

California Association of Marriage and Family Therapists

Certified Supervisor Program

Candidate Handbook



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California Association of Marriage and Family Therapists
7901 Raytheon Road, San Diego, CA 92111-1606
Phone: (858) 292-2638 | Fax: (858) 292-2666 | www.camft.org



Mission Statement

CAMFT believes that better trained supervisors lead to better trained and qualified therapists, which results in improved patient care, and advances the field of marriage and family therapy. CAMFT also recognizes that although interrelated, supervision skills are different than clinical/treatment skills, and that knowledge and skills required for supervision and clinical treatment are different. CAMFT also recognizes that therapists who undertake the responsibility of supervising others owe those persons a duty to possess the knowledge and skills necessary to provide competent supervision. In an effort to assist licensees to fulfill that duty, CAMFT has created the voluntary CAMFT Certified Supervisor Program.

CAMFT's philosophy in setting criteria for certification is that standards be thorough, reasonable and relevant. Supervision, like therapy, is both an art and a science. The CAMFT Certified Supervisor designation will assist mental health professionals and those in training to find supervisors who have made a continuing commitment to quality supervision. This certification does not guarantee competency, nor should it be relied upon as a substitute for individual judgment in selecting a suitable and appropriate supervisor. It does demonstrate that the supervisor has made a commitment to enhancing the profession by meeting the criteria of the CAMFT Certified Supervisor Program.

About the Program

The CAMFT Certified Supervisor Program is offered as a voluntary program, intended to be unique to the needs of supervisors and supervisees within the State of California. Further, it permits those who enjoy supervising to fulfill part of their mandatory continuing education requirements by taking courses relevant to supervision.

The program is multifaceted and includes the components of coursework, supervision, supervision consultation, and the completion of a written case summary. Be sure to read further for additional details on the requirements to qualify to be a CAMFT Certified Supervisor.

What Do I Have To Do To Become Certified?

Complete the following components:

- Coursework
- Supervision Experience (Complete Weekly Supervision Log)
- Supervision Consultation (Complete Consultation Log)
- Consultation Summary
- Written Case Summary

To enroll in the certification program, please complete an initial application form (enclosed).

Coursework

Coursework to meet the requirements for the CAMFT Certified Supervisor Program can be taken from a CAMFT-sponsored workshop or conference, an accredited or approved school that offers a graduate degree program in the mental health field, or any other approved provider, as long as the coursework addresses the required educational content within the course(s) being taught. (Any person who is a teacher of the required coursework will be exempted from completing the content area(s) that he/she has taught.) In order to satisfy the coursework requirement, coursework cannot have been completed more than three years from the date the Initial Application form is submitted to CAMFT.

Any accredited or approved school or any other approved provider who seeks approval of their education/training/coursework will be required to submit an application and payment of a non-refundable fee of \$50 to have their coursework reviewed and considered for approval to meet the coursework component of the CAMFT Certified Supervisor Program. This approval must be renewed every two years. The fee for renewal is \$50.

The syllabi for this coursework must first be approved by CAMFT. The coursework is to contain no less than 18 contact hours of education/training/coursework and is to include, but not necessarily be limited to the content areas on the next page.

Participants are encouraged to complete the coursework early in the process of attaining the certification. Supervision and consultation completed prior to the commencement of the coursework will not be counted. Verification of the coursework is to be submitted with the Verification of Completion form.

Comprehensive Supervision Workshop Series

Coursework Content

Series Course 1: Practical Considerations of Supervision (Or Equivalent Coursework)

- 1) Practical Considerations of Supervision
 - Supervision credentialing process and procedures
 - Board of Behavioral Sciences requirements for Supervisors
 - Review of Certified Supervisor Program: Becoming a CAMFT Certified Supervisor
 What is supervision?
 - The history, nature and purpose of supervision
 - The qualities of an effective supervisor
 - Interview and selection
 - Administration
 - Third party reimbursement
- 2) Evaluations of supervisee and supervisor
 - The goals of supervision
- 3) The similarities and differences between a supervisor and a therapist
 - The role of supervisor compared to the role of therapist
 - Obligations, functions and duties of the therapist
- 4) Supervisee Selection
 - Qualities to look for in a supervisee
 - Creating an interview format
- 5) The supervisory contract
 - Purposes of a supervisory contract
 - BBS Supervisor Responsibility Statement
 - Components are contained in a contract
 - Policies that are needed for handling crises and emergencies
 - Policies that are needed for coverage during the supervisor's absence
- 6) Methods of supervision
 - Case Consultation
 - Progress notes
 - Motivational Interviewing
 - Audio & Videotape review
 - Live supervision
 - Reflecting teams

Series Course 2: Deconstructing the Supervisory Relationship (Or Equivalent Course)

- 1) Developmental Model of Supervision
 - Developmental stages of being a psychotherapist
 - Developmental stages of being a supervisor
 - Developmental stages of the supervisory relationship
- 2) The Supervisee/Supervisor Relationship
 - Phases of the relationship
 - Structuring the process
 - Boundaries
 - Supervision v. Psychotherapy
 - Parallel process in the supervisory relationship (including transference and countertransference issues)
 - Tricky issues & delicate topics (including conflict resolution, serious concerns, supervisee mental health issues, and so on)
- 3) Contextual Issues in Supervision
 - Exploration of the impact of differences and similarities (gender, race, culture, social class, sexual orientation, spirituality, age, relationship status, parenthood status) in the supervisory relationship
 - Exploration of the impact of differences and similarities in the psychotherapeutic relationship
 - Strategies for addressing contextual issues and power dynamics inherent in the supervisory relationship
- 4) Theory of Psychotherapy & Philosophy of Supervision
 - Exploration of theories of psychotherapy and their impact on philosophy of supervision
 - Development of supervisor's personal integrated approach
- 5) Supervisory Interventions
 - Review of evidence-based interventions for supervision
 - Practice of supervisory interventions
 - Evaluation of supervisory effectiveness
- 6) Supervisory Techniques
 - Individual supervision formats
 - Group supervision formats
 - Methods of supervision and evaluating their efficacy
- 7) Crisis Intervention
 - Developmental approach to crisis intervention
 - Teaching protocols: general principles and specific situations

Series Course 3: Legal and Ethical Issues of Supervision (or Equivalent Course)

- 1) The Licensing Laws
- 2) California Therapists/Disciplinary Actions
- 3) Scope of Practice for Marriage & Family Therapists; Clinical Social Workers; Professional Clinical Counselors; Psychologists
- 4) Scope of Competency
- 5) Standards of Care
- 6) Ethical Standards specific to Supervisors and Supervisees
- 7) Supervised Experience Requirements for Licensure as: Marriage & Family Therapist; Clinical Social Worker; Professional Clinical Counselor, and Psychologist
- 8) Requirements for Supervisors of Marriage and Family Therapist Trainees & Interns; Associate Social Workers; Clinical Counseling Trainees & Interns and Psychology Trainees
- 9) Employment of Interns
- 10) Advertising and Related Disclosures
- 11) Supervisor Recordkeeping
- 12) Consent to Treatment/Minors and Consent to Treatment

- 13) Confidentiality and Selected Exceptions/ Confidentiality with Minors
- 14) Psychotherapist-Patient Privilege
- 15) Access to the Record; Documentation Issues
- 16) Termination-Related Issues
- 17) Dual Relationships/Conflicts of Interest
- 18) A few things therapists (generally) don't have to do
- 19) Vignette exercises

(Online course CEs not applicable for Certified Alcohol & Drug Counselors, RNs, and Psychologists)

Supervision Experience

Participants agree to gain the supervision experience in no fewer than 52 weeks, with not less than one hour per week for individual supervision or two hours per week of group supervision for each week in which supervision is provided. A log of the supervision hours is to be submitted to CAMFT to verify completion.

Supervision Consultation

Supervision consultation will be required of all applicants and shall include at least 12 hours (or 24 hours if group) with no fewer than one hour per month of individual consultation, or two hours per month of group consultation gained during the months in which supervision is provided. While consultation via electronic means is permitted, face-to-face consultation is recommended. Consultant must have been licensed for five years in California, have a license which is not under revocation, suspension or probation and have had sufficient experience and education/training/coursework in providing supervision. The supervisor is not to engage in any other professional/business relationship with the consultant during the time that he/she is undergoing consultation. The applicant will inform CAMFT in the Initial Application the name of the proposed consultant, and the consultant will be asked to sign the Verification of Completion form. A log of the consultation hours is to be submitted to CAMFT to verify completion.

Should you choose to change consultants during the certification process, please provide CAMFT with written notice of your intent to change.

Consultation Summary

Write a one page summary (typed, single-spaced) in which you describe your consultation experience. This summary is intended to demonstrate how the consultation experience was of benefit to you, as well as how the consultant was able to help you develop your skills as a supervisor.

Written Case Summary

Write a 3-5 page summary (typed, single-spaced) in which you describe your supervision experience with your supervisee. This summary is intended to demonstrate the supervisor's ability to monitor, assist, and enhance the supervisee's clinical work, and to promote the conceptual, intuitive, and personal skills necessary for the supervisee's professional development. The written case summary should also demonstrate how supervision content and methods are consistent with your personal theory of therapy and your philosophy of supervision. An outline of items to include in your written case summary can be found on the next page.

Please Include the Following Topics in Your Written Case Summary:

Theory of therapy and philosophy of supervision: Briefly state the major tenets of your theory of therapy. Briefly describe your philosophy of supervision. Demonstrate the consistency of your thinking in these two areas throughout the written case summary.

Setting: Describe the setting in which supervision took place. Discuss the type of setting, administrative structure within the setting, facilities for conducting supervision (e.g., private practice, non-profit and charitable corporation, etc.), trainings/workshops offered, methods regarding supervisee selection, and any other significant factors which impacted your supervision.

Contextual Issues: Indicate how awareness of contextual issues such as gender, age, culture and sexual orientation of the supervisor and supervisee influenced the supervisory relationship. Describe methods used to work effectively within these contexts.

Legal and Ethical Issues: Identify relevant legal and ethical issues specifically related to the supervision. Describe how you addressed them.

Assessment: Describe the supervisee's diagnostic and treatment planning skills, theoretical base, stage of professional development, skill level, and interpersonal style.

Goals: List specific supervisor goals for supervisee's development. List specific supervisee goals.

Methodology: Identify monitoring methods (e.g., one-way mirror, role-play, video/audio tape, records review, self-report), and describe interventions used to assist the supervisee with case conceptualization and management. Describe how your interventions facilitated the supervisee's development.

Evaluation: Evaluate supervisee's progress and describe methods used for evaluation.

Certification Eligibility Criteria

To be eligible to participate in the CAMFT Certified Supervisor Program, the applicant shall:

- Have been licensed in California for a minimum of two years.
- Meet all requirements contained in the BBS Responsibility Statement for Supervisors (this form may be obtained by visiting: www.bbs.ca.gov/bbsforms.htm).
- Meet the CAMFT Certified Supervisor Program above named requirements in not less than a one-year, nor more than a three-year period of time following the date of submission of the initial application.

Equivalency Provision

Therapists who have met substantially equivalent criteria with another program (e.g. AAMFT, etc.) will be required to submit documentation to demonstrate compliance with the requirements of the CAMFT Certified Supervisor Program. All or part of the submitted documentation may be accepted as meeting the various requirements of the CAMFT Certified Supervisor Program.

Persons who achieve partial equivalency will be required to complete those parts of the program which are deemed not equivalent. Supervision experience and supervision consultation, for purposes of meeting the equivalency provision, shall have been completed during or subsequent to the completion of the coursework and no more than three years prior to the date of application for the CAMFT Certified Supervisor Program. In addition, the supervisor must be currently providing supervision.

Exceptions

The Certified Supervisor Committee has the authority to grant exceptions for good cause with regard to required supervision experience, educational training/coursework, supervision consultation, and/or written case summary.

Fees and Applications

- **Initial Application Form**—\$25 CAMFT members / \$50 non-members
- **Verification of Completion Form**—\$75 CAMFT members / \$125 non-members
- **Certified Supervisor Renewal Application**—\$75 CAMFT members / \$125 non-members
- **Education/Training/Coursework Provider Application**—\$50 to acquire approval of education/training/coursework. Approval is granted for a period of two years and must be renewed upon expiration of the two-year renewal period.

All fees are paid to CAMFT and are non-refundable.

Forms and information are available by visiting www.camft.org and selecting “Educational Opportunities.”

Renewal of Certification

The certification is valid for a period of five years, at which time the certification must be renewed. To renew the certification, the following will be required to be completed prior to the expiration of the certification:

- Workshop on legal & ethical issues (minimum of six hours, approved provider)
- Documentation of one of the following:
 - A three-page written review of a book on supervision
 - Completion of a supervision workshop (minimum of six hours, approved provider)
 - A written one-page description demonstrating participation in an ongoing consultation/supervision group.

Frequently Asked Questions (FAQs)

What if I already have a supervision credential granted by another organization?

If you already achieved approved supervisor status with another organization, you may be approved by CAMFT if you also meet the CAMFT criteria. In order for CAMFT to evaluate the comparability of the two programs, you will need to submit a syllabus or outline of the coursework completed, a log of supervision experience (either completed subsequent to or concurrent with the education), a vitae of the consultant, documentation of completed consultation gained simultaneously with the supervision experience, and a written case summary. It is possible that all or a portion of the documentation may be accepted to meet the various requirements of the CAMFT Certified Supervisor Program. All such requests for consideration must be in writing, and submitted with or subsequent to the initial application.

Will the fees be modified if some or all of the requirements have been met while preparing for another certification?

The fees are modest and are applicable for all applicants, regardless of work completed to achieve a credential from another organization.

I've been supervising for twenty years. Can I be "grandparented?"

No, there is no grandparenting. Applicants are evaluated based upon meeting or exceeding the established criteria.

Can the group consultation be accomplished by regular meetings of a group of peer supervisors?

No, there must be an identifiable consultant who has been approved by CAMFT to provide the consultation.

I have already taken a course, or I am already in the midst of taking a course in supervision.

How do I determine if the course meets the CAMFT certification requirements?

Send to CAMFT a course syllabus. CAMFT will review the course to determine if it is substantially the equivalent. All or a portion of the education may be accepted as meeting the coursework requirement.

While I haven't taken the required coursework, I have taught coursework that is substantially the equivalent of that required for CAMFT.

Teaching coursework will be treated the same as having participated in the coursework.

How do I begin the certification process?

Submit an Initial Application form (with payment) to CAMFT.

How do you determine whether the consultant is appropriate?

If the consultant is not a current CAMFT Certified Supervisor, we ask for a vitae or resume of the proposed consultant to determine whether or not the proposed consultant has had both education and training in supervision, as well as experience in providing supervision. If it is not apparent in the vitae or resume, we seek additional documentation which indicates that the consultant has had both experience and education in supervision.

Does CAMFT have a list of CAMFT Certified Supervisors?

CAMFT maintains a list of current CAMFT Certified Supervisors. Contact CAMFT at csp@camft.org to request an electronic copy of the list.

More Questions???

If you have additional questions about the voluntary CAMFT Certified Supervisor Program, please contact CAMFT at (858) 292-2638.

To begin your participation in the program, please complete the Initial Application form enclosed within this handbook.

Acceptance/Rejection of Applications

Initial Application — A letter of acceptance or rejection will be mailed within 30 days of receipt of initial application. The date of acceptance into the program will be the date of the letter of acceptance. The applicant will be informed in writing of any reasons for rejection.

Verification of Completion — A letter of acceptance or rejection will be mailed within 90 days of receipt of the verification of completion form. The applicant will be informed, in writing, of any reasons for rejection.

Appeals

All appeals are required to be in writing. The applicant shall request, in writing, consideration of the appeal by the CAMFT Certified Supervisor Committee; such request must be received by CAMFT within 45 days of the rejection received by the applicant. Upon consideration of the appeal, the application shall be either granted or denied, in writing, which shall occur within 90 days of receipt of the request. If denied, the committee shall provide, in writing, reasons for the denial.

Further appeal is to be made to the CAMFT Executive Committee. Such written appeal must be received by CAMFT within 45 days of the date the denial by the CAMFT Certified Supervisor Committee was received by the applicant. The Executive Committee shall grant or deny the appeal, in writing, within 90 days of receipt of the appeal. If denied, the Executive Committee shall provide, in writing, the reasons for denial. No further appeal may be made.



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initial application

Mail or fax the completed application to CAMFT. Be sure to enclose your check or credit card number. (\$25 if a CAMFT member, or \$50 if a CAMFT non-member). Please make check payable to CAMFT at address above. ***This fee is non-refundable.***

Name: _____ License Number: _____
(Use name exactly as it appears on license)

Date of Initial Licensure in CA: _____ Type of License: _____
(Licensee shall have been California licensed for at least two years at time of application)

CAMFT Member Number: _____ Non-Member (check here) E-Mail: _____

Preferred Mailing Address: _____

City, State, Zip: _____

Office Phone: _____ Home Phone: _____ Fax Number: _____

Name of Proposed Consultant: _____
(Attach a copy of proposed consultant's vitae or resume, if they are not a CAMFT Certified Supervisor)

Type of License: _____ License #: _____
(It is your responsibility to notify CAMFT in writing should you wish to change consultants)

I certify that upon completion of the Supervisor's Written Case Summary, I will review it and approve that it is complete in its entirety, meeting all the required criteria.

Signature of Proposed Consultant Date

Statements of Understanding—In order to qualify for the CAMFT Supervisor Certification:

1. I agree to fulfill the requirements for the certificate in not less than a one-year, nor more than a three-year period of time from the date of acceptance of the application.
2. I agree to complete the required coursework.
3. I agree to gain the supervision experience in no fewer than fifty-two weeks, with not less than one hour of individual or two hours of group supervision per week for each week in which supervision is provided.
4. I agree to engage in supervision consultation of no less than twelve hours, with no less than one hour per month of individual, face-to-face consultation or no less than two hours per month of group consultation for any month in which supervision is provided.
5. I agree to complete and submit a consultation summary and a monthly consultation log.
6. I agree to complete and submit a written supervision case summary and a weekly supervision log.
7. I agree to abide by the Ethical Standards of my profession.
8. I agree that I have read the CAMFT Ethical Standards for Marriage and Family Therapists.
9. I agree to abide by and take reasonable steps to assure that my supervisee(s) abide(s) by the CAMFT Ethical Standards for Marriage and Family Therapists.
10. I agree to comply with the BBS Supervisor Responsibility Statement required by Section 1833.1 of Division 18, Title 16, of California Code of Regulations.
11. I understand that CAMFT has the sole authority to grant, deny or revoke any supervisor certification issued, with or without cause.

I certify that all information contained in this application is true and correct.

Signature of Applicant Date

Method of payment? (Circle one) Check MasterCard/Visa American Express

If paying by credit card, complete below: Amount: _____

Credit Card#: _____ Exp. Date: _____ Card Security Code _____

Signature: _____





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verification of completion

Mail this completed verification to CAMFT. Be sure to enclose your check or charge to your credit card. (\$75 if a CAMFT member, or \$125 if a CAMFT non-member). Make check payable to CAMFT at address above. ***This fee is non-refundable and covers the initial five-year certification.***

Please indicate below any changes from the initial application:

Name: _____
(use name as it appears on initial application)

CAMFT Member Number: _____ Non-Member: _____ (check here)

Preferred Mailing Address: _____

City, State, Zip: _____

Office Phone: _____ Home Phone: _____

Fax Number: _____ E-Mail Address: _____

1. Attach documentation to provide verification of completion of the required coursework.
2. Attach a log of the supervision experience that you have provided for purposes of this application. Supervision experience shall have been gained in no fewer than fifty-two weeks, with not less than one hour of individual or two hours of group supervision per week for each week in which supervision is provided.
3. Attach a log of the supervision consultation that you completed while supervising.
4. Attach the consultation summary. (One page)
5. Attach the written case summary. (3-5 pages)

Statements of Understanding—In order to qualify for the CAMFT Supervisor Certification:

I understand that CAMFT has the sole authority to grant, deny or revoke any supervisor certification issued, with or without cause.

- I agree to indemnify and release CAMFT, and any of its employees, directors, members, officers or agents from any and all liability that results from the services I render as a therapist, supervisor or consultant.
- I certify that all information contained in this application is true and correct. I certify that my license is current and in good standing.

Signature Date

I certify, as the supervision consultant, that the supervisor has been provided no less than twelve hours of supervision consultation with no less than one hour per month of individual, face-to-face consultation or no less than two hours per month of group consultation, for any month in which supervision was provided. ***I certify also that I have reviewed the supervisor's Written Case Summary, and that it is complete in its entirety, meeting all the required criteria.***

Name of Consultant (Please Print) Type of License & License Number

Signature of Consultant Date

Method of payment? (Circle one) Check MasterCard/Visa American Express

If paying by credit card, complete below: Amount: _____

Credit Card#: _____ Exp. Date: _____ Card Security Code _____

Signature: _____

Verification of completion



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Your Name: _____

weekly supervision log

Name of Supervisee	Date of Supervision	Number of Hours Individual Supervision	Number of Hours Group Supervision

Total: _____ Total: _____



weekly supervision log

Your Name: _____

Name of Supervisee	Date of Supervision	Number of Hours Individual Supervision	Number of Hours Group Supervision

Total: _____ Total: _____

Your Name: _____

Dates of Consultation	Number of Hours Individual Consultation	Number of Hours Group Consultation

Total: _____ Total: _____



monthly consultation log

Your Name: _____

Dates of Consultation	Number of Hours Individual Consultation	Number of Hours Group Consultation

Total: _____ Total: _____



application to renew the supervisor certification

Send this completed renewal application. Be sure to enclose a check or charge your renewal to your credit card below. (\$75 for a member of CAMFT or \$125 for a non-member.) The check should be made payable to CAMFT. Application to renew must be postmarked prior to the expiration of the certification. The renewal will be valid for five years from the date of expiration.

Name: _____
(use name as it appears on the application to complete the supervisor certification)

Indicate below any changes from the application to complete the supervisor certification:

Name: _____

CAMFT Member Number: _____ Non-Member: _____ (check here)

Preferred Mailing Address: _____

City, State, Zip: _____

Office Phone: _____ Home Phone: _____

Fax Number: _____ E-Mail Address: _____

1. Attach documentation to provide verification of completion of a BBS-approved one-day workshop (min 6 hours) on legal and ethical issues completed within the five-year period of certification.
2. Attach documentation to verify completion of one of the following:
 - Written review of a book on supervision--no more than three typed pages.
 - Verification showing completion of a BBS-approved one-day workshop (min 6 hours) in supervision.
 - A written one-page description demonstrating participation in an ongoing consultation/supervision group.

I certify that all information contained in this renewal application is true and correct. I certify that my license is current and in good standing.

Signature Date

Method of payment? (Circle one) Check MasterCard/Visa American Express

If paying by credit card, complete below: Amount: _____

Credit Card#: _____ Exp. Date: _____ Card Security Code _____

Signature: _____



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