

Supervision Agreement: LMFTA APPLICANTS ONLY Addendum 1

NC ADMINISTRATIVE CODE 21 NCAC 31 .0502 (b & c)

(b) On-going supervision shall focus on the raw data (quantitative information about the client) from the supervisee's continuing clinical practice, which shall be available to the supervisor through a combination of direct observation, co-therapy, written clinical notes, and audio and video recordings.

(c) None of the following constitutes ongoing supervision:

- (1) Peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status, and experience.
- (2) Supervision by current or former family members of your immediate or extended family, or any other persons where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship.
- (3) Administrative supervision - clinical practice performed under administrative rather than Clinical supervision by an institutional director or executive.
- (4) A primarily didactic process wherein techniques or procedures are taught in a classroom, workshop, or seminar; or
- (5) Consultation, staff development or orientation to a field or program or role-playing of family interrelationships as a substitute for clinical practice in a clinical situation.

CLINICAL EXPERIENCE SITE

The clinical experience work site may include community-based agencies, institutions, hospitals, schools, and private practice. Work experience may be either paid or unpaid.

GENERAL INFORMATION

- Supervisor is not required to be on-site or come from within the same agency. LMFTAs may secure appropriate supervision by contracting with a supervisor.
- Approved supervisors in North Carolina must be AAMFT Approved Supervisors or AAMFT Approved Supervisory Candidates.
- The purpose of the supervision agreement is to enhance the applicant's professional development while meeting licensing requirements, keeping in mind the responsibilities to clients and the profession.
- Supervisors are expected to know and abide by *this* Board's Code of Ethics (AAMFT Code of Ethics).
- A supervisor may not be a spouse, relative by blood or marriage, a person of close personal relationship, or former therapist.
- NC has a two-tier licensure system: LMFT and LMFTA. Once approved by the NC MFT Licensure Board as an LMFTA the licensee then begins their accumulation of hours toward full, unrestricted licensure (LMFT).
- In the State of NC, accumulating hours toward LMFT, once no longer in the qualifying degree program can only be obtained **post-licensure, not post-graduate**. In other words, until approved as an LMFTA, practice is not authorized and thus hours toward full licensure cannot be accumulated. There are limited exemptions to the requirement for licensure in NC that allows the practice of MFT (a licensed hospital or government entity such as the military or licensure in another exempt discipline). Information about exempt settings, refer to NC Statute 90-270.48A.
- Experience completed in other jurisdictions (states other than NC) must be completed legally in accordance with the laws of the jurisdiction. The NC LMFTA is issued for practice in NC.
- Supervisors of LMFTAs are accountable for the supervisee's practice. Therefore, the supervisor, in addition to being AAMFT Approved, must also be a licensed mental health professional in the State of NC.
- Supervisors should gain thorough knowledge of the supervisee's practice activities including practice setting, record keeping, financial management, ethics of clinical practice, a back-up plan for coverage.
- Supervisors should verify a supervisee is authorized to legally practice in the State of North Carolina prior to beginning supervision.

CLINICAL HOURS

- A minimum of 1500 client contact hours is required to achieve licensure as an LMFT. The LMFTA allows for acquisition of the total experience hours required for LMFT. Up to 500 hours earned while a student, under an AAMFT Approved Supervisor may be counted toward licensure requirements. Of the required 1500 clinical hours for LMFT, a minimum of 500 hours must be relational hours.
- **Clinical Contact Hours** are defined as face-to-face (therapist and client) therapy with individuals, couples, families, or groups from a systemic perspective and includes relational hours. Distance counseling, where the supervisee provides therapy directly to a client (video, i.e., Skype, secure, encrypted connection) may be counted in the same way as face-to-face hours. Telephone counseling is NOT face-to-face and therefore cannot be counted toward clinical contact hours for LMFTAs.
- Direct client contact must relate to client treatment plans, be goal directed; and assist client(s) to effect change in relationships, cognition, affect, and/or behavior. Assessments (intake and otherwise) may be counted up to 250 hours of direct client contact. Assessment is a clinical encounter that involves gathering of current and historical data from a client that is then used to determine what type of therapeutic service is most appropriate. If the individual who conducted the assessment does not provide the therapeutic service, it is considered an assessment hour only. Client psycho-education may be counted up to 250 hours direct client contact. Psycho-education refers to a treatment approach that provides education for individuals and families in assistance with emotional, mental, social, and relational disturbances.
- The following are **not direct client contact** and may not be counted: observing therapy without actively participating in follow-up therapy at some point during or immediately following the session; record keeping; administrative activities; supervision; and client contact while not receiving supervision.
- **Relational hours** are defined as hours spent providing therapy with more than one client in the room who are all part of the same treatment plan. Relational hours may also include face-to-face communication with members of the larger system who are also working in direct collaboration with the same client(s). This contact may only be counted if it is authorized by the client(s) or required by law for the purpose of developing and carrying out a treatment plan.

SUPERVISION HOURS

Graduates of marriage and family therapy programs who have completed 200 hours of approved ongoing supervision of their clinical hours within their degree shall complete a minimum of an additional 25 hours of approved ongoing supervision post-degree (LMFTA licensure) concurrently with the completion of the remaining hours of post-degree clinical experience.

- Individual Supervision is defined as no more than 2 supervisees per session.
- Group Supervision is defined as 2- 6 individuals in a supervisory session.
- Supervision Hour is defined as minimum of 50 clock minutes.
- Frequency of Supervision: There must be a minimum of one hour of supervision per month.
- Supervision must involve discussions of live sessions, case notes, charts, records, and available audio or video tapes. The review should evaluate the appropriateness of the services to clients and the supervisee's therapeutic skill. Supervision must occur in a professional setting, one on one with the supervisee, or privately with a small group of other supervisees.
- Supervision encourages responsible provision of services, promotes the welfare and best interests of clients, fosters refinement of skills, and promotes personal and professional development.
- Supervision should include setting goals, responsibilities, practical arrangements, licensing requirements -- laws, rules, personal time management, strategies of clinical decision-making, prioritizing responsibilities, professional relationships, coordinating with other professionals and staff, ethical, and cultural consideration.
- Evaluation of practice should include diagnosis, assessment and identification of presenting problems, application of ethics, research methods, knowledge of human behavior and/or social environment, termination of clinical relationships, methods for maintaining clinical/professional boundaries, treatment planning, and therapeutic interventions or treatment approaches.