Demonstrates an adequate awareness and responsiveness to affective material	
Demonstrates an adequate awareness and responsiveness to behavioral material	
Demonstrates an effective level of empathic understanding with clients	
Recognizes and is responsive to client nonverbal behavior	
Has awareness of personal style and use of self in counseling	
Develops and maintains an effective therapeutic relationship	
Uses silence effectively	
Conceptualizes client concerns in a way that usefully guides and is consistent with the therapy process, goals, and interventions	
Considers various treatment approaches and the implications of each	
Develops and follows a treatment plan	
<i>Overall level in this Competency</i>	

Comments:

Crisis Management	Observed Level
Appropriately seeks consultation in crisis situations	
Appropriately assesses the magnitude of client crisis	
Determines appropriate level of intervention needed (e.g., MSE, SI, HI)	
Appropriately accesses community resources as needed	
Appropriately documents steps taken during crisis	
Coordinates immediate response (e.g., police, family, insurance, hospital, etc.) as necessary	
Provides appropriate follow-up after crisis contacts	
Appropriately assesses client risk of suicide/homicide	
Demonstrates understanding of the differences between crisis intervention and individual therapy	
Appropriately seeks consultation in crisis situations	
Appropriately assesses the magnitude of client crisis	
<i>Overall level in this Competency</i>	

Comments:

Sensitivity to Diversity	Observed Level
Demonstrates sensitivity to possible contributions of the client's and the trainee's own culture, ethnicity, nationality, gender, sexual orientation, physical challenge, religion, age, size and other aspects of human diversity, to the therapeutic relationship	
Demonstrates theoretical knowledge and ability to employ effective techniques with special populations	
Demonstrates an awareness of own attitudes and limitations, and how these affect the counseling process	
Demonstrates behavior consistent with an appreciation of and respect for diversity in the following areas: culture, ethnicity, nationality, gender, sexual orientation, physical challenge, religion, age, size and other aspects of human diversity	
<i>Overall level in this Competency</i>	

Comments:

Use of Supervision/Training	Observed Level
Consistently and punctually attends and is prepared for supervision	
Actively solicits, is open and responsive to feedback and supervisory suggestions	
Utilizes supervision to develop self-awareness of strengths and limitations as a therapist	
Demonstrates willingness to make purposeful changes in self	
Is appropriately assertive in articulating own training needs	
Is aware of limitations and recognizes the need for supervision, referral, or consultation	
Demonstrates a willingness to discuss and analyze own behavior as a therapist (e.g., countertransference issues, parallel process)	
Differentiates between supervision and personal therapy (e.g., maintains appropriate level of self-disclosure, makes appropriate requests of supervisor)	
Addresses multicultural and other issues relating to diversity in supervision	
Demonstrates a willingness to share his/her work with supervisors and other staff (through tapes, observation, case presentations, etc.)	
Participates actively in both offering and receiving peer review and/or group supervision	
<i>Overall level in this Competency</i>	

Comments:

Ethical Sensitivity and Professionalism	Observed Level
Demonstrates a working knowledge of and adheres to all applicable ethical guidelines and standards	
Conducts self in a manner consistent with the professional standards in this setting (e.g., boundaries, dual relationships)	
Demonstrates an appropriate professional demeanor in appearance and behavior	
Establishes productive working relationships with peers, supervisors and staff	
Completes commitments in a prompt and professional manner	
Shows self-evaluation, self-direction, and motivation for professional growth	
Shows an awareness of and ability to cope with personal issues which might interfere with professional duties, services and/or relationships	
Consistently informs clients of administrative and confidentiality issues (e.g., alternative choices, credentials or supervisory status, confidentiality limits, Epoch’s policies/procedures, session limits, fees, cancellations, dual relationships, etc.)	
Seeks consultation on ethical, legal, and medical matters concerning own clients and those of supervisee	
Keeps client appointments punctually	
Completes and turns in progress notes in a timely manner	
Maintains Epoch’s recommended client caseload	
Completes intake paperwork and turns in report in a timely manner	
Maintains clinical responsibility in a professional manner	
Maintains administrative paperwork as recommended (e.g., master schedule, vacation and leave forms, mailboxes, messages, in/out form, etc.)	
Regularly attends and is punctual for staff meetings	
Meets deadlines and follows through on elective tasks that impact Epoch’s operation	
Keeps client files and other sensitive materials stored/locked appropriately	
Keeps scheduled hours at Epoch unless negotiated otherwise	
<i>Overall level in this Competency</i>	

Comments:

What are the strengths of this supervisee?

What are the areas for development for this supervisee (please include both explanations and recommendations in your descriptions of what the supervisee needs to work on)?

Supervisee's Signature

Date

Supervisor's Signature

Date

Ethics Resources

American Counseling Association (ACA) Code of Ethics

A copy of the ACA Code of Ethics is included in the resource section of this binder and can also be found online at:

<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>

National Board of Certified Counselors (NBCC) Code of Ethics

A copy of the NBCC Code of Ethics is included in the resource section of this binder and can also be found online at:

<http://www.nbcc.org/Ethics>

Code of Maryland Regulations (COMAR) Code of Ethics

10.58.03.00

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 58 BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS

Chapter 03 Code of Ethics

Authority: Health Occupations Article, §§1-212 and 17-205, Annotated Code of Maryland

10.58.03.01

.1 Scope.

This chapter applies to an individual certified or licensed by the Board of Professional Counselors and Therapists.

10.58.03.02

.2 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Board" means the State Board of Professional Counselors and Therapists.

(2) Client.

(a) "Client" means an individual, couple, family, group, business, agency, school, organization, or association to whom a counselor is rendering professional service.

(b) "Client" includes the term and concept of "patient".

(3) "Counselor" means a counselor or therapist either certified or licensed by the Board.

(4) "Dual relationship" means a relationship in which a counselor is simultaneously involved in more than one type of relationship with a client.

(5) "Impaired counselor" means a counselor who cannot perform the counselor's job due to substance abuse, or psychological or physical illness.

(6) "Inappropriate sexual language" means:

(a) A sexualized harassing comment;

(b) An eroticized or sexually provocative comment not reasonably associated with a health care matter; or

(c) An inappropriate discussion of a sexually related matter.

(7) "Public statements" include, but are not limited to, communications or public announcements by a newspaper, magazine, book list, directory, television, radio, motion picture, advertisement, or any other electronic means.

(8) "Sexual behavior" means:

(a) A "sexual act" as defined in Criminal Law Article, §3-301, Annotated Code of Maryland;

(b) "Sexual contact" as defined in Criminal Law Article, §3-301, Annotated Code of Maryland; and

(c) "Vaginal intercourse" as defined in Criminal Law Article, §3-301, Annotated Code of Maryland.

(9) "Sexual exploitation" means a counselor taking advantage of an unequal relationship between a counselor and a client, student, or supervisee, and not permitting the autonomy of a client, student, or supervisee.

(10) "Sexual harassment" means a deliberate or repeated comment, advance, gesture, solicitation, request, or physical contact of a sexual nature.

(11) "Supervisee" means an individual to whom a counselor provides professional, educational, or administrative supervision or direction.

(12) "Therapeutic deception" means a representation by a counselor that sexual contact or sexual activity by or with a client is consistent with or part of a client's treatment.

10.58.03.03

.3 Professional Competence.

A. A counselor shall:

(1) Practice only within the boundaries of a counselor's competence, based on education, training, supervised experience, and professional credentials;

(2) When developing competence in a new service or technique, or both, engage in ongoing consultation with other counselors or relevant professionals and acquire appropriate additional education or training, or both, in the new area; and

(3) Maintain qualifications to practice counseling, including meeting the continuing education requirements established by the Board.

B. An impaired counselor shall:

(1) Suspend, terminate, or limit professional activities if the counselor determines that he or she is unable to continue professional activities;

or

(2) Seek competent professional assistance to determine whether to suspend, terminate, or limit the scope of professional or scientific activities if a counselor becomes or is made aware that personal problems interfere with providing or conducting counseling or therapy services.

10.58.03.04

.4 Ethical Responsibility.

A. A counselor shall:

- (1) Consult with other counselors or other relevant professionals regarding questions related to ethical obligations or professional practice;
- (2) Take credit only for professional work actually performed;
- (3) Notify the Board if the counselor's license, or certificate, or both, has been limited, restricted, suspended, revoked, or subject to disciplinary action by any other state, federal agency, or the District of Columbia;
- (4) Disclose, to all involved, conflicts of interest regarding confidentiality requirements;
- (5) Receive appropriate written authorization to provide counseling services for minors or other clients unable to give informed consent;
- (6) Protect the interests of minors or other clients unable to give informed consent;
- (7) Maintain accurate records;
- (8) Provide supervision to supervisees as required under COMAR 10.58.01, 10.58.07, and 10.58.08;
- (9) Make arrangements for another appropriate professional to act in the event of an absence of the counselor;
- (10) Provide lawfully requested treatment reports or evaluations, or both, to a client, insurance carriers, courts systems, institutions, or other authorized persons;
- (11) Be familiar with and adhere to this chapter;
- (12) Report suspected violations of Health Occupations Article, Title 17, Annotated Code of Maryland, to the Board;
- (13) Cooperate with investigations, proceedings, and other requirements of the Board; and
- (14) Take reasonable precautions to protect clients from physical or psychological trauma.

B. A counselor may not:

- (1) Knowingly associate with, or permit the use of the professional counselor's name or firm name in a business venture by any person or firm which the professional counselor knows, or has reason to believe, is engaging in business or professional practices of a fraudulent or dishonest nature;
- (2) Participate in dishonest, fraudulent, or deceitful activity in the capacity of a counselor; or
- (3) Enter into relationships that could compromise a counselor's objectivity or create a conflict of interest.

C. A counselor involved in research shall:

- (1) Respect and protect the dignity, privacy, and welfare of research subjects;
- (2) Comply with existing federal and State laws and regulations concerning treatment of research subjects;
- (3) Take responsibility for the ethical treatment of research participants by others directly and reasonably related to the research; and
- (4) Clearly indicate to prospective recipients treatment given as part of a research study and obtain written permission in advance of treatment.

10.58.03.05

.5 The Counseling Relationship.

A. Client Welfare and Rights.

(1) A counselor shall:

- (a) Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed;
- (b) Explain to clients the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;
- (c) Document attempts to inform other professional persons concurrently providing mental health services to a client;

- (d) Assist clients in making appropriate arrangements for the continuation of treatment due to interruptions including but not limited to vacations and extended illness; and
 - (e) Make appropriate referrals.
- (2) A counselor may not:
- (a) Place or participate in placing clients in positions that may result in damaging the interests and the welfare of clients, employees, employers, or the public;
 - (b) Condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status;
 - (c) Abandon or neglect clients in counseling; or
 - (d) Foster dependent counseling relationships.
- B. Dual Relationships.
- (1) A counselor shall:
- (a) Avoid dual relationships with clients; and
 - (b) Take appropriate measures, including but not limited to, informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs if a dual relationship cannot be avoided.
- (2) A counselor may not:
- (a) Exploit trust and dependency in relationships with supervisees, employees, research participants, students, or volunteers; or
 - (b) Accept as clients superiors or subordinates with whom a counselor has administrative, supervisory, or evaluative relationships.
- C. Multiple Clients.
- (1) A counselor shall clarify the unit of treatment in a counselor's written records as:
- (a) Individual;
 - (b) Couple;
 - (c) Family;
 - (d) Group; or
 - (e) Any combination of §C(1)(a)—(d) of this regulation.
- (2) A counselor shall identify in the written records individuals present in sessions, but not a part of the unit of treatment.
- (3) A counselor shall communicate limitations on confidentiality to all clients.
- D. Termination and Referral.
- (1) Termination may occur if:
- (a) Services are no longer requested by a client;
 - (b) Counseling no longer serves a client's needs or interests;
 - (c) A counselor is unable to competently and ethically perform duties;
 - (d) A client does not pay the fees charged; or
 - (e) Agency or institution limits do not allow further counseling services.
- (2) A counselor may terminate a counseling relationship only after:
- (a) Securing a client's agreement; or
 - (b) If a client does not agree to termination, offering an appropriate referral.

10.58.03.06

.6 Fees and Bartering.

A. A counselor shall explain to a client, before entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment.

B. Except as provided in §C of this regulation, a counselor may not accept goods or services instead of monetary payment.

C. A counselor may accept goods or services instead of monetary payment only if:

- (1) The relationship is not exploitative;
- (2) The client requests it;
- (3) A clear written contract is established; and
- (4) The arrangements are an accepted practice among professionals in the community.

D. A counselor may not accept or give anything of value for receiving or making a referral.

10.58.03.07

.7 Advertising, Public Statements, and Media Presentations.

A. Advertising.

(1) A counselor may place advertisements with directories, newspapers, periodicals, radio or television stations, or on the internet.

(2) In placing advertisements or making other types of public statements, a counselor shall identify a counselor's credentials in a manner that is accurate and not false, misleading, deceptive, or fraudulent.

(3) A counselor may not place advertisements or make public statements that:

- (a) Contain false, fraudulent, misleading, deceptive, or unfair statements or information;
- (b) Contain partial disclosures of relevant facts that misrepresent, mislead, or deceive;
- (c) Contain information or facts intended or likely to create false or unjustified expectations of favorable results;
- (d) Misrepresent, either directly or by implication, a counselor's professional qualifications such as education, experience, or areas of competence;

(e) Misrepresent, either directly or by implication, a counselor's affiliations or the purposes or characteristics of institutions or organizations with which a counselor is affiliated;

(f) Contain representations or implications that in reasonable probability can be expected to cause an ordinary prudent person to misunderstand or be deceived; or

(g) Contain representations that a counselor is willing to perform any procedure that is illegal under federal or State laws or regulations.

(4) If advertising on the internet, a counselor shall ensure that the advertisement contains the counselor's name, credentials, and certificate or license number.

- (5) In advertising products, workshops, or training events, a counselor shall:
 - (a) Comply with this section; and
 - (b) Ensure that the information disclosed is adequate for consumers to make informed choices.
- (6) A counselor holding a doctoral degree in a field other than counseling may not represent that doctoral degree as relating to status or practice as a counselor.

B. Public Statements.

- (1) A counselor shall:
 - (a) Correct others who misrepresent a counselor's professional qualifications or affiliations;
 - (b) Abstain from soliciting testimonial endorsements from current clients or other persons who, because of particular circumstances, are vulnerable to undue influence;
 - (c) Abstain from engaging in uninvited, in-person solicitation of business from actual or potential clients or others who, because of particular circumstances, are vulnerable to undue influence; and
 - (d) In the capacity of teacher, ensure that statements in course outlines are accurate and not misleading, false, or deceptive, including statements regarding subject matter to be covered, the basis for evaluating progress, and the nature of the course experience.

(2) A counselor may not:

- (a) Use the counselor's place of employment or institutional affiliation to solicit or recruit clients, supervisees, or consultees for a counselor's private practice;
- (b) Use counseling, teaching, training, or supervisory relationships:
 - (i) To promote a counselor's products or training events in a deceptive manner; or
 - (ii) On persons who, because of circumstances, may be vulnerable;
- (c) Claim organizational membership in a manner that suggests specialized competence, training, or qualifications that a counselor does not have.

C. Media Presentations. A counselor providing commentary or advice in a public lecture, presentation, demonstration, radio or television program, prerecorded electronic medium, printed article, mailed material, internet, or other medium, shall ensure that:

- (1) Statements made are based on current and appropriate professional counseling literature and methodology;
- (2) Recipients of the information are not misled or encouraged to infer that a professional counseling relationship has been established; and
- (3) Statements are in conformance with this chapter.

10.58.03.08

.8 Records, Confidentiality, and Informed Consent.

A. A counselor shall:

- (1) Maintain the privacy and confidentiality of a client and a client's records;
- (2) Release mental health records or information about a client only

with a client's consent, or as permitted by Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland;

(3) Release alcohol and substance abuse records or information about a client only with a client's consent, or as permitted by State and federal law;

(4) Dispose of records in accordance with Health-General Article, Title 4, Annotated Code of Maryland;

(5) Provide sufficient information to a client to allow a client to make an informed decision regarding treatment, including the following:

(a) The purpose and nature of an evaluation or treatment process;

(b) Additional options to the proposed treatment;

(c) Potential reactions to the proposed treatment;

(d) The estimated cost of treatment;

(e) The right of a client to withdraw from treatment at any time, including the possible risks that may be associated with withdrawal; and

(f) The right of a client to decline treatment, if part or all of the treatment is to be recorded for research or review by another person;

(6) Obtain full informed consent of a client participating in a human research program; and

(7) Protect a client's autonomy and dignity to decide whether to participate in a human research program.

B. A counselor may not imply that a penalty may result if a client refuses to participate in a human research program.

10.58.03.09

.9 Sexual Misconduct.

A. A counselor may not engage in sexual misconduct with a client or supervisee. Sexual misconduct includes but is not limited to:

- (1) Inappropriate sexual language;
- (2) Sexual exploitation;
- (3) Sexual harassment;
- (4) Sexual behavior; and
- (5) Therapeutic deception.

B. Concurrent Sexual Relationships. A counselor may not engage in either consensual or forced sexual behavior with:

- (1) A client;
- (2) A student or supervisee over whom the counselor exercises professional authority, or with whom the counselor maintains evaluative responsibility, supervision, or education, while the professional relationship continues to exist; or
- (3) An individual with whom the client has a close personal relationship, including but not limited to a relative or significant individual in the client's life, if there is a risk of exploitation or potential harm to the client.

C. Relationship with Former Clients.

- (1) Except as set forth in §C(3) of this regulation, a counselor may not engage in sexual behavior with a former client.
- (2) A counselor may not terminate professional services or a professional relationship with a client in order to enter into a nonprofessional, social, or sexual relationship with a client or an individual with whom a client has a close personal relationship.
- (3) A counselor may enter into a relationship with an individual with whom a counselor's prior professional contact was brief, peripheral, consultative, or indirect, and did not constitute a therapeutic relationship.

D. Prior Sexual Relationships. A counselor may not provide professional services to an individual with whom a counselor has previously engaged in sexual behavior.

E. Sexual Harassment.

- (1) A counselor may not sexually harass a:
 - (a) Client;
 - (b) Student;
 - (c) Supervisee; or
 - (d) Supervisor.
- (2) If sexually harassed by a client, a counselor shall:
 - (a) Seek professional consultation with another licensed health care professional;
 - (b) Redefine the professional plan of action in writing in a client's record, documenting all action taken in a client's treatment plan; and

(c) Terminate the relationship with the client and assist in a referral to another health care provider.

F. Therapeutic Deception. A counselor may not:

-
- (1) Engage in sexual activity with a client or an individual in a close personal relationship with a client, on the pretense of therapeutic intent or benefit;
 - (2) Represent to a client or individual in close personal contact with a client that sexual contact or activity by or with a counselor is consistent with or part of a client's therapy; or
 - (3) Suggest, recommend, or encourage a client to engage in a sexually provocative act, including but not limited to:
 - (a) Sexual contact with a counselor;
 - (b) Genital stimulation by or of a client or counselor;
 - (c) Undressing, by or of a counselor in the presence of a client, or of a client in the presence of a counselor; and
 - (d) Discussion or disclosure of a sexually provocative or erotic nature, not necessitated by treatment or treatment protocol.

10.58.03.10

.10 Physical Contact.

A. A counselor engaging in nontraditional treatment modalities using physical contact with a client shall document in a client's record:

- (1) An assessment of a client;
- (2) A written rationale for the use of the physical contact treatment modality for a client; and
- (3) A copy of the informed consent, signed and dated by the client and the counselor which addresses:
 - (a) The risks and benefits of the physical contact treatment modality;
 - (b) The objective or objectives and intended outcome or outcomes of the proposed treatment;
 - (c) Available alternative interventions; and
 - (d) A description of the physical contact which may be reasonably anticipated by a client in the course of the proposed treatment.

B. A counselor may not engage in a treatment modality involving physical contact if the risk of psychological harm to a client, as a result of the physical contact, has been assessed by a counselor to outweigh the possible benefits of the treatment, independent of a client's wishes.

10.58.03.11

.11 Sanctions.

A. A counselor who engages in sexual misconduct with a client or supervisee is subject to sanctions by the Board.

B. A sanction constitutes the minimum disciplinary measure and does not preclude the Board from imposing additional penalties as it considers appropriate to an individual case.

C. The Board shall advise professional associations of a reprimand,

suspension, or revocation of a license or certificate on the grounds of sexual misconduct.

D. A counselor may not prohibit a client from reporting sexual misconduct as a condition of settlement of a legal cause of action.

E. A counselor who does not comply with this chapter shall be in violation of Health Occupations Article, §17-313, Annotated Code of Maryland, and subject to disciplinary actions.

F. A lack of knowledge, or misunderstanding of an ethical responsibility, is not a defense against a charge of unethical conduct.

G. Licensing and Certification Resources

Maryland

Information regarding the requirements and procedures for certification and licensure in the state of Maryland can be found at:

<http://dhmh.maryland.gov/bopc/SitePages/Healthoccupations0818.aspx>

<http://dhmh.maryland.gov/bopc/SitePages/licenseinfo.aspx>

<http://dhmh.maryland.gov/bopc/SitePages/certificationinformation.aspx>

ACA

Information regarding certification and licensure from ACA can be found at:

<http://www.counseling.org/counselors/LicensureAndCert.aspx>

NBCC

Information regarding certification and licensure from

NBCC can be found at:

<http://www.nbcc.org/StateLicensure/Statistics.aspx>

Supervision Requirements

Code of Maryland Regulations (COMAR) Supervision Requirements

10.58.12.00

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 58 BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS

Chapter 12 Supervision Requirements

Authority: Health Occupations Article, §§17-101(s) and (v) and 17-301—17-309, Annotated Code of Maryland

10.58.12.01

.01 Scope.

- A. This chapter establishes standards of supervision and the responsibilities of supervisors and supervisees in the practice of clinical professional counseling.
- B. This chapter applies to licensees who practice clinical professional counseling, clinical marriage and family therapy, and clinical alcohol and drug counseling in this State, and who provide supervision for licensed graduate professional counselors.
- C. This chapter also applies to licensed graduate professional counselors obtaining the supervised clinical experience required by Health Occupations Article, §17-304, Annotated Code of Maryland.
- D. Except as otherwise specified in this chapter, this chapter does not apply to personnel or management practices associated with contractual relationships or employment.
- E. Licensed graduate professional counselors who are in the process of completing their supervision requirements before August 22, 2011, may continue to complete their requirements as previously agreed to with their supervisor. A licensed graduate professional counselor whose supervision begins after August 22, 2011, shall follow the requirements set forth in Regulation .03 of this chapter.

10.58.12.02

.2 Definitions.

- A. In this chapter the following terms have the meanings indicated.
- B. Terms Defined.
 - (1) “Applicant” means an individual applying for licensure as a clinical professional counselor.
 - (2) “Board” means the Maryland Board of Professional Counselors and Therapists.
 - (3) Face-to-Face.
 - (a) “Face-to-face” means in the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision, or using video conferencing which allows individuals to hear and see each other in actual points of time.
 - (b) “Face-to-face” does not include:
 - (i) Telephone supervision; or
 - (ii) Internet communication that does not involve actual or real time video conferencing, such as instant messaging services and social networking sites.
 - (4) “Licensed mental health care provider” means:
 - (a) A licensed clinical professional counselor; or
 - (b) A licensed clinical alcohol and drug counselor, licensed clinical marriage and family therapist, licensed certified social worker-clinical, psychiatrist, psychologist, or psychiatric nurse practitioner who is authorized by law to practice a health occupation which includes the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or mental conditions of individuals or groups.

- (5) “Relative” means:
 - (a) Spouse or domestic partner;
 - (b) Parent, stepparent, or legal guardian;
 - (c) Sibling or stepsibling;
 - (d) Child, stepchild, foster child, or ward;
 - (e) Mother-in-law or father-in-law;
 - (f) Son-in-law or daughter-in-law;
 - (g) Grandparent or grandchild;
 - (h) Aunt or uncle; or
 - (i) Niece or nephew.
 - (6) “Supervised clinical experience in professional counseling” means counseling services conducted under the supervision of an approved supervisor.
 - (7) “Supervisee” means a licensed graduate professional counselor obtaining the supervised experience required by Health Occupations Article, §17-304, Annotated Code of Maryland.
 - (8) “Supervision” means a formalized professional relationship between a supervisor and supervisee in which the supervisor directs, guides, monitors, instructs, and evaluates the supervisee’s clinical professional counseling practice while promoting development of the supervisee’s knowledge, skills, and abilities to provide clinical professional counseling services in an ethical and competent manner.
 - (9) Supervision Training.
 - (a) “Supervision training” means a course or program designed to provide information regarding the supervision process utilized by licensed clinical professional counselors and therapists in a variety of settings.
 - (b) “Supervision training” content areas may include, but are not limited to:
 - (i) The role and responsibilities of the supervisor;
 - (ii) The needs of the supervisee, supervisor, and the clinical services setting while maintaining a clear ethical perspective;
 - (iii) The role of the supervisor as gatekeeper to the profession;
 - (iv) Methods for building effective and appropriate relationships with clients;
 - (v) Methods for group supervision; and
 - (vi) Models and modalities for practice intervention.
 - (c) “Supervision training” may be obtained through:
 - (i) Graduate-level course work; or
 - (ii) Continuing education units (CEUs)
 - (10) “Supervisor” means:
 - (a) A licensed clinical professional counselor, licensed clinical marriage and family therapist, or licensed clinical alcohol and drug counselor who meets the requirements for licensure under Regulations .01, .07, or .08 of this chapter, as approved by the Board; or
 - (b) An individual who is a licensed mental health care provider, as defined in §B(4) of this regulation, under Health Occupations Article, Annotated Code of Maryland, as approved by the Board.
 - (11) “Under the supervision of an approved supervisor” means engaging in an ongoing process of receiving direction from an approved supervisor that includes:
-

- (a) Monitoring the performance of a licensed graduate professional counselor; and
 - (b) Documented and direct consultation, guidance, and instruction with respect to clinical skill and competency.
- (12) “Written contract for supervision” means an agreement, on a form provided by the Board and initiated before beginning supervision, between the supervisee and approved supervisor that details the scope of supervision.

10.58.12.03

.3 Composition of Supervised Clinical Experience.

A. A licensed graduate professional counselor shall complete at least half of the requisite supervised clinical experience in professional counseling hours under the supervision of a licensed clinical professional counselor approved by the Board.

B. A licensed graduate professional counselor may complete the remainder of the supervised clinical experience hours in counseling under the supervision of a licensed mental health care provider as defined in Regulation .02B(4)(b) of this chapter and as approved by the Board.

10.58.12.04

.4 Required Hours of Supervised Experience.

A. To qualify for a license to practice clinical professional counseling, an applicant holding a master’s degree shall have completed not less than 3 years with a minimum of 3,000 hours of supervised experience in counseling approved by the Board, including:

B. An applicant holding a doctoral degree shall have completed not less than 2 years with a minimum of 2,000 hours of supervised experience, including 50 hours of face-to-face clinical supervision, in counseling approved by the Board, 1 year of which shall have been completed after the award of the doctoral degree.

10.58.12.05

.5 Standards for Supervision.

A. A supervisor shall:

- (1) Supervise only in those areas within the supervisor’s competence as determined by education, training, and experience;
- (2) Provide supervision appropriate to the particular level of licensure being applied for or maintained;
- (3) Provide supervision in the general content areas established in Health Occupations Article, §17-304, Annotated Code of Maryland;
- (4) Ensure that a supervisee has read and is knowledgeable about:
 - (a) Health Occupations Article, Title 17, Annotated Code of

Maryland, including the supervisee's scope of practice of clinical professional counseling under Health Occupations Article, §17-101(s), Annotated Code of Maryland; and

(b) Title 10, Subtitle 58 of the Code of Maryland Regulations, including COMAR 10.58.03 Code of Ethics; and

(5) Instruct and provide guidance to supervisees in:

(a) Appropriate billing practices, if applicable to the practice site;

(b) Financial record keeping and disclosure;

(c) Establishment and disclosure to clients of:

(i) Fees for services;

(ii) Payment arrangements;

(iii) Payment plans;

(iv) Financial services; and

(v) Terms and conditions of service;

(d) Providing services as authorized by Health Occupations Article, §17-308, Annotated Code of Maryland; and

(e) Providing psychotherapy.

B. The following individuals may not provide supervision for a supervisee:

(1) A relative;

(2) A licensed graduate professional counselor, licensed graduate marriage and family therapist, or licensed graduate alcohol and drug counselor;

(3) A certified supervised counselor — alcohol and drug;

(4) A certified associate counselor — alcohol and drug; or

(5) A certified professional counselor.

10.58.12.06

.6 Supervisors — Qualifications and Responsibilities.

A. Before providing supervision to a supervisee, a supervisor shall:

(1) Be:

(a) Licensed by the Board as a:

(i) Clinical professional counselor;

(ii) Clinical marriage and family therapist; or

(iii) Clinical alcohol and drug counselor; or

(b) A licensed mental health care provider as defined in Regulation .02B(4) of this chapter;

(2) File with the Board the supervisor approval form and provide the supervisee with a copy of this form;

(3) Have a license that is unencumbered and without restrictions or conditions due to disciplinary action for the 2 years preceding the application for approved supervisor status;

(4) Be approved as a supervisor by the Board;

(5) Have completed:

(a) 2 years of active clinical practice experience in professional counseling, marriage and family therapy, or alcohol and drug counseling after obtaining a license as a:

(i) Clinical professional counselor;

- (ii) Clinical marriage and family therapist; or
- (iii) Clinical alcohol and drug counselor; or
- (b) 2 years of active clinical practice experience as a professional counselor, marriage and family therapist or alcohol and drug counselor licensed or certified in another state, territory, or jurisdiction that has requirements that are equivalent to or exceed the requirements of Health Occupations Article, §17-302, 17-303, or 17-304, Annotated Code of Maryland; and
- (6) Have completed one of the following education and training experiences not later than December 31, 2015:
 - (a) 2 years of documented experience providing counselor supervision;
 - (b) At least 3 semester credit hours of graduate-level academic coursework that includes counseling supervision;
 - (c) A Board-approved continuing education program in counseling supervision, that includes a minimum of 18 direct clock hours with the trainer or trainers;
 - (d) The National Board of Certified Counselors (NBCC) Approved Clinical Supervisor (ACS) credential; or
 - (e) Supervision training as defined in Regulation .02B(9)(a) and (b).

B. Exceptions.

- (1) An individual who is approved by the Board as a supervisor before December 31, 2015, may continue to provide counselor supervision after that date provided that not later than that date the supervisor has:
 - (a) Completed 2 years of documented experience providing counselor supervision; and
 - (b) Filed the supervisor approval form with the Board and been granted Board-approved supervisor status.
- (2) After December 31, 2015, applicants for Board-approved supervisor status will be required to complete either §A(6)(b), (c), or (d) of this regulation.

C. A supervisor may be:

- (1) An agency-designated supervisor; or
- (2) An independent supervisor in private practice.

10.58.12.07

.7 Responsibilities of a Supervisor.

A supervisor shall:

- A. Establish a written contract for supervision initiated before beginning supervision;
- B. Ensure that the supervisee is practicing within the scope of the supervisee's license;
- C. Determine the skill level at which the supervisee may practice;
- D. Focus on raw data from the supervisee's practice;
- E. Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervisory sessions;
- F. Ensure that a supervisee has read and is knowledgeable about Health Occupations Article, Title 17, Annotated Code of Maryland, and COMAR 10.58;
- G. Within a reasonable period of time before termination of supervision, provide the supervisee and employer with a notice of

termination to avoid or minimize any harmful effect on the supervisee's clients or patients;

H. Be responsible for the clinical professional practices of supervisees;

I. Provide for emergency supervision and direction to a supervisee by a Board-approved supervisor;

J. Provide a written evaluation of the supervisee's progress to the supervisee every 3 months;

K. Provide a copy of the documentation required by Regulation .06A(2) of this chapter:

(1) On request, by the supervisee; and

(2) On request, by the Board or its authorized agent; and

L. Comply with a Board audit of a supervisor's compliance with regard to the supervision requirements and supervisory responsibilities.

10.58.12.08

.8 Responsibilities of a Supervisee.

A. A supervisee shall:

(1) Verify that the supervisee's supervisor has been approved by the Board;

(2) Establish a written contract for supervision before beginning supervision;

(3) Attend and participate in supervision as agreed in the written contract for supervision;

(4) Prepare for supervision using case materials related to the supervisee's clinical counseling practice; and

(5) Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervision, to be available for verification to the Board, on request by the Board or its authorized agent.

B. A supervisee may not engage in the practice of clinical professional counseling independent of supervision.

C. A supervisee shall provide the client with a copy of a professional disclosure statement as described in Health Occupations Article, §17-507, Annotated Code of Maryland, that:

(1) Clearly states the counseling services are provided under clinical supervision; and

(2) Provides the name of the supervisor with address and contact information.

D. A supervisee shall obtain a signed release of information and informed consent for treatment form from the client which indicates that the client:

(1) Is aware that counseling services are being provided under clinical supervision;

(2) Consents to the recording of counseling sessions with the knowledge that the recording may be shared with and be limited to the supervisor; and

(3) Consents to the sharing of client information between the licensed graduate professional counselor and the named clinical supervisor.

Resume

SUMMARY OF QUALIFICATIONS

Expertise in treatment of adults for sexual and other trauma,
mood and adjustment disorders, compulsive behaviors

Therapist with extensive and varied experience.

Successful experience with crisis intervention.

Highly effective in connecting with culturally diverse people including LGBT community.

Excellent written and oral communication skills:

Skilled and responsive listener and enthusiastic team player

PROFESSIONAL EXPERIENCE

Therapist 1999 - Present

Private Practice

- Initiated and developed general practice for adults, with specialty in treatment of sexual trauma
- Treated diverse clients with a wide range of serious issues such as: depression, anxiety, grief, sexual traumas, addictions
- Practice included employee assistance program clients contracted through Janus Associates 1999-2002
- Provide therapy that is respectful of cultural differences and sensitive to gay/bi-sexual issues

Mental Health Counselor 2016 – Present

Baltimore Crisis Response, Mobile Crisis Team

- Assessed dual diagnosed clients in the community for potential admission to Crisis Residential Unit or other dispositions
- Provide crisis counseling and treatment planning on Crisis Residential Unit
- Provided psychoeducation particularly on trauma and PTSD
- Provide supervision for LGPCs on staff

Senior Mental Health Therapist 2012 – 2015

Johns Hopkins Bayview Community Psychiatry Program

- Initiated and developed therapy groups for brain injured adults
- Provided psychotherapy for geriatric and brain-injured clients

Sharon Spector, LCPC
Supervision Manual

- Worked closely with psychiatrists in providing comprehensive services

Therapist 2002 - 2011

Goucher College Student Health and Counseling Center, Towson, MD

- Provided individual assessment and short-term treatment for undergraduate and graduate students. Originated group therapy for survivors of sexual violence
- **Spearheaded a faculty, staff and student coalition which having secured a small in-house grant, created several initiatives directed at promoting awareness of and diminishing the impact of sexual violence.. Consulted on development of student initiated peer counseling program.**
- Provided group and individual crisis intervention and critical incident debriefing
- Consult with faculty and staff as appropriate about students' issues

Therapist 1989-2000

Sexual Trauma Treatment, Advocacy & Recovery Center, Inc., Columbia, MD

- **Provided individual and group therapy to diverse survivors of sexual abuse/assault in the Center and at Patuxent Institution and assessed clients for intake; intervened in crises; provided information and referrals**
- **Supervised pre-license clinicians**
- **Collaborated in training of hotline volunteers**
- **Responded to critical incidents with specialized debriefing sessions**

EDUCATION

Master of Education, Counseling and Consulting Psychology

Certificate of Advanced Studies, Counseling and Consulting Psychology

Harvard University Graduate School of Education, Cambridge, MA

Successful completion of all coursework for doctorate in Counseling and Consulting Psychology

Master of Education, Pupil and Personnel Services

Trenton State College, Trenton, NJ

Sharon Spector, LCPC
Supervision Manual
Internship and competency based experiential counseling program with a focus on urban and minority counseling

PROFESSIONAL CERTIFICATIONS

Licensed Clinical Professional Counselor

Maryland State Board of Examiners of Professional Counselors, LC #0064

National Certified Counselor

National Board for Certified Counselors, Inc., LC #5178

2008 NBCC Citation for Voluntary Audit of Continuing Education Credits

Exceeded 130 credits for the five year period.

Eye Movement Desensitization and Restructuring (EMDR) Trained Therapist

EMDR Institute Level I and II, EMDR International Institute

Supervisee Resources

What to Include in Progress Notes

Summary of Topic Covered /

Therapeutic Interventions

Participation/ Response to

Interventions

Progress Toward Goals

Reported Substance Use

Recovery related activities

Other progress toward goals

Clinical Impressions

Counselor observations

Mental Status (Mood/affect, thought processes, orientation, behavior/functioning)

Plan

Client actions / Homework

Counselor actions (Plan for client for next session, case management, referrals, etc.) Next scheduled session

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