

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
OFFICE OF THE MEDICAL DIRECTOR  
4.7 PARAMETERS FOR CLINICAL SUPERVISION IN DMH OUTPATIENT PROGRAMS

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## **I. Introduction**

Clinical supervision is a mutually agreed upon relationship between two professionals; one having a greater degree of knowledge and skill helping the other to further develop his/her skill level thus improving the quality of service to the consumer. Unlike a consultant, the supervisor is legally and ethically responsible for the work of the supervisee, and the supervisee is expected to utilize the professional opinions, suggestions, and assignments of the supervisor. The supervision process involves the supervisee sharing both the details of his/her work, as well as feelings about the work and his/her clients. It is through this process that many obstacles to personal and professional growth and skill enhancement are identified and overcome, at the same time improving treatment outcomes and clarifying and advancing the missions and goals of the agency.

## **II. Definition**

1. Clinical supervision is defined as the process by which a departmentally affiliated, qualified and designated clinician directs, monitors, mentors, and develops specific clinical activities of a supervisee. The range of activities is determined by the clinical responsibilities and licensure status of the supervisee.
2. The clinical supervisor may have additional administrative supervisory responsibilities for the supervisee (e.g., scheduling, case assignment, performance review), as delegated by the program manager.
3. The clinical supervisor may have additional responsibilities for creation of reports regarding quality of clinical care.
4. The purpose of clinical supervision is to assure the development of a supervisee's individual clinical skills, an enhanced quality of clinical services provided to consumers, and integration of clinical interventions with the overall treatment plans and goals.
5. Clinical supervisee may include any one of the following categories: licensed staff, waived staff, and student interns.

## **III. Availability of The Clinical Supervisor**

1. All clinical staff should have as-needed access to direct clinical supervision in a timely fashion in addition to regularly scheduled clinical supervision.
2. When the specifically designated clinical supervisor is absent, other qualified clinical supervisors should be available.



#### **IV. Frequency of Clinical Supervision**

All clinical staff should participate in relevant discussions about the clinician's individual clinical activities, such as review of assigned cases, development of clinical skills, and reviews of relevant clinical policies and parameters with a clinical supervisor in regularly scheduled supervisory sessions. The frequency of the supervision will be dictated by the supervisee's status, clinical necessity, and DMH policy.

#### **V. Documentation of Clinical Supervision**

1. Clinical supervision should result in a specifically structured and updated supervisory plan and regular documentation that reports on quality of clinical care provided by supervisee.
2. Clinical supervisors should maintain a file in which each supervision contact is documented including the supervisors' and supervisee's names, date and time, cases discussed, type of supervision (group or individual), and any changes in treatment suggested by the supervisor.

#### **VI. Scope of Clinical Supervision**

All clinical work is associated with an identified clinical supervisor

#### **VII. Requirements of Clinical Supervision**

1. The scope of practice of the clinical supervisor should include all of the DMH clinical activities in which the supervisee engages under that supervision.
2. The discipline of the clinical supervisor should be consistent with all professional licensing requirements of the supervisee, and with all applicable statutory and regulatory requirements of the clinical program.
3. Clinical supervisors should have technical expertise in clinical practice and clinical supervision that is consistent with any Department requirements for performance of such activities.
4. Clinical supervisors should have sufficient time to fulfill clinical supervisory assignments
5. The assignment of supervisees to supervisors should take into consideration such issues as size of supervisee's and supervisor's caseloads and other assigned responsibilities.

#### **VII. Accountability of Clinical Supervisors**

1. Administrative actions resulting from clinical supervision should be explicitly approved by the responsible program manager.
2. Ongoing evaluation of clinical supervisors by DMH administration includes input from a variety of sources including but not limited to reports from supervisees, program managers, other clinical supervisors, staff, and community contacts.

## **VIII. Training for Clinical Supervision**

Training for clinical supervision should be available from senior supervisors, the program manager, and through the Department's Training and Cultural Competency Bureau.

## **IX. Format and Content of Clinical Supervision**

1. The clinical supervisory process may occur in a variety of formats, (e.g. individual, group, face-to-face, and electronically).
2. Clinical supervision should be conducted under conditions that assure the privacy and confidentiality of clinical material.
3. The supervisory process is characterized by trust, collaboration, mutual respect, open communication, and a goal of clinical excellence.
4. The content of clinical supervision is governed by applicable DMH policies regarding confidentiality, employee relations, and best practices.

## **X. Clinical Responsibility of Clinical Supervisors**

1. The clinical supervisor has the legal and ethical responsibility to ensure the safety and well being of consumers being served by the supervisee.
2. In instances where clinical supervision reveals potentially adverse clinical practice that is not correctable by the supervisee, the clinical supervisor assumes responsibility for the case pending transfer to another appropriate clinician.

## **XI. Legal and Ethical Considerations**

All clinical supervision should comply with Federal and State requirements and should be consistent with the ethical guidelines of the profession.