

**Certified Clinical Supervisor
(CCS)**

APPENDIX B

Code of Ethical Standards

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Certified Clinical Supervisor Code of Ethics

This code of ethics applies to addiction professionals who are credentialed as Certified Clinical Supervisors (CCS, CCS-M, or DP-S) through MCBAP, and applies to their conduct during the performance of their clinical duties as supervisors.

Supervision:

A disciplined, structured and defined clinical activity. It has a parallel, and linked relationship to education, consultation, administration and research. It is a necessary, significant and meaningful aspect of the delivery of ethical, competent, humane, and appropriate services to clients/consumers.

Rules of Conduct:

These ethics constitute the standards a Clinical Supervisor should maintain. These ethics shall be used to aid in resolving any ambiguity, which may arise in the application and interpretation of these rules.

Competence:

A Clinical Supervisor shall limit practice to areas of competence in which proficiency has been gained through education or documented experience or through the awarding of a reciprocal professional certification or license. A 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 Clinical Supervisor shall aggressively seek out consultation with other professionals when called upon to supervise counseling situations outside their realm of competence. A Clinical Supervisor will refer supervisees to other professionals when they are unable to provide adequate supervisory guidance to the supervisee.

Client Welfare and Rights:

The primary obligation of a Clinical Supervisor is to train S/A counselors to respect the integrity and promote the welfare of their clients. Clinical Supervisors should have supervisees inform and receive permission from clients that they are supervised and that details of their treatment may be discussed or reviewed with a supervisor. Any audio or video taping of a client/consumer's treatment must be authorized in writing. A Clinical Supervisor should make supervisees aware of client's rights, including protecting client's rights to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients should also be informed that their right to privacy and confidentiality would not be violated by the supervisory relationship. Records of the supervisory relationship, including interview notes, test data, correspondence, the electronic storage of these documents, 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 in writing by the client. A Clinical Supervisor is responsible for monitoring the professional actions of their supervisees. A Clinical Supervisor is responsible for monitoring the professional actions of their supervisees. A 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.

Professional Behavior:

Due to the unique scope of practice substance use disorder counselors provide, Clinical Supervisors must monitor the following behaviors of their staff and themselves:

- a. Public intoxication, defined as any incident of alcohol consumption or use of mood altering substances that result in public display of behavior commonly associated with intoxication.
- b. Arrest for the possession or use of any illegal drug, narcotic or mood altering substance.
- c. The use of intoxicants and/or non-physician prescribed and monitored mood-altering substance when engaged in professional pursuits.
- d. The conducting of intimate, personal, and/or business relationships of any kind with any client or their families.
- e. Clinical Supervisors who are members of Alcoholics Anonymous, Cocaine Anonymous, Narcotic Anonymous, Al-Anon, etc. shall not become a sponsor to any active, discharged client or family member.
- f. The Clinical Supervisor is in violation of this code and are subject to revocation and/or other appropriate action if they:
 - 1. Are convicted of any felony
 - 2. Are convicted of a misdemeanor related to their qualifications or functions
 - 3. Engaged in conduct that could lead to a conviction of a felony or misdemeanor related to their qualifications and/or function
 - 4. Are expelled or disciplined from any other professional organization
 - 5. Have their license or certification revoked, suspended or disciplined by a regulatory body
 - 6. Shall refuse to seek treatment if deemed impaired
 - 7. Fail to cooperate in any ethical complaint investigation
- g. The Clinical Supervisor respects the dignity and protects the welfare of participants in research and are aware of regulations and professional standards governing research including informed consent.
- h. The Clinical Supervisor makes financial arrangements with clients, third party payers and supervisees that are understandable and conform to accepted professional practices. Supervisors do not allow the agency and/or supervisees to accept payment for referrals. Clinical Supervisors disclose any fees to the clients and supervisees at the beginning of services and represent facts truthfully to clients, third party payers and supervisees.
- i. The Clinical Supervisor accurately represents their level of competence, education, training and experience relevant to their role of supervision and clinical experience. The Clinical Supervisor assures that any advertisement and/or promotional material accurately conveys information that is necessary for the public to make an informed choice for selection of services.

Supervisory Role:

Inherent and integral to the role of supervisor are responsibilities for monitoring of 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. The Clinical Supervisor must maintain professional decorum and standards. Unprofessional behaviors outlined in #6 above will not be tolerated.
- b. A Clinical Supervisor should pursue professional and personal continuing education activities to maintain their CCS credential and to improve their supervisory skills. Competency in the IC&RC

Performance Domains of Clinical Supervision must be maintained.

- c. A Clinical Supervisor shall make their 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 should be explained to the supervisee.
- d. A Clinical Supervisor should 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.
- e. Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.
- f. Actual work samples via audio, counselor report, video or observation should be part of the regularly scheduled supervision process.
- g. Supervision is maintained through regular face-to-face meetings with the supervisee in-group or individual sessions.
- h. A Clinical Supervisor should provide supervisees with ongoing feed back on their performance.
- i. A Clinical Supervisor who has multiple roles (e.g., teacher, clinical supervisor, administrator, etc.) with supervisees should avoid any conflict of interest caused by these disparate roles. The supervisee should know the limitations placed on the Clinical Supervisor and the supervisor should share supervision when appropriate.
- j. A Clinical Supervisor should not participate in any form of sexual contact (including sexual harassment and sexual advances) with supervisees. Supervisors should not engage in any form of social contact or interaction, which would compromise the supervisor-supervisee relationship. Dual relationships (including outside consultants, partnerships, nepotism, etc.) with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.
- k. A Clinical Supervisor shall not use the supervision process to further personal, religious, political or business interests.
- l. A Clinical Supervisor should not endorse any treatment that would harm a client either physically or psychologically.
- m. A Clinical Supervisor should not establish a psychotherapeutic relationship as a substitute for or as an addition to supervision. Personal issues should be addressed in supervision only in terms of the impact on these issues on clients and on professional functioning. A supervisor with concurrent clinical service responsibilities shall not accept as a client any person who is a supervisee, unless no alternative service arrangement is available.
- n. A Clinical Supervisor shall never supervise a current client or a current client's immediate family member who is staff. A supervisor shall avoid whenever possible supervision of a former client or a former client's family member who is now staff. If supervision of a former client or their family member is unavoidable, additional diligence is expected to assure both the supervisee and the supervisor that objectivity is maintained in their professional relationship, and that confidentiality from the past therapeutic relationship is upheld. "Client" means an individual with whom the supervisor has or had a direct therapeutic or other interactive clinical relationship. General knowledge of a staff member's past treatment provided by other clinical professionals, does not define the staff member as a former client.

- o. A Clinical Supervisor should model appropriate use of supervision themselves for problem solving and practice review.
- p. A Clinical Supervisor must be straightforward with supervisees about observed professional and clinical limitations of the supervisee. These concerns must be clearly documented and shared with the supervisee.
- q. A Clinical Supervisor who is a member of Alcoholics Anonymous, Narcotics Anonymous, Al Anon, etc., should never sponsor a supervisee.
- r. A Clinical Supervisor should 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 such impairment should begin with a process of feedback and remediation whenever possible 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 Clinical Supervisor should 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 Clinical Supervisor must be able to integrate the 12 Core Functions of Substance Abuse Clinical Competency into their theoretical and supervisory approach. A clear understanding of the 46 Global Criteria is essential. [Ref. CSAT-SAMHSA publication, TAP 21. DHHS No. 02-3625)
- u. A Clinical Supervisor ensures the professional quality of the program that their supervisees participate in.
- v. A Clinical Supervisor should be an active participant in quality assurance and peer review.
- w. The supervision provided by a credentialed Clinical Supervisor must 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, social or economic status. When a supervisor is unable to provide non-judgmental supervision a referral to an appropriate supervisor with a complete explanation to the supervisee must be made.