

## BCACC APPROVED CLINICAL SUPERVISOR DESIGNATION PROGRAM

The BCACC Approved Clinical Supervisor Designation Program helps BCACC members become Approved Clinical Supervisors by earning the **RCC-ACS designation**. BCACC encourages members interested in becoming supervisors to complete this process, which follows set criteria. Only those who successfully complete the process will receive the RCC-ACS designation and be listed as Approved Clinical Supervisors on the BCACC Find a Clinical Supervisor tool.

### Criteria for Application to the BCACC ACS Designation Program

#### To qualify for the program, an applicant must meet the following criteria:

- 1. Be an active BCACC member in good standing
- 2. Hold a master's degree in counselling psychology (or in a related field)
- 3. Have a minimum of 5 years of post-graduate clinical experience with at least 1000 direct client contact hours
- 4. Maintain professional liability insurance covering clinical supervision services
- 5. Meet the professional and ethical conduct requirements
- 6. Receive at least 75 hours of clinical supervision, post-graduate, with at least 50 hours of individual/paired supervision
  - a. remaining 25 hours must be either individual/paired supervision or group supervision facilitated by a clinical supervisor
  - b. peer supervision, consultation, group consultation are not accepted
- 7. Pay a non-refundable one-time application fee of \$100

#### **Criteria for RCC-ACS Designation**

- 1. A successful supervisor candidate has met the following training requirements
  - a. Completing a 30-36 hour clinical supervision foundations/fundamentals course *before providing clinical supervision* within the last 2 years before applying or while in the program
    - i. The pre-approved clinical supervision course list is available on the BCACC website
  - b. Providing 100 hours of clinical supervision over 18 to 24 months after completing of the clinical supervision fundamentals course
    - i. At least 70 hours must be individual/paired supervision and the remaining 30 hours can be group supervision facilitated by the candidate
    - ii. Supervise a minimum of 4 supervisees for at least 3 months period of relationship per individual supervisee



- Follow the standard ratio of 1 individual supervision hour per 5 client contact hours
- c. Receiving a minimum of 18 hours of supervision-of-supervision from a qualified Supervisor of Supervision over 18 to 24 months
- 2. Upon receiving the ACS designation, the candidate will show evidence of 30 hours of professional development *every three years*, in the area of clinical supervision to maintain the BCACC Approved Clinical Supervisor (ACS) designation
- 3. Upon receiving the ACS designation, the candidate will pay a \$35.00 *annual* renewal fee for the Approved Clinical Supervisor designation due at the BCACC membership renewal

## Qualifications of a Supervisor of Supervision

A qualified Supervisor of Supervision is

- a. Who can provide at least 18 regularly scheduled supervision-of-supervision sessions, a minimum of one hour per session
- b. Who is a certified/designated supervisor from a professional/regulatory body (e.g., RCC-ACS, CCS, CAMFT-S etc)
- c. Who has a minimum of 5 years of clinical supervision experience; OR, pre-approved by BCACC

## Supervision of Supervision Guidelines

- Before contracting to work together, the supervisor candidate and the Supervisor of Supervision should ensure their philosophies of supervision, their clinical approaches, and their interpersonal styles are compatible.
- After agreeing to move forward, a contract should be developed between the Supervisor of Supervision and the supervisor candidate that delineates fees, hours, time and place of meetings, case responsibility, and caseload process and review.
- Meetings should be scheduled to ensure that the supervisor candidate receives at least 18 hours of supervision-of-supervision, with a minimum of one hour per session, while fulfilling the 100 hours of supervision requirement over 18 to 24 months.
- The Supervisor of Supervision will provide comprehensive oversight of the supervisor candidate's supervision of counsellors/trainees/supervisees; paying particular attention to individual and group supervision, giving sufficient time to work through developmental phases, resolve therapeutic difficulties and ensure the



supervisor candidate can evaluate the development of appropriate clinical skills and competencies of counsellors/trainees/supervisees.

• The Supervisor of Supervision will provide continuous feedback and submit a final evaluation report to BCACC.

#### Instructions

1. The applicant must submit the following documents of the application package to <u>clinicalsupervision@bcacc.ca</u>.

Application Package

- The complete application for the BCACC ACS Designation Program
- The complete payment form
- 2. Once the application to the ACS Designation Program is approved, BCACC will provide the instructions and relevant forms to complete the training component as a supervisor candidate. The supervisor candidate must submit the following documents of the ACS Training Completion Package to <u>clinicalsupervision@bcacc.ca</u>. Please note that the training component is self-directed following the provided guidelines.

#### ACS Training Completion Package

- The complete training plan checklist
- Certificate from the clinical supervision training/course
- The candidate's supervision informed consent template
- The documentation of the following (templates provided)
  - Supervision-of-supervision hours
  - Supervision practice hours (i.e., hours of clinical supervision provided)
- A Supervisor of Supervision evaluation report which must be directly submitted to BCACC by the Supervisor of Supervision

Upon reviewing the ACS Training Completion Package, the successful supervisor candidate will be granted the RCC-ACS designation.



**Application to the BCACC ACS Designation Program** 

# A. CONTACT INFORMATION

| First Name           |          | _ Last Name |               |  |
|----------------------|----------|-------------|---------------|--|
| Mailing Address:     |          |             |               |  |
| Name (if applicable) |          |             |               |  |
| Street               |          |             |               |  |
| City                 | Province |             | Postal Code _ |  |
| Phone                | Er       | nail        |               |  |

#### Membership Verification:

# To be an Approved Clinical Supervisor, applicants must be active BCACC members in good standing.

BCACC Member Number: \_\_\_\_\_\_

Other professional organization membership: \_\_\_\_\_

#### **Professional liability insurance:**

Do you currently have valid professional liability insurance?

Yes No

Does your professional liability insurance cover you for the provision of Clinical Supervision services? Please note that if you have insurance through Mitchell and Abbott, the policy will cover you for clinical supervision practice as a clinical supervisor.

Yes No

If no, are you willing to ensure that your insurance covers you for the provision of clinical supervision services by the time you receive your ACS designation?

Yes No



## **B. EDUCATION AND EXPERIENCE**

Please indicate your highest level of education:

Do you have at least 5 years of clinical counselling experience, post-graduate?

Yes No

Do you have a minimum of 1000 direct client contact hours, post-graduate?

Yes No

## C. CLINICAL SUPERVISION RECEIVED

#### Post-graduate clinical supervision received prior to entering this program

# (Minimum 75 hours required | at least 50 hours must be individual/paired | at least 25 hours must be in British Columbia)

Please indicate the clinical supervision you have received, <u>post-graduate</u>. Include your supervisor(s) name and credentials, the context (place where it was received), the format (individual/paired, group) and your total hours of personal supervision since you graduated. *Please note that peer supervision, consultation, and group consultation are not acceptable.* 

| Supervisor Name/Cred. | Start to End<br>Date (MM/YY)    | Context and<br>Location | Format                             | Hours    |
|-----------------------|---------------------------------|-------------------------|------------------------------------|----------|
| e.g., Pat Smith, RCC  | e.g., May 2023 –<br>August 2023 | e.g., MCFD              | e.g., Individual,<br>Paired, Group | e.g., 10 |
|                       |                                 |                         |                                    |          |
|                       |                                 |                         |                                    |          |
|                       |                                 |                         |                                    |          |
|                       |                                 |                         |                                    |          |
|                       |                                 |                         |                                    |          |
|                       |                                 |                         |                                    |          |
|                       |                                 | Total Hours:            |                                    |          |

BC Association of Clinical Counsellors 109-1034 Johnson Street, Victoria, BC V8V 3N7 Tel: 250-595-4448 Fax: 250-595-2926 Page 5 of 9



## **D. CERTIFICATION**

I hereby confirm that I am an active BCACC member in good standing. I agree to abide by <u>the BCACC Code of Ethical Conduct and Standards of Practice</u> and to engage in on-going professional development in the area of clinical supervision.

I authorize BCACC to communicate with all persons listed as my endorsers, teachers, or supervisors, as BCACC deems necessary.

With the submission of this form, I certify that all statements made in this Approved Supervisor application are true and accurate.

Name of Applicant:\_\_\_\_\_\_

Signature:\_\_\_\_\_ Date: \_\_\_\_\_



# **Definition of Terms**

**BCACC Approved Clinical Supervisor**: an RCC who has completed the requirements established by BCACC for the Approved Clinical Supervisor (ACS) designation.

**Clinical Supervision**: a planned, goal-directed and systemic activity that takes place on a regular basis between a more experienced and trained clinical supervisor and a supervisee.

The goals of supervision are:

- provide oversight of client care and supervisee safety;
- facilitate ongoing supervisee professional development; ensure ethical clinical decision-making as well as cultural competence;
- encourage the growth of the supervisee by creating a trusting atmosphere where knowledge of self,
- including blind spots can be explored through timely, supportive feedback;
- function in a gate-keeper role to the profession of counselling through the assessment, both formal and informal, of the supervisee's knowledge and skills;
- develop and implement plans to remediate performance problems to assist in their development.
- assist the supervisee to explore the various complexities of their relationship to their client, through reflection and introspection.

A **Clinical supervisor** bears significant liability and responsibility for the work done by the supervisee, it is collaborative and supportive in nature, therefore, it is especially important that the supervision is on a regular schedule preferably by the same supervisor. Supervisors seek to attain and maintain competence in the practice of supervision through formal education and training.

**Group Supervision**: an alternate format for delivering clinical supervision in which the clinical supervisor still maintains their responsibilities for the work undertaken by the supervisee, by leading the group process appropriately.

**Clinical Consultation**: a process similar to clinical supervision in many ways but differing in two important aspects.

1. The power differential is no longer in play, so the evaluation component is not a requirement



2. The people seeking consultations are practicing clinicians seeking some level of advanced clinical knowledge or experience to augment their practice.

It is a voluntary relationship between colleagues in which one is a more experienced practitioner, and in which information and strategies are shared with no obligation on the clinician seeking consultation to implement the information or strategy as shared.

**Group Consultation**: a process where an experienced clinician shares specialized or advanced information or strategies with other clinicians upon their request. It bears no obligation on those seeking the information or strategies to implement as shared, participants have free will on this matter.

**Peer Supervision**: a group of interns or clinicians with similar levels of interest and or experience meeting together to discuss their professional work. The leadership of their group process is from amongst those present, with no one person directing the content or having any responsibility for the work of any others present. It is a focused meeting of professional colleagues.

**Supervisees**: students in clinical training to become mental health counsellors/therapists, postgraduate counsellors/therapists or other clinicians working in the mental health fields, who are seeking clinical supervision for additional credentialing, membership in a professional organization, and/or any other ongoing professional development.

**Supervisor Candidate**: an RCC who is in the ACS program to complete the training component to become an Approved Clinical Supervisor.

**Supervisor of Supervision**: a qualified clinical supervisor who voluntarily contracted to provide supervision-specific guidance or strategies to assist another supervisor in their supervisory relationship with the clinician or intern. Supervision-of-Supervision is a consultation process with no power differential required and could be ongoing or as needed.

A qualified Supervisor of Supervision for the ACS program's training component is



- a. Who can provide at least 18 regularly scheduled supervision-of-supervision sessions, a minimum of one hour per session
- b. Who is a certified/designated supervisor from a professional/regulatory body (e.g., RCC-ACS, CCS, CAMFT-S etc)
- c. Who has a minimum of 5 years of clinical supervision experience; OR, pre-approved by BCACC

#### Additional information:

*Examples of appropriate clinical supervision activities for the purpose of this application:* 

Example 1: An individual or group meeting with their designated clinical supervisor in their internship or agency requiring the oversight of a clinical supervisor (clinical supervision)

Example 2: A supervisor seeking out clinical guidance or support for their supervisory work with an intern or clinician they supervise (supervision of supervision)

Example 3: A peer group with a supervisor facilitating the conversations (group supervision)

#### *Examples of not appropriate clinical supervision activities for the purpose of this application:*

Example 4: Case consultations in a group of peers with no supervisors discussing cases and personal reactions (peer supervision)

Example 5: An individual or group seeking clinical consultation from a supervisor for direction or guidance on case issues (clinical consultation)

#### *Examples of activities that are not considered clinical supervision/consultation overall:*

Example 6: A coffee shop conversation with a trusted peer (not a peer supervision)

Example 7: A water-cooler conversation with a colleague (not a peer consultation)