

# Common Questions & Best Practices for MN Board-Approved Supervisor Part I



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# Definitions

## Minn. Rule 5300.0100



Subp. 15. **Supervisee.** "Supervisee" means an individual who is supervised while engaged in a graduate program practicum or internship, or postgraduate experience needed to obtain credentialing by the board, or to comply with a board order.

Subp. 16. **Supervision.** "Supervision" means taking full professional responsibility for training, work experience, and performance in the practice of marriage and family therapy of a supervisee, including planning for and evaluation of the work product of the supervisee, and including face-to-face contact between the supervisor and supervisee.

Subp. 17. **Supervisor.** "Supervisor" means an individual who has met the requirements in part [5300.0160](#), has been credentialed as a supervisor by the board, and takes full professional responsibility for the practice of the supervisee during a specific time to enable the supervisee to:

- A. complete a practicum or internship;
- B. complete a postgraduate supervised experience to obtain credentialing by the board;
- C. satisfy a board requirement or order.

# Requirements for Supervisor

## Minn. Rule 5300.0160



- Subp. 1. Requirements. A supervisor is acceptable to the board if the supervisor was listed by the board under this part prior to August 1, 2016....After August 1, 2016, new supervisors are acceptable to the board if the supervisor meets the requirements of either subpart 2 or 3.
- Subp. 2. Board-approved supervisor requirements. An applicant for board-approved LMFT supervisor status will be approved by the board if the applicant:
  - A. is licensed as a marriage and family therapist in Minnesota;
  - B. has at least four years and 4,000 hours of experience in clinical practice as a licensed marriage and family therapist; and
  - C. provides evidence of training in supervision. Evidence must be shown through completion of a board-approved MFT supervisor training course equivalent to three semester hours from a graduate program of a regionally accredited institution, 30 hours of an AAMFT-approved supervisor training course, or 30 hours of coursework in a board-approved MFT supervision education course.
- Subp. 3. AAMFT-approved supervisor status. An applicant for board-approved LMFT supervisor status will be approved by the board if the applicant is designated an approved supervisor by the American Association for Marriage and Family Therapy (AAMFT).

# Responsibilities of Supervisor

## Minn. Rule 5300.0170



A supervisor must:

A. be knowledgeable of current clinical skills required for effective delivery of marriage and family therapy services;

B. be knowledgeable of current literature in the field of marriage and family therapy, including professional ethics, and be knowledgeable of the basic skills and service delivery of supervision;

C. see that all supervised work is conducted in an appropriate professional setting, with adequate administrative and clerical controls, so as to assure the quality and competency of supervised activities; and

D. devote at least ten percent of the required continuing education hours to supervision training and skills.

# Requirements of supervision



- Supervision must “focus on the raw data from the supervisee’s clinical work that is made directly available to the supervisor through means of written clinical materials, direct observation, audio or video recordings, or other reporting methods.” Minn. Rule 5300.0150, subp. 5 (D).
- “Supervisees must make data from their clinical work directly available to the supervisor through written clinical materials, direct observation, audio or video recordings, or other reporting methods.” Minn. Rule 5300.0155, subp. 4(E).

# Board-Approved Supervisors by the #'s



- November 2016
- 616 Board-approved LMFT Supervisors (2,141 LMFTs)(28.7%)
- 240 initial LMFT applicants in 2016 (227 in 2017)  
325 LAMFTs
- Supervisors concentrated in metro area

- September 2018
- 696 Board-approved LMFT Supervisors (2,407 LMFTs)(28.9%)
- 190-200 initial applicants projected for 2018  
370 LAMFTs
- Supervisors still concentrated in metro
- 54 AAMFT-approved supervisors

# Questions We Hear ALL the Time



**ON AVERAGE, THE 3 BOARD STAFF SEND 50-75 EMAILS A DAY AND RESPOND TO 15-20 PHONE CALLS DAILY**

# How Long is an Hour?



- Topic ripe for abuse. One hour is one hour.
- Board has sought to avoid a 60-minute *mandate* so that client sessions and supervision sessions work as part of a professional's normal, scheduled day.
- Supervision session on Saturday from 8:00 – 12:00 = 4 hours (not 4.5 or 4.75)
- Note: Board has never indicated or endorsed allowing 40 minutes, or even 45 minutes, to count as an hour of therapy or supervision.
- Some avoid the issue by tracking all time in minutes and then converting total time into hours for purposes of reporting to the Board. (For example, a week's worth of supervision may total 135 minutes which equals 2.25 hours of supervision; or 1,400 minutes of client contact which equals 23.3 hours of therapy.)
- If your practice of tracking time with your supervisees has not followed this model, you are asked to change your practice now.

# What is a relational therapy hour?



- Minimum of 500 hours of therapy with “couples, families, or similar/other relational groups” required for LMFT licensure. (Minn. Rules 5300.0150 & 5300.0155)
- “Relational therapy” not defined in rule or statute.
- COAMTE’s definition: *“The actual time with the relational unit in the room counts toward relational hours. For example, if the student is working with parents and a child and sees the child alone for 25 minutes of the session and the child and parents together for 25 minutes, only 25 minutes of that time counts toward the relational hours requirement.”*

# What is a relational therapy hour?



- Therapy provided solely to an individual is unlikely to qualify as “relational” therapy in meeting the 500-hour requirement.
- A therapist may meet alone with one member of a relational system, to facilitate progress with the relational treatment plan. Similarly, a therapist may meet one-on-one with a child, and such time may qualify as relational therapy when utilized/incorporated into the relational treatment plan of the family. But analysis on a case-by-case basis is required.

# What is a relational therapy hour?



- Is group therapy relational?
  - Generally, no. Unrelated individuals coming together to discuss a shared issue.
  - Some residential/group settings, where membership is stable and interactions similar to that of a family, may be an exception and hours may be logged as relational. Who decides? Board-approved supervisor.
- Other factors to consider:
  - Does the treatment plan identify relational goals to be addressed in therapy?
  - Is therapy provided from a systemic perspective (vs. individual perspective)?
  - Can the supervisee identify how s/he approached the therapy from a systems-based perspective, how s/he incorporated the relational structure into the treatment and goals?
  - Regardless of frequency of interaction with others (i.e. family members), are relational goals a focus of overall treatment?

# Group Supervision



- Group Supervision – How big is too big?
- Rule defines group supervision as “supervisor and no more than six supervisees are present.” = 7 total
- Group supervision beneficial in allowing participants to learn from each other, BUT it must provide all the opportunity to participate and receive clinical input.
- Allowing unlimited #'s of “others” in the room changes dynamic from supervision to instruction.

# Rate of Supervision



- Most Important: Supervision must be **regular and consistent** throughout the supervised practice period so as to insure public protection.
- Supervisee may only log 100 hours of supervision toward licensure in a 12-month period; equates to approximately 2 hours of supervision per week (for therapist working full-time).
- Too little/infrequent supervision – A problem.
- Too much supervision – Maybe a problem (if it results in far less supervision at a different point in the supervised practice period).

# When may supervision end?



- When your supervisee becomes an LMFT.
- Supervision must be regular and consistent so as to insure public protection.

Does that automatically mean less supervision once the 200-hour supervision requirement is met? No.

Does it mean a lesser rate of supervision may be appropriate towards the end of a supervised experience period? Maybe.

Fact dependent. Supervisee dependent. Supervisor dependent.

- What doesn't change: Supervision must be regular and consistent so as to insure public protection.

# Is this a job where you can log clinical hours?



- Supervised experience a process whereby an individual becomes skilled at providing independent therapy to individuals and families/couples, under supervision, such that s/he is prepared to practice independently.
- Requires “assessment, diagnosis, and treatment of mental illness and cognitive, emotional, and behavioral disorders,” so it is presumed that utilization of these skills are to be part of the direct client contact experience.

# Is this a job where you can log clinical hours?



- Position description often not determinative. Things to consider:
  - Does position require case note preparation?
  - Does position require assessment, diagnosis & treatment?
  - Is position responsible for informed consent?
  - Does position require use of MFT skills?
- Primary contact point for supervisee: Board-approved supervisor
  - ....with Board assistance if required.

# How to report hours across multiple supervisors?



- Accurately report dates of supervisory relationship (start/end) and exact supervision hours provided by each supervisor.
- Acceptable to apportion logged client contact hours between overlapping Board-approved supervisors.
  - Think about the actual numbers: How long was the period of overlap? Was supervision provided at a similar rate? Equal apportionment is ok when supervision rates are similar.
  - Not okay to simply divide hours equally across all supervisors without regard to length of supervision.
  - Shouldn't report supervision hours without attaching *some* clinical client hours to that supervisor. If no clinical client hours, what was the supervision about?

# Questions the Board Can't Answer



## Supervision-Related:

- My supervisee just did “X,” do I have to report it?
- I have a “bad” supervisee; what should I do?

## Practice-Related:

- Billing
- Mandated Reporting
- Record disclosure
- Electronic therapy
- Case Consultation

# Best Practices



- 1<sup>st</sup> meeting with new supervisee –
  - Have you filed your initial application with the MN Board of MFT?”
    - ✦ Rule 5300.0155 – applicant has six months after starting supervised practice to become an applicant; any longer, s/he loses hours
  - What graduate degree date appears on your transcript?
    - ✦ Can't log hours before that date.
  - Are you working in a therapy job? (if an outside supervisor)
    - ✦ Supervision absent clinical work may quickly become problematic.

# Best Practices



- Supervision contract (there should be one!)
- Supervisor should track & verify supervisee hours (further discussion in Part II)
- Supervision must involve data from clinical work made “directly available” to the supervisor.
- Who are supervisee’s other supervisors (LMFT Board-approved & others) – now & prior? How would you know if they changed?

# Supervision Contracts



- Supervisor information (professional training & experience, models of supervision, theoretical perspective, etc.)
- Structure of supervision – Time/frequency/duration; format of supervision; meeting site(s); fees
- Expectations & responsibilities of supervisee(s) – Preparation; punctuality; openness to feedback; goals/objectives/strategies; liability insurance (provide copy of coverage statement); procedures for evaluation of supervisor

# Supervision Contracts (cont'd)



- Expectations & responsibilities of supervisor – Models of supervision & strategies used; Focus on quality of client care, as well as development of the professional; Documentation; procedures for feedback & evaluation of supervisee(s); emergency availability; paperwork/verification/endorsement
- Evaluation criteria / Exiting process
- Review of ethical standards & impact on supervision
- Due process (how will difficulties be resolved)
- Agreement statement (signatures & date)

# Best Practices



- If you have issues regarding supervisee's clinical work: document, discuss, follow-up, follow through, resolve or report. Don't punt.
- If you have issues with a supervisee unrelated to clinical work: see above.
- Document and "close" the supervisory relationship; be clear up front as to what must happen at the end.
- Complete Post-Grad Verification Form *when supervision ends*.
- Complete Post-Grad Verification Form *yourself* w/supervisee input or at minimum meet w/supervisee and review form before signing.



Starting date – must be after transcript degree date.

Complete form when supervision end.

Check hour logs regularly. Verify/initial/check the math.

Supervisor should complete Board forms – or at least complete with supervisee.

Overlapping supervisors? Divide out client contact hours. (Not that hard to do)

Address concerns when they arise. Not required to sign if concerns about supervisee's ability to practice safely.

**POST-GRADUATE EXPERIENCE AND SUPERVISION VERIFICATION FORM**

**SECTION 1: To be completed by the APPLICANT**

Applicant Name: Last	First:	Middle:	Suffix
Place of Employment/Site of Clinical Experience:			

**SECTION 2: To be completed by the CLINICAL SUPERVISOR**

The information listed below must reflect only those post-graduate activities and services the applicant performed under supervision by a MN Board-approved LMFT supervisor or, if client contact and supervision occurred in another jurisdiction, an LMFT authorized to provide supervision for purposes of licensure in that other jurisdiction. Experience and supervision must be done concurrently.

EXPERIENCE and SUPERVISION was conducted and completed between \_\_\_\_\_ and \_\_\_\_\_ as follows:  
(mm/dd/yyyy) (mm/dd/yyyy)

EXPERIENCE	SUPERVISION
Post-Graduate: 1,000 client contact hours, with at least 500 hours with couples/families, over a <u>minimum</u> of 24 months	Post-Graduate: 200 clock hours, with at least 100 hours of individual supervision, over a <u>minimum</u> of 24 months
(a) _____ hours of face-to-face clinical client contact with couples and families for the purpose of diagnosis, assessment, and treatment	(a) _____ hours of face-to-face individual supervision providing assessment and evaluation of applicant's clinical work (no more than two supervisees present)
(b) _____ hours of face-to-face clinical client contact <u>other than</u> with couples and families (individual or other) for the purpose of diagnosis, assessment and treatment	(b) _____ hours of electronic individual supervision (no more than two supervisees present)
_____ TOTAL HOURS of post-graduate client contact	(c) _____ hours of face-to-face group supervision providing assessment and evaluation of applicant's clinical work (no more than six supervisees present)
<i>All supervision forms submitted with application, added together, must equal at least 500 hours of direct client contact with couples and families and total direct client contact hours of at least 1,000 hours.</i>	(d) _____ hours of electronic group supervision (no more than six supervisees present)
	_____ TOTAL HOURS of post-graduate supervision
	<i>All supervision forms submitted with application, added together, must equal at least 100 hours of individual supervision and total supervision of at least 200 hours. No more than 50 hours of synchronous electronic supervision may be reported.</i>

Supervisor Name (print): \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

State where experience/ supervision took place	License Credential	License Number	License Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

I DECLARE that the statements made on this verification are true and complete to the best of my knowledge, that the applicant completed the post-graduate supervised experience and supervision hours documented on this form, and that I am aware of no fact or circumstance that would disqualify this applicant from seeking LMFT licensure.

Supervisor Signature: \_\_\_\_\_

# Supervision Potpourri



- No one “automatically” becomes an LMFT Board-approved supervisor. Everyone (even AAMFT-approved supervisors) must apply to the Board & receive notice of approved supervisor designation before providing supervision for purposes of licensure.
- Individuals providing supervision under supervision (for purposes of obtaining AAMFT-approved supervisor status) are not LMFT Board-approved supervisors.
- Changes to licensee address data (at time of renewal or as needed) do not carry over to Board-approved supervisor listing. Must email the Board to advise of necessary changes to website listing of Board-approved supervisors.
- No designation attaches to credential with granting of approved supervisor status (no “LMFT-S”); may indicate “MN Board of MFT Approved Supervisor” or similar.

# Common Questions & Best Practices for MN Board-Approved Supervisor Part I



## QUESTIONS?

**mn** MINNESOTA  
BOARD OF MARRIAGE  
AND FAMILY THERAPY

# Common Questions & Best Practices for MN Board-Approved Supervisor Part II



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# Supervisory Best Practices - Discussion



- How does a supervisor provide adequate clinical supervision of an applicant for licensure when not working at the same place of employment?
  - What if supervisor on site contradicts/negates your supervisory recommendations & input? What do you do?
- How do I counter/address a mentality (my own, my supervisee) that supervision is a mathematical exercise (i.e. a supervisor's job is to assist in the logging of hours which are counted & then should verify the counting of the hours as accurate)?

# Supervisory Best Practices - Discussion



- What is my role in tracking/verifying hours logged by a supervisee?
- Am I clinically liable for the work of my supervisee? Even if serving as an outside supervisor? And, if yes, how liable?
- How do I manage self-care as a supervisor & how do I assist my supervisee in managing self-care?

# Supervisory Best Practices - Discussion



- Should I file a complaint against a supervisee? Should a supervisee file a complaint against a supervisor? And, if yes, under what circumstances.
- Can I supervise an applicant for licensure trained & utilizing a therapy technique in which I am not trained? If not, what should happen?
- Am I isolated as a supervisor? Do I continue to receive adequate training, consultation and support?

# Common Questions & Best Practices for MN Board-Approved Supervisor Part II



**THANK YOU FOR  
PARTICIPATING**

