# **02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION**

**384 BOARD OF ALCOHOL AND DRUG COUNSELORS**

**Chapter 6: STANDARDS FOR CERTIFICATION OF CLINICAL SUPERVISORS**

**Summary:** This chapter states the eligibility requirements for certification to provide clinical supervision to alcohol and drug counseling aides, certified alcohol and drug counselors and licensed alcohol and drug counselors. This chapter also permits certain persons providing clinical supervision on the effective date of this chapter to be certified without examination or detailed practice experience.

**1. Application**

 An applicant shall apply for certification on forms provided by the board. The board will not act on an application until the application is complete. Incomplete applications will be returned to the applicant for completion.

**2. Certain Licensed Mental Health Professionals**

 A psychologist, physician, registered clinical nurse specialist, clinical professional counselor or clinical social worker who is licensed in Maine, and any other licensed or certified mental health professionals who are qualified to provide alcohol and drug counseling services at the independent practice level by virtue of the requirements for that profession, may be certified to provide clinical supervision upon meeting the qualifications set forth in this section and achieving a passing score on the examination described in Section 4 of this chapter.

 **1. Practice Experience**

 Documented proof of 1000 hours of practice in alcohol and drug counseling under the applicant's qualifying license.

 **2. Training in Clinical Supervision**

 Documented proof of 30 hours of didactic training in clinical supervision, which includes at least 6 hours of training in each of the following areas: skills assessment/evaluation; counselor development; management/administration; and professional responsibility.

**3. Licensed Alcohol and Drug Counselors**

 A licensed alcohol and drug counselor may be certified to provide clinical supervision upon meeting the qualifications set forth in this section and achieving a passing score on the examination described in Section 4 of this chapter.

 **1. Practice Experience**

 A LADC with a high school diploma or its equivalent shall submit evidence of 4000 hours of documented clinically supervised work experience as a LADC. A LADC with an associate or bachelor degree shall submit evidence of 2000 hours of documented clinically supervised work experience as a LADC. A LADC with a master degree or higher shall demonstrate 1000 hours of documented clinically supervised work experience as a LADC.

 **2. Training in Clinical Supervision**

 Documented proof of 30 hours of didactic training in clinical supervision, which includes at least 6 hours of training in each of the following areas: skills assessment/evaluation, counselor development, management/administration, and professional responsibility.

**4. Examination**

 The applicant shall achieve a passing score as determined by the board on the examination for clinical supervision designated by the board.

**5. Code of Ethics**

 All certified clinical supervisors must comply with the ICRC/AODA Code of Ethics for Substance Abuse Clinical Supervisors attached to this chapter as Appendix A. In the event of any conflict or inconsistency between the ICRC/AODA Code of Ethics for Substance Abuse Clinical Supervisors and any provision of the board's rules, the board's rules shall prevail.

 [NOTE: The ICRC/AODA Code of Ethics for Substance Abuse Clinical Supervisors attached to this chapter as Appendix A has been revised for clarity of obligation and consistency with Maine law and the board's rules.]

**6. Transition Clause**

 A LADC, or a mental health professional described in Section 2 of this chapter, who has regularly served as a clinical supervisor of alcohol and drug counselors for 3 of the 5 years preceding November 1, 2004 may, until November 1, 2005, apply for certification without the proof of practice experience or passing examination score otherwise required by this chapter. The applicant must show the training in clinical supervision required by Section 2(2) or 3(2) of this chapter in order to qualify for certification under this section.

STATUTORY AUTHORITY: 32 M.R.S.A. §6212, 6216

EFFECTIVE DATE:

 November 1, 2004 - filing 2004-231

APAO WORD VERSION CONVERSION (IF NEEDED) AND ACCESSIBILITY CHECK: July 18, 2025

**Appendix A to Chapter 6**

**ICRC/AODA CODE OF ETHICS FOR SUBSTANCE ABUSE CLINICAL SUPERVISORS**

[NOTE: See also the Code of Ethics in Chapter 9, which applies to alcohol and drug counselors, alcohol and drug counseling aides, and certified clinical supervisors generally.]

**I. Scope**

 This code of ethics applies to persons certified by the board to provide clinical supervision to alcohol and drug counseling aides, certified alcohol and drug counselors and licensed alcohol and drug counselors and applies to their conduct during the performance of their clinical duties as supervisors.

 Supervision is a disciplined and defined clinical activity. It has a parallel, but linked relationship to teaching, consulting, administering and researching. It is a necessary, significant and meaningful aspect of the delivery of competent, humane, ethical and appropriate services to clients/consumers.

**II. Competence**

 A certified clinical supervisor shall limit practice to areas of competence in which proficiency has been gained through education or documentable experience or through the awarding of a reciprocal professional certification of licensure. A certified clinical supervisor shall accurately represent areas of competence, education, training, experience and professional affiliations, in response to responsible inquiries, including those from appropriate boards, the public, supervisees and colleagues. A certified clinical supervisor shall aggressively seek out consultation with other professionals when called on to supervise counseling situations outside their realm of competence. A certified clinical supervisor shall refer supervisees to other competent staff when they are unable to provide adequate supervisory guidance to the supervisee.

**III. Client Welfare and Rights**

 The primary obligation of a certified clinical supervisor is to train substance abuse counselors to respect the integrity and promote the welfare of their clients. A certified clinical supervisor shall have supervisees inform clients that they are supervised and that details of their treatment can and will be discussed or reviewed with a supervisor. Any audio or video taping of a client/consumer's treatment must be authorized in writing. A certified clinical supervisor shall make his or her supervisees aware of clients' rights, including protecting clients' rights to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients also shall be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship. Records of the supervisory relationship, including interview notes, test data, correspondence, the electronic storage of these documents, and audio and video recordings are to be treated as confidential materials. Written permission for use of these materials outside of the supervisory session must be granted by the client. A certified clinical supervisor is responsible for monitoring the professional actions of their supervisees as well as their failure to take appropriate action. A certified clinical supervisor is responsible for the presentation of adequate training for all supervisees in the area of transference, dual relationships, cultural sensitivity and professional deportment.

**IV. Professional Behavior**

 Due to the unique scope of practice substance abuse counselors provide, certified clinical supervisors must monitor the following behaviors of their staff and themselves:

 A. Conviction for the possession or use of any illegal drug, narcotic or mood altering substance;

 B. The use of intoxicants and/or non physician prescribed and monitored mood altering substance when engaged in professional pursuits;

 C. The conducting of intimate, personal and/or business relationships of any kind with any clients or their families. This applies to all clients. A supervisee should have all relationships of this kind reviewed. A certified clinical supervisor shall consult with an objective peer when this issue is raised;

 D. A certified clinical supervisor who is a member of Alcoholics Anonymous, Cocaine Anonymous, Narcotics Anonymous, Al Anon, etc., shall not become a sponsor to any active or discharged client or family member;

 E. In addition to the other obligations required by this code, a certified clinical supervisor violates this code if the supervisor:

 1. Is convicted of any felony;

 2. Is convicted of a misdemeanor related to the supervisor's qualifications or functions;

 3. Engages in conduct which could lead to conviction of a felony or misdemeanor related to the supervisor's qualifications or functions;

 4. Is expelled from or disciplined by other professional organizations;

 5. Has the certification suspended, revoked, or otherwise disciplined by a regulatory body;

 6. Refuses to seek treatment for alcohol/drug abuse, mental/emotional problems, or physical health problems that interfere with professional functioning; or

 7. Fails to cooperate at any point of an ethical complaint investigation;

 F. A certified clinical supervisor respects the dignity and protect the welfare of participants in research and are aware of regulations and professional standards governing the conduct of research, including informed consent;

 G. A certified clinical supervisor makes and abides by financial arrangements with clients, third party payer and supervisees that are understandable and conform to accepted professional practices. A certified clinical supervisor shall disclose any fees to clients and supervisees at the beginning of services and represent facts truthfully to clients, third party payers and supervisees regarding services rendered; and

 H. A certified clinical supervisor accurately represents his or her competence, education, training and experience relevant to practice as a certified clinical supervisor and clinical experience. A certified clinical supervisor assures that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services.

**V. Supervisory Role**

 Inherent and integral to the role of supervisor are responsibilities for monitoring client welfare, insuring compliance with relevant legal and professional standards of service delivery, monitoring clinical performance and professional development of supervisees and evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment and credentialing purposes.

 A. A certified clinical supervisor shall maintain professional decorum and standards.

 B. A certified clinical supervisor shall obtain ongoing training in supervision.

 C. A certified clinical supervisor shall pursue professional and personal continuing education activities to maintain certification and improve supervisory skills. Competency in the Four Performance Domains of ATOD Clinical Supervision must be maintained.

 D. A certified clinical supervisor shall make supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession. In the absence of agency or state policy, industry standards of ethical behavior shall be explained to the supervisee.

 E. A certified clinical supervisor shall not exploit, but shall strive to enable supervisees to be competent, autonomous, professional, judicious, aware of limitations, and to become future supervisors if that is an appropriate career goal.

 F. Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations shall be established and communicated to supervisees.

 G. Supervision is maintained through regular face-to-face meetings with supervisees in group or individual sessions.

 H. Actual work samples via audio, counselor report, video or observation shall be part of the regularly scheduled supervision process.

 I. A certified clinical supervisor shall provide supervisees with ongoing feedback on their performance.

 J. A certified clinical supervisor who has multiple roles (e.g. teacher, clinical supervisor, administrator, etc.) with supervisees shall avoid any conflict of interest caused by these disparate roles. The supervisees shall know the limitations placed on the supervisor and the supervisor shall share supervision when appropriate.

 K. A certified clinical supervisor shall not sexually harass, make sexual advances or participate in any form of sexual contact with supervisees. Supervisors shall not engage in any form of social contact or interaction, which would compromise the supervisor-supervisee relationship. Dual relationships (including outside consults, partnerships, nepotism, etc.) with supervisees that might impair the supervisor's objectivity and professional judgment shall be avoided and/or the supervisory relationship terminated.

 L. A certified clinical supervisor shall not use the supervision process to further personal, religious, political, or business interests.

 M. A certified clinical supervisor shall not endorse any treatment that would harm a client either physically or psychologically and shall ensure the professional quality of the program on which supervisees participate.

 N. A certified clinical supervisor shall not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning.

 O. A certified clinical supervisor shall never supervise past or current clients who are staff or their families.

 P. A certified clinical supervisor shall model appropriate use of supervision for problem solving and practice reviewing.

 Q. A certified clinical supervisor shall be straightforward with supervisees about observed professional and clinical limitations of the supervisee. These concerns must be clearly documented and shared with the supervisee.

 R. A certified clinical supervisor shall not endorse a supervisee for certification or credentialing if the supervisor has documented proof of impairment or professional limitations that would interfere with the performance of counseling duties in a competent and ethical manner. The presence of any impairment shall begin with a process of feedback and remediation so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.

 S. A certified clinical supervisor shall incorporate the principles of: informed consent and participation; clarity of requirements; expectations; roles and rules; and due process and appeal into the establishment of policies related to progressive discipline.

 T. A certified clinical supervisor shall integrate the Core Functions of Substance Abuse Clinical Competency into the supervisor's theoretical and supervisory approach. A clear understanding of the Global Criteria is essential.

 U. A certified clinical supervisor shall be an active participant in quality assurance and peer review.

 V. The supervision provided by a certified clinical supervisor shall be provided in a professional and consistent manner to all supervisees regardless of age, race, national origin, religion, physical disability, sexual orientation, political affiliation, marital or social or economic status. When a supervisor is unable to provide non-judgmental supervision, a referral to an appropriate supervisor with a complete explanation of the supervisee must be made.