

# Supervision Informational and Educational Binder

## McManaway and Associates LPC. ALPS (WV), LCPC (MD), LMT (WV), (MD)

Documents and Policies to inform and provide a framework  
for the supervision process of  
Students and LGPC (Maryland),  
Provisional LPC (West Virginia);  
Consultation for LCPC (Maryland) and LPC (West Virginia);  
Supervision and Consultation for LMT (Maryland and West  
Virginia) and RMP (Maryland)

4/18/2013

McManaway and Associates

Tara G McManaway LPC ALPS Wv0715 LCPC Md4997 LMT Wv0076 Md01632

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## General Statement of Accountability

In addition to meeting the standards set forth in the following policies, laws and ethical statements, supervisees are expected to conduct themselves in an ethical, responsible and professional manner. They must be knowledgeable of and at all times adhere to the general standards of professional ethics and practice set forth by the American Counseling Association (ACA) as well as the additional standards set forth for counseling practice in specific settings (e.g., the International Association of Marriage and Family Counselors, Association for Specialists in Group Work (ASGW, etc.) and the National Board for Certified Counselors. The general and specific ACA standards for ethical practice are listed on the ACA web site at <http://www.counseling.org>. The general and specific NBCC standards for ethical practice are listed on the NBCC web site at <http://www.nbcc.org/Assets/Ethics/nbcc-codeofethics.pdf>. At the outset of this supervision contract, supervisees are directed to review these standards and seek any clarification needed from the supervisor.

As future professional counselors, the profession and this supervisor expects supervisees to be concerned about other people, to be stable and psychologically well adjusted (personally and professionally), to be capable of effective interpersonal relationships, to be able to receive and apply feedback willingly, and to give feedback constructively. Further, supervisees are expected to behave generally in a manner that demonstrates fitness for a role in the counseling profession. Finally, McManaway and Associates expect supervisees contracting for supervision to be committed to continued personal growth and professional development and to demonstrate that commitment through self-reflection and responsiveness to supervision in all activities related to their degree program. McManaway and Associates believes that it is ethically imperative that counselors be willing to do in their own lives what they ask their clients to do in theirs.

For all the reasons cited above, the supervisor will regularly monitor not only supervisees' theoretical progress but also selected personal characteristics that will affect their performance in the field. The purpose of this monitoring process is to ensure that all supervisees of McManaway and Associates possess those characteristics sufficiently that they do not interfere with their professionalism or helping capacity. In this way we can assure that the reputation of our supervision processes and our

recommendations for successful completion of supervised practice will be held in the highest esteem.

## Required disclosures and releases

All supervisees will provide the supervisor with a copy of their disclosure form for Maryland (<http://dhmh.maryland.gov/bopc/pdfs/sampleprofessionaldisclosure.pdf>) or West Virginia ([http://www.wvbec.org/images/PL\\_Disclosure\\_Statement\\_Instructions10.2008.pdf](http://www.wvbec.org/images/PL_Disclosure_Statement_Instructions10.2008.pdf)). In that informed consent, supervisees shall clearly state the following: Supervisees Name, LGPC, ( or provisional LPC) is supervised and mentored by Tara McManaway , LPC, ALPS WV#715, LCPC (MD#4997)in compliance with the State of Maryland's (or West Virginia's) Board of Professional Counselors and Therapists, 4201 Patterson Avenue, Baltimore, Maryland 21215 (410.764.4732). They will also provide a copy of malpractice coverage meeting the standards of the placement, and any certificates of professional memberships and state licenses. A release of information from the placement site which includes a statement of understanding between this supervisor and the placement site will also be required. Informed consent is required of each client of the supervisee including but not limited to releasing digital recording either video or voice, client files, and consultation permission.

For more information interested parties can refer to the section on references in this Binder or to the Best Practices in Supervision, published by ACES. <http://www.acesonline.net/wp-content/uploads/2011/10/ACES-Best-Practices-in-clinical-supervision-document-FINAL.pdf>

Fees are due at the time of service. Cancellations may be charged at ½ the standard rate with 24 hours notice for either group or individual sessions. Cancellations for after hours sessions, online sessions or without 24 hours notice are charged at the full rate for group or individual sessions. Supervision sessions will not continue until all fees are paid and up to date.

## Personal Disclosure and Informed Consent of Supervision

### Personal Disclosure and Informed Consent of Supervision

McManaway and Associates

Tara McManaway

#### Supervisor's Scope of Practice:

Tara McManaway, LPC ALPS (WV715) of **McManaway and Associates** received her Master's of Divinity in Counseling and Theology from Vanderbilt University in 1981 and has been a Licensed Professional Counselor and Approved Licensed Professional Supervisor in WV(715) since the inception of licensure in 1988. She is licensed in Maryland as an LCPC. In addition, she has attended West Virginia University and Johns Hopkins University for post Master's Degree Training in counseling and supervision and is enrolled in the Certificate of Advanced Graduate Study in Counseling and Supervision at JHU.

She began her practice in crisis intervention, youth counseling and substance abuse in the late 1970s. In the 1980s she practiced as a generalist Marriage, Family, Individual and Child therapist first with Tri County Pastoral Counseling Services and then in private practice at Berkeley Springs Wellness Services. Ms McManaway is also a Licensed Massage Therapist, in practice since 1989, licensed in the state of Maryland and West Virginia. Her clinical work has evolved and can be best described as integrative practice of mind, body and spirit. While her training is grounded in systems theory of Minuchin and Haley, her therapeutic approach is more integrative and eclectic including training in Gestalt, Brief Therapies, CBT, REBT, psychoneuroimmunology (PNI) as well as the Myers Briggs Type Inventory. She ascertains the needs and levels for and with the client/supervisee and develops a plan for supervision to meet those needs. A complete listing of Continuing Education and other certifications is available in the **McManaway and Associates' Supervision Information Binder** on file in the office and on the website. Ms McManaway is a Professor in the Health Sciences Division at the College of Southern Maryland. (Courses taught and responsibilities are listed in her Vitae available **McManaway and Associates' Supervision Information Binder**.) Her experience as program coordinator and with supervision of entry level and advanced students in massage therapy provide her with a unique understanding of mind/body work from the perspective of bodyworkers, counselors and integrative practitioners. All combined, her experience is best suited to LGPC/ LCPCs, LMTs and integrative practitioners.

#### Context of Services:

- One clock hour of individual supervision for each \_\_\_\_\_ (state number here) client contact hours.
- One clock hour of group supervision for each \_\_\_\_\_ (state number here) client contact hours.
- Individual Supervision will be conducted on site at one of the office locations of **McManaway and Associates**.
- An eclectic and integrative model of supervision will be used. The Supervisor, in consultation with the supervisee, ascertains the needs and levels for and with the client/supervisee and jointly develops a plan for supervision to meet those needs. More information can be found in the **Supervision Information Binder**.
- \_\_\_\_\_

1 Initial and Date \_\_\_\_\_ Supervisee Initial and Date \_\_\_\_\_ Supervisor

**Method of Feedback:**

- Feedback will be provided by the Supervisor during each session and a formal evaluation following the rubric(s) on the last page of this document and will be conducted at regular intervals but no less than monthly. A narrative evaluation will also be provided at mid-contract and at the conclusion of the contract. Copies will be available for all parties and may be supplied to licensing bodies as requested.
- The Supervisor welcomes evaluation and evaluations will be conducted at regular intervals but no less than monthly. A narrative evaluation will also be provided at mid-contract by the supervisee and at the conclusion of the contract. Copies will be available for all parties and may be supplied to licensing bodies as requested.

**Responsibilities of the Supervisor:**

- Establish written contract items related to frequency of individual and/or group supervision sessions, formal and informal evaluations, contact information, etc.;
- Ensure that the supervisee is practicing within the scope of the supervisee's license;
- Determine the skill level at which the supervisee may practice;
- Focus on raw data from the supervisee's practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervisory sessions;
- Ensure that the supervisee has read and is knowledgeable about Health Occupations

Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and state and federal laws related to reporting requirements and emergency procedures for high risk or abused clients, as well as confidentiality and privileged communication;

- Within a reasonable period of time before termination of supervision, provide the supervisee and employer with a notice of termination to avoid or minimize any harmful effect on the supervisee's clients or patients;
- Be responsible for the clinical professional practices of the supervisee;
- Provide for emergency supervision and direction to the supervisee by a Board-approved supervisor;
- Provide a written evaluation of the supervisee's progress to the supervisee every \_\_\_\_ month(s) according to and following the evaluation guidelines in this form below. Copies of this are also in the **Supervision Information Binder** on file in the office located at \_\_\_\_\_ Maryland. Phone contact 240-776-2013

**Responsibilities of the Supervisee:**

- Verify that the supervisor has been approved by the Board;
- Establish and execute the written contract for supervision before beginning to practice clinical professional counseling;

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## Personal Disclosure and Informed Consent of Supervision

- [McManaway and Associates](#)
- Tara McManaway

**2** Initial and Date \_\_\_\_\_ Supervisee Initial and Date \_\_\_\_\_  
 \_\_\_\_\_ Supervisor

- Attend and participate in supervision as agreed in the written contract for supervision;
- Prepare for supervision using case materials related to the supervisee's clinical counseling practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervision, to be available for verification to the Board, on request by the Board or its authorized agent;
- Refrain from engaging in the practice of clinical professional counseling independent of supervision, (i.e., solo practice);
- Provide each client with a copy of a professional disclosure statement as described in Health Occupations Article, 17-507, Annotated Code of Maryland and COMAR 10.57.12 or WV code §27-1-10. *Professional Disclosure*-clearly stating that counseling services are provided under clinical supervision, and provides the name of the supervisor with address and contact information;
- Obtain a signed release of information and informed consent for treatment form from the client which indicates that the client: 1) is aware that counseling services are being provided under clinical supervision; 2) consents to the recording of counseling sessions with the knowledge that the recording may be shared with and be limited to the supervisor; and 3) consents to the sharing of client information between the licensed graduate professional counselor and the named clinical supervisors. Samples and copies of these forms can be found in the ***Supervision Information Binder***. ***Other relevant information pertaining to regulatory requirements are found on the Maryland Board of Professional Counselor or the West Virginia Board of Examiners in Counseling webpage.***

#### Procedural Considerations:

- Supervisee's written case notes, treatment plans and recordings will be reviewed and evaluated in each session.
- Issues related to the supervisee's professional development shall be discussed.
- Sessions will be used to discuss issues of conflict and failure of either party to abide by directives outlined here in this contract and the ***Supervision Information Binder*** on file in the office located at \_\_\_\_\_ Maryland Phone 240-776-2013

#### Requirements and Expectations of Supervision Sessions

In case of an emergency we have discussed and agreed upon the following procedure: (draw line through if no additions)

Contact information for the Supervisor:

McManaway and Associates, taramcmanawayandassociates@gmail.com Phone 240-776-2013

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### Personal Disclosure and Informed Consent of Supervision

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- McManaway and Associates
- Tara McManaway

**3** Initial and Date \_\_\_\_\_ Supervisee Initial and Date \_\_\_\_\_  
 \_\_\_\_\_ Supervisor

Additional Provisions, Agreements and/or Clarifications: (draw line through if no additions)

We agree to uphold the directives and provisions outlined in this contract to the best of our abilities, and conduct our professional behavior according to Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, or Title 27 WV Legislative Rules and other relevant state and federal laws and regulations.

**Goals of Supervision are specific to each supervisee. The goals agreed upon for this contract are as follows:**

- 1.
- 2.
- 3.
- 4.

#### **Reasons for Termination**

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors. All protocols and policies for termination and remediation are in compliance with both the ACA Statement of Ethics and the Maryland Code Article, Title 17, Annotated Code of Maryland, COMAR 10:58 **Responsibilities for Supervisors per COMAR and WV Legislative Rules.**

It is important that both supervisees and Supervisors acquaint themselves with the Supervisees Bill of Rights. Signatures below will presume that each party has read and understands the Bill of Rights as linked in this document.

### **Personal Disclosure and Informed Consent of Supervision**

- [McManaway and Associates](#)
- Tara McManaway

**4** Initial and Date \_\_\_\_\_ Supervisee Initial and Date \_\_\_\_\_  
 \_\_\_\_\_ Supervisor

Supervisee will be evaluated on ten performance scales as outlined below.

**The Professional Performance Standards:**

Supervisees fulfillment of ten Professional Performance Standards is reviewed by the Supervisor during each supervision session. A cumulative report will be provided at a mid and end point of supervision.

The Standards include:

**Criteria**

1. Openness to new ideas
2. Flexibility
3. Cooperativeness with others
4. Willingness to accept and use feedback
5. Awareness of own impact on others
6. Ability to deal with conflict
7. Ability to accept personal responsibility
8. Ability to express feelings effectively and appropriately
9. Attention to ethical and legal considerations
10. Initiative and motivation

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## Personal Disclosure and Informed Consent of Supervision

- McManaway and Associates
- Tara McManaway

**5** Initial and Date \_\_\_\_\_ Supervisee Initial and  
Date \_\_\_\_\_ Supervisor

In addition to Professional Performance Standards, specific skills will be evaluated using the criteria in the Evaluation Rubric which follows.

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### Evaluation Rubric

**PLEASE RATE THE APPLICANT ON THE FOLLOWING CLINICAL SKILLS AND ABILITIES. THE FOLLOWING KEY IS RECOMMENDED WHEN ASSESSING THE APPLICANT'S LEVEL OF COMPETENCE:**

<b>5</b>	<b>High:</b>	<i>The applicant performs extremely well in this area.</i>
<b>4</b>	<b>High Average:</b>	<i>The applicant's performance level is more than adequate in this area.</i>
<b>3</b>	<b>Average:</b>	<i>The applicant possesses adequate competence in this area.</i>
<b>2</b>	<b>Low Average:</b>	<i>The applicant clearly lacks competence in this area.</i>
<b>1</b>	<b>Low:</b>	<i>The applicant clearly lacks competence in this area.</i>
<b>N/O</b>	<b>No Opportunity to Assess:</b>	<i>The rater has not had the opportunity to observe the applicant's performance in this area.</i>

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### Personal Disclosure and Informed Consent of Supervision

- McManaway and Associates
- Tara McManaway

**6** Initial and Date \_\_\_\_\_ Supervisee Initial and Date \_\_\_\_\_ Supervisor

SKILLS AND ABILITIES A Provisionally Licensed Counselor must demonstrate acceptable levels of performance in:	ASSESSMENT					
	HIGH	AVERAGE		LOW	N/O	
	5	4	3	2	1	
<b>CLINICAL PSYCHOPATHOLOGY, PERSONALITY AND ABNORMAL BEHAVIOR</b>						
1.) Knowledge of specific personality theories and their application in mental health work.						
2.) Understanding basic concepts of normal and abnormal behavior.						
3.) Recognizing the levels of severity of abnormal behaviors.						
4.) Understanding the life cycle of normal growth and development from infancy to maturity and old age.						
5.) Understanding the impact of diverse cultures, ethnic and economic background on personality development.						
<b>EVALUATION OF MENTAL AND EMOTIONAL STATUS</b>						
6.) Knowing the names and uses of the various assessment measures.						
7.) Using behavioral observation, social history and intake Questionnaires as appraisal techniques.						
8.) Using assessment procedures in diagnosis, treatment planning, and the conduct of mental health treatment.						
9.) Using and interpreting group and individual standardized tests of mental ability, interests aptitude, personality, and achievement.						
10.) Knowing under what conditions, and by whom specialized tests may be administered (i.e. physical and neurological examinations, mental status examinations, EEG, Etc...)						
<b>DIAGNOSIS OF MENTAL AND EMOTIONAL DISORDERS</b>						
11.) Knowing the signs and symptoms of psychosis, personality disorders and neuroses.						
12.) Using the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) in making a diagnosis.						
13.) Conducting mental status examinations.						
14.) Knowing the psychopathologic conditions related to children, adolescents, young and mid-life adults and the aged.						
15.) Knowing the behaviors, natural history, and psychodynamics of special problems such as mental retardation, psychosexual disorders, substance abuse, and addiction.						

**Personal Disclosure and Informed Consent of Supervision**

- McManaway and Associates
- Tara McManaway

**7** Initial and Date \_\_\_\_\_ Supervisee Initial and Date \_\_\_\_\_ Supervisor

SKILLS AND ABILITIES		ASSESSMENT					
		A Provisionally Licensed Counselor must demonstrate acceptable levels of performance in:					
		HIGH	AVERAGE		LOW	N/O	
		5	4	3	2	1	
<b>METHODS OF INTERVENTION AND PREVENTION OF MENTAL AND EMOTIONAL DISORDERS</b>							
16.)	Using generic counseling skills, i.e. attending, responding, goal setting, feedback, summarization.						
17.)	Knowing the rationale, process and limitations of the psychological methods of intervention i.e. client-centered, psychological hypnotherapy, psychotherapy, etc.						
18.)	Knowing the method of educational models of intervention i.e. rational emotive therapy, reality therapy, psycho-social rehabilitation, etc.						
19.)	Using different kinds of intervention strategies in different situations. i.e. marriage and family, crisis situations, child abuse, etc.						
20.)	Using specialized intervention strategies in/diverse populations i.e. minorities, children, substance abusers, psychiatric clients, terminally ill, etc.						
<b>TREATMENT OF MENTAL AND EMOTIONAL DISORDERS</b>							
21.)	Developing and implementing a treatment plan.						
22.)	Reporting and assessing progress of treatment.						
23.)	Knowing the legal and ethical issues involved in treatment.						
24.)	Making appropriate and successful referrals of clients.						
25.)	Understanding the use of mood altering chemical agents in the treatment of mental and emotional disorders.						
<p><b>AFFIDAVIT: I hereby attest that all the information on this form is true and correct to the best of my knowledge. I AM WILLING TO ANSWER ADDITIONAL QUESTIONS CONCERNING THIS EVALUATION IF THE BOARD DEEMS IT NECESSARY.</b></p> <p>Name of the Provisionally Licensed Counselor (please print) _____ Name of ALPS (please print) _____</p> <p>Signature of Approved Supervisor _____ Date _____</p> <p><b>I understand that providing misinformation to the Board may subject me to disciplinary action, including revocation of my license.</b></p> <p style="text-align: right;">Signature of Approved Supervisor _____</p> <hr/> <p style="text-align: center;">Board Use Only</p>							

**Personal Disclosure and Informed Consent of Supervision**

- McManaway and Associates
- Tara McManaway

**8** Initial and Date \_\_\_\_\_ Supervisee Initial and Date \_\_\_\_\_ Supervisor

We agree to uphold the directives and provisions outlined in this contract to the best of our abilities, and conduct our professional behavior according to Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, WV Legislative Rules and relevant state and federal laws and regulations. Any complaints or concerns may be addressed to the

**Maryland Board of Professional Counselors and Therapists**  
**4201 Patterson Avenue**  
**Baltimore, MD 21215-2299 / (410) 764-4732**

*West Virginia Board of Examiners in Counseling*  
*Request for a Complaint form*  
*Post Office Box 129*  
*Ona, West Virginia 25545*

Supervisor \_\_\_\_\_ Lic  
 # \_\_\_\_\_ Date \_\_\_\_\_  
 Printed name \_\_\_\_\_

Supervisee \_\_\_\_\_ LGPC or LCPC  
 # \_\_\_\_\_ Date \_\_\_\_\_  
 Printed name \_\_\_\_\_

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### Personal Disclosure and Informed Consent of Supervision

- McManaway and Associates
- Tara McManaway

## CONTRACT FOR SUPERVISION IN THE PRACTICE OF CLINICAL PROFESSIONAL COUNSELING MARYLAND

(Adapted from CONTRACT FOR SUPERVISION IN THE PRACTICE OF CLINICAL PROFESSIONAL COUNSELING GRH32012 and Sample Counseling Supervision Contract, Bernard and Goodyear, 2009, p305)

This contract for supervision is meant to formalize the professional relationship and responsibilities between \_\_\_\_\_, Supervisor and \_\_\_\_\_, Supervisee, in which the supervisor directs, guides, monitors, instructs, and evaluates the supervisee's knowledge, skills, and abilities to provide clinical professional counseling services in an ethical and competent manner in compliance with Health Occupations, Title 17, Annotated Code of Maryland, and related COMAR regulations. The below signed attest to having reviewed and agreed upon the guidelines in the McManaway and Associates' Personal Disclosure & Informed Consent of Supervision and Supervision Information Binder on file in the office located at \_\_\_\_\_.

### Context of Services:

- One clock hour of individual supervision for each \_\_\_\_\_ (state number here) client contact hours.
- One clock hour of group supervision for each \_\_\_\_\_ (state number here) client contact hours.
- Individual Supervision will be conducted on site at one of the office locations of McManaway and Associates.
- An eclectic and integrative model of supervision will be used, as described in the McManaway and Associates' Personal Disclosure & Informed Consent of Supervision and Supervision Information Binder.

### Method of Feedback:

- Feedback will be provided by the Supervisor during each session and a formal evaluation following the agreed upon rubric in the McManaway and Associates' Personal Disclosure & Informed Consent of Supervision and Supervision Information Binder will be conducted at regular intervals but no less than monthly. A narrative evaluation will also be provided at mid-contract and at the conclusion of the contract. Copies will be available for all parties and may be supplied to licensing bodies as requested.

- The Supervisor welcomes evaluation and evaluations will be conducted at regular intervals but no less than monthly. A narrative evaluation will also be provided at mid-contract by the supervisee and at the conclusion of the contract. Copies will be available for all parties and may be supplied to licensing bodies as requested.

**Responsibilities of the Supervisor:**

- Establish written contract items related to frequency of individual and/or group supervision sessions, formal and informal evaluations, contact information, etc.;
- Ensure that the supervisee is practicing within the scope of the supervisee's license;
- Determine the skill level at which the supervisee may practice;
- Focus on raw data from the supervisee's practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervisory sessions;
- Ensure that the supervisee has read and is knowledgeable about Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and state and federal laws related to reporting requirements and emergency procedures for high risk or abused clients, as well as confidentiality and privileged communication;
- Within a reasonable period of time before termination of supervision, provide the supervisee and employer with a notice of termination to avoid or minimize any harmful effect on the supervisee's clients or patients;
- Be responsible for the clinical professional practices of the supervisee;
- Provide for emergency supervision and direction to the supervisee by a Board-approved supervisor;
- Provide a written evaluation of the supervisee's progress to the supervisee every \_\_\_\_ month(s) according to and following the guidelines in the McManaway and Associates' Personal Disclosure & Informed Consent of Supervision and Supervision Information Binder on file in the office located on the website and at \_\_\_\_\_.

**Responsibilities of the Supervisee:**

- Verify that the supervisor has been approved by the Board;
- Establish and execute the written contract for supervision before beginning to practice clinical professional counseling;
- Attend and participate in supervision as agreed in the written contract for supervision;
- Prepare for supervision using case materials related to the supervisee's clinical counseling practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervision, to be available for verification to the Board, on request by the Board or its authorized agent;
- Refrain from engaging in the practice of clinical professional counseling independent of supervision, (i.e., solo practice);
- Provide each client with a copy of a professional disclosure statement as described in Health Occupations Article, 17-507, Annotated Code of Maryland and COMAR 10.57.12 clearly stating that counseling services are provided under clinical supervision, and provides the name of the supervisor with address and contact information;
- Obtain a signed release of information and informed consent for treatment form from the client which indicates that the client: 1) is aware that counseling services are being provided under clinical supervision; 2) consents to the recording of counseling sessions with the knowledge that the recording may be shared with and be limited to the supervisor; and 3) consents to the sharing of client information between the licensed graduate professional counselor and the named clinical supervisors.

**Procedural Considerations:**

- Supervisee's written case notes, treatment plans and recordings will be reviewed and evaluated in each session.
- Issues related to the supervisee's professional development shall be discussed.
- Sessions will be used to discuss issues of conflict and failure of either party to advice by directives outlined here in the contract and the **McManaway and Associates' Personal Disclosure & Informed Consent of Supervision and Supervision Information Binder** on file in the office located at \_\_\_\_\_.

In case of an emergency we have discussed and agreed upon the following procedure: (draw line through if no additions)

Contact information for the Supervisor: Tara McManaway LCPC (Md 4997) LPC (WV 715)  
[taramcmanawayandassociates@gmail.com](mailto:taramcmanawayandassociates@gmail.com) phone 240-776-2013

**Supervisor's Scope of Practice:**

Tara McManaway of McManaway and Associates received her Master of Divinity in Counseling and Theology from Vanderbilt University in 1981 and has been a Licensed Professional Counselor and Approved Licensed Professional Supervisor in WV since 1988. She is a LCPC in Maryland. She is a Professor in the Health Sciences Division at the College of Southern Maryland. She has taken continuing education in clinical supervision from a number of approved providers. In addition, she has attended West Virginia University and Johns Hopkins University for post Master's Degree Training in counseling and supervision.

Additional Provisions, Agreements and/or Clarifications: (draw line through and initial if no additions)

We agree to uphold the directives and provisions outlined in this contract to the best of our abilities, and conduct our professional behavior according [to Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58](#), and relevant [state](#) and federal laws and [regulations](#).

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Supervisee \_\_\_\_\_ Date \_\_\_\_\_

If the Supervisee has complaints or concerns regarding supervision, the supervisee may/should contact  
 Wamsley, Karen: Health Occupational Investigator  
 Board of Professional Counselors & Therapists  
 4201 Patterson Avenue  
 Baltimore, MD 21215  
 (Tel) 410-764-4877 410-764-4877 [wamsleyk@dhmh.state.md.us](mailto:wamsleyk@dhmh.state.md.us)

## Notice of Privacy and HIPAA Policies

### MCMANAWAY AND ASSOCIATES NOTICE OF PRIVACY POLICIES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

McManaway and Associates

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#### Our Commitment to Your Privacy

The MCMANAWAY AND ASSOCIATES understands the importance of keeping your personal and health information secure and private and will take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. MCMANAWAY AND ASSOCIATES is required by law to provide you with this notice. This notice informs you of your rights about the privacy of your medical and mental health information and how we may use and share that information.

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires MCMANAWAY AND ASSOCIATES to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

#### Who Will Follow This Notice

This notice describes the practices of MCMANAWAY AND ASSOCIATES employees, staff, consulting psychologists, psychiatrists, supervisors, students, interns and other direct care givers as well as volunteers, who may be providing office, home based or community service on behalf of MCMANAWAY AND ASSOCIATES. These individuals may share medical information with each other for treatment, payment and health care operation purposes described in this notice.

#### What Types of Information Do We Collect

In the ordinary course of receiving treatment and health care services from MCMANAWAY AND ASSOCIATES, you will be providing us with personal information such as:

- Your name, address, phone number, social security number and date of birth
- Information relating to your medical history and/or family medical history
- Your insurance information and coverage
- Information concerning your doctor, nurse or other medical providers
- Employment information

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to MCMANAWAY AND ASSOCIATES by other individuals or organizations that are part of your "circle of care" – such as the referring physician, other doctors, other mental health providers, your health plan, and close friends or family members.

#### How Do We Protect the Privacy of Your Personal Information?

Keeping your information safe is one of our most important duties. We limit access to your personal information to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Officer also assures the training of our staff on our privacy and security policies.

#### Individual Rights

You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our disclosures to persons assisting in your care or payment for your care. MCMANAWAY AND ASSOCIATES will consider your request, but we are not required, to accept it.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your record is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

## **MCMANAWAY AND ASSOCIATES NOTICE OF PRIVACY POLICIES**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.**

McManaway and Associates

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You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for treatment, payment for services furnished to you, or health care operations; disclosures to you; disclosures you give us authorization to make; and, uses and disclosures before April 14, 2003, among others. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to a copy of this notice in paper form. You may ask us for a copy at any time. You may also obtain a copy of this form at our web site ([www.McManawayandAssociates.ontheweb](http://www.McManawayandAssociates.ontheweb)).

To exercise any of your rights, please contact Us at McManaway and Associates, Location to be determined, Attn: Privacy Officer. When making a request for amendment, you must state a reason for making the request.

### **Changes To This Notice**

MCMANAWAY AND ASSOCIATES reserves the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.

### **Complaints/Comments**

If you have any complaints concerning our privacy practices, you may contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)). You also may contact us at McManaway and Associates, location to be determined..

**YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR FILING A COMPLAINT.**

**To obtain more information concerning this notice, you may contact our Privacy Officer at the McManaway and Associates, Location to be determined**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.**

## MCMANAWAY AND ASSOCIATES NOTICE OF PRIVACY POLICIES

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### **How MCMANAWAY AND ASSOCIATES May Use and Share Your Information for Payment, Treatment and Health Care Operations**

MCMANAWAY AND ASSOCIATES may use and disclose personal and identifiable health information about you for a variety of purposes. All of the types of uses and disclosures of information are described below, but not every use or disclosure in a category is listed.

**Required Disclosures:** MCMANAWAY AND ASSOCIATES is required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and right to receive an accounting of disclosures, as described below.

**Treatment:** MCMANAWAY AND ASSOCIATES may use and share your personal information with health care providers for coordination and management of your care. Providers include: physicians, hospitals and other caregivers who provide services to you. For example, we may discuss your medications or test results with your physician. For mental health (psychotherapy) services only, MCMANAWAY AND ASSOCIATES will obtain your written consent and/or authorization as specified in Maryland, DC or West Virginia State laws to disclose your personal health information for treatment.

**Payment:** MCMANAWAY AND ASSOCIATES may use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payor information about your current medical condition so that it will pay us for services that we have furnished you. We may also need to inform your payer of the prescribed treatment that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

**Health Care Operations:** MCMANAWAY AND ASSOCIATES may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our facilities, evaluate our operations, and tell us how to improve our services. We may use and disclose your health information to review the quality of services provided to you.

**Public Policy Uses and Disclosures:** There are a number of public policy reasons why MCMANAWAY AND ASSOCIATES may disclose information about you, which are described below.

MCMANAWAY AND ASSOCIATES may disclose health information about you when we are required to do so by federal, state, or local law.

MCMANAWAY AND ASSOCIATES may disclose protected health information about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority (or an official of a foreign government agency that is acting in collaboration with a public health authority) that is authorized to collect or receive protected health information for the purpose of preventing or controlling disease, injury or disability. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few. We also may disclose an individual's health information to a person who may have been exposed to a communicable disease. Finally, we may release health information to an employer who has asked us to evaluate you in connection with medical surveillance of its workplace or whether you have a work-related illness or injury.

We may disclose protected health information to a person subject to the Food and Drug Administration's power for the following activities:

to report adverse events, product defects or problems, or biological product deviations; to track products; to enable product recalls; repairs or replacements; or to conduct post marketing surveillance.

MCMANAWAY AND ASSOCIATES is also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. We also may disclose protected health information where we reasonably believe an adult patient/client is a victim of abuse, neglect or domestic violence and the individual authorizes the disclosure or it is required or authorized by law.

## MCMANAWAY AND ASSOCIATES NOTICE OF PRIVACY POLICIES

[This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.](#)

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MCMANAWAY AND ASSOCIATES may disclose health information about you in connection with certain health oversight activities of licensing and other health oversight agencies which are authorized by law. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.

MCMANAWAY AND ASSOCIATES may disclose your health information as required by law, including in response to a warrant, subpoena, or other order of a court or administrative hearing body, or to assist law enforcement to identify or locate a suspect, fugitive, material witness or missing person. Disclosures for law enforcement purposes also permit us to make disclosures about victims of crimes and the death of an individual, among others.

MCMANAWAY AND ASSOCIATES may disclose your protected health information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials in certain situations such as where the information is necessary for your treatment, health or safety, or the health and safety of others.

MCMANAWAY AND ASSOCIATES may release a patient's health information (1) to a coroner or medical examiner to identify a deceased person or determine the cause of death and (2) to funeral directors. We also may release personal health information to organ procurement organizations, transplant centers, and eye or tissue banks, if you are an organ donor.

MCMANAWAY AND ASSOCIATES may release your health information to workers' compensation or similar programs, which provides benefits for work-related injuries or illnesses without regard to fault.

Health information about you may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

If you are a member of the Armed Forces, we may release health information about you for activities deemed necessary by military command authorities. We also may release personal health information about foreign military personnel to their appropriate foreign military authority.

Finally, MCMANAWAY AND ASSOCIATES may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

*· Business Associates:* MCMANAWAY AND ASSOCIATES sometimes works with outside individuals and businesses who help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.

*· Disclosures to Persons Assisting in Your Care or Payment for Your Care:* MCMANAWAY AND ASSOCIATES may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care" – such as your spouse, your doctors, or an aide who may be providing services to you. We may also use and disclose health information about a patient/ client for disaster relief efforts and to notify persons responsible for a patient's/client's care about a patient's/client's location, general condition or death. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your agreement.

*· Appointment Reminders:* MCMANAWAY AND ASSOCIATES may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

## MCMANAWAY AND ASSOCIATES NOTICE OF PRIVACY POLICIES

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McManaway and Associates

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· *Treatment Alternatives*: MCMANAWAY AND ASSOCIATES may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you. · *Fundraising*: MCMANAWAY AND ASSOCIATES may use your protected health information to contact you in an effort to raise funds for our operations.

### **Other Uses and Disclosures of Personal Information**

MCMANAWAY AND ASSOCIATES is required to obtain written authorization from you for any other uses and disclosures of individually identifiable medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, MCMANAWAY AND ASSOCIATES will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already relied on your permission.

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**MCMANAWAY AND ASSOCIATES NOTICE OF PRIVACY POLICIES**

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES~ Please review carefully.**

I, \_\_\_\_\_, have received a copy of the Notice of Privacy Practices.  
(print name)

\_\_\_\_\_  
Signature\*\*

(\*\*NOTE: You have the right to refuse to sign this form however, a contract for treatment may also be declined. )

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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**For Professional Use Only**

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No signature above is for the following reason:

- Individual refused to sign
- Communications barrier prohibited obtaining a signed acknowledgement
- Emergency services prohibited obtaining a signed acknowledgement
- Specify other reasons \_\_\_\_\_

\_\_\_\_\_  
Witness and Date

## Resume and curriculum vitae McManaway

### Resume

301 934 7897  
240 776 2013

TMcManaway@csmd.edu  
TaraMcManawayandAssociates@gmail.com

### Education

#### Master of Divinity (1981)

*Pastoral Counseling and Theology*  
Vanderbilt Divinity School  
Nashville, TN

#### Bachelor of Arts (1977)

*Philosophy and Religion*  
James Madison University  
Harrisonburg, VA

**500 Hour Professional Massage Training Program  
in Advanced Massage and Bodywork (1988) (1996)  
Baltimore School of Massage and Holistic Health Center**

6401 Dogwood Road Baltimore, MD 21207

### Professional Licenses

LPC ALPS WV 715 1988 to present  
LCPC MD 4997 2013 to present

LMT WV 0076 1996 to present  
LMT MD M01632 2001 to present

### Employment History

**Professor, Division of Health Sciences** *December 2003 to present. College of Southern Maryland.*  
Program Coordinator, Massage Therapy Program; advise students, develop curricula, BlackBoard /WebCT web based courses in the massage program, and Division of Health Sciences. Instruct students from age 17 to 77 in all courses in the program using a variety of methods, develop assessment tools, outcomes assessments, and use multi-media technology, provide input for the philosophy of program, mission and handbook, hire and supervise faculty, provide development and supervision to faculty and graduates, offer training to the college community, serve on Behavior Review Team, Faculty Senate Executive Board, Vice President Faculty Senate and as Chair Program Advisory Board and Faculty Wellness Committee. Created two new MHEC approved Certificates in Massage for basic and advanced training for massage therapists. Initiated Mental Health First Aid training on campus and created Mental Health First Aid credit course. Review textbooks for major publishing companies.

**Part-time Officer of Instruction, Bachelor of Organizational and Leadership Development (BOLD),** August 1997 to August 2009. *Wheeling Jesuit University: Martinsburg Campus, Wheeling, WV.*  
Instruct adult learners using a variety of methods in a cohort bachelors degree program in Organizational Leadership and Development, assist in program coordination, develop assessment tools and use multi-media technology, Teach Research Methods, Applied Research Project; Group Dynamics and Organizational Behavior, Culture and Culture Conflict, Religion and Belief, Adult Development and Learning; Business Ethics, coordinate and advise students

**Adjunct Faculty, January 2002 to December 2003; College of Southern Maryland,** Contractual employee to develop courses and curricula in the massage program, instruct adult learners using a variety of methods, assist in program coordination, develop assessment tools and use multi-media technology, provide input for the philosophy of program, mission and handbook. Developed courses-Intro to Massage, Massage II and Massage

III and developed as well as taught Ethics and Legal Considerations, Client Assessment, Holistic Approaches to Wellness, Massage I, Trends in Massage, Massage IV, developed online massage therapy and ethics courses using WebCT assisted in faculty selection and development, taught Technology and Society for the Psychology department.

**Adjunct Faculty**, September 1997 to December 2000 **Lord Fairfax Community College**, Middletown, VA Innovated and taught career, interpersonal skill and MBTI courses. Facilitated occupational validations for Tech Prep in Printing and Child Care services, Customized Curriculum for Basic Skills; Platform Skills using Skill Standards for Industry Customize curriculum for business, industry and nonprofit organizations *WorkKeys Trained Profile*. Provide workshops and in-house on site education in communications, team-building, problem-solving, training development and retention issues

**Career and Educational Advisor**, November 1995 to September 1997 **Lord Fairfax Community College, Project PRINT**, Middletown, VA. Served as instructor; academic advisor, and community college/business liaison in a literacy demonstration grant which partnered three diverse printing industries with the community college. Developed curricula, taught classes in communications skills, career and educational success, learning styles as well as soft and platform skills using a variety of methods; developed assessment tools; used and taught multi-media technology; balanced grant requirements with industry needs; used GATF competencies to develop industry specific curriculum Served on LFCC Student Advising Task Force. Developed IEP's, advised employees/students regarding their careers and educational advancement; did testing, tutoring, Earned Level 1 Technology Certificate.

**Private Practice/Counseling and Integrative Healing Modalities -Owner**, June 1988 to July 2003 **Berkeley Springs Wellness Center**, 252 Independence Street, Berkeley Springs, WV. Responsible for the day to day operation of a Holistic Counseling and Wellness Services as owner, Director, ALPS, Licensed Professional Counselor (WV #715) Massage Therapist, Licensed in WV (0076), Licensed in MD (MD#1978/03691) providing body work and psychotherapy and counseling supervisor services utilizing Multiple Disciplines: Integrative Bodywork and Psychotherapy; Holistic Healing Modalities; Movement Therapy. Conflict Mediation. Consultant and trainer in area schools and businesses; Myers Briggs Certified Trainer, Process consultant, Provide workshops and in-house education in communications, team-building, problem-solving, training development and retention issues

**Counselor and Director**, November 1983 to June 1990 **Morgan County Counseling Services**, Berkeley Springs WV Responsible for the day to day operation of a rural non-profit satellite Counseling Service, Director, and lead Counselor providing marriage, family and individual counseling and supervisor services utilizing Multiple Disciplines and Conflict Mediation. Working with a Board of Directors, grew the practice from one client to a part-time practice; Consultant and trainer in area schools. Myers Briggs Certified Trainer

**Presbyterian Minister**, November 1982 to June 1988 **Tomahawk and Hedgesville Presbyterian Churches**, Hedgesville, WV Responsible for the day to day operation of a rural two congregation parish. Plan and lead worship services twice each Sunday morning. Established an after school program for latch key children in the community. Provided marriage, pre marital, family and individual counseling and Conflict Mediation; Instructed children and adult learners using a variety of methods, program coordination, developed curriculum, led workshops and used multi-media technology, provide input for the philosophy of the congregation developing a mission statement and growing the church. Participated in community development. Trained Process Consultant with Shenandoah Presbytery.

**Minister to Youth and Young Adults**, September 1981 to October 1982 **Donelson Presbyterian Church**, Nashville TN Instructed children and adult learners using a variety of methods, program coordination, developed curriculum, led workshops and used multi-media technology, provide input for the philosophy of the educational program, led worship and preached.

**Counselor/Caseworker**, May 1980 to October 1982 *Oasis/Rap House/ E. S. Incorporated*, Nashville, TN Counselor for teenage abused and neglected youth in a runaway shelter and counseling setting. Served as volunteer coordinator, supervised volunteers, provided individual, family and substance abuse counseling to runaways and their families

## Skills and Experiences Summary

### College and University Level Teaching Experience

- Adult Development and Learning
- Applied Research Project
- Biomedical Ethics
- Business Ethics
- Client Assessment
- Culture and Culture Conflict
- Dynamics of Group and Organizational Behavior
- Ethical and Legal Considerations in Massage Therapy
- Externship in Massage Therapy
- Holistic Approaches to Wellness
- Introduction to Massage
- Massage I,II, III,IV- Swedish, Deep Tissue, Myofascial and Clinic
- Mental Health First Aid
- Religion and Belief
- Research Methods
- Teacher Assistant in Massage Therapy
- Technology and Society
- Trends in Massage
- Continuing Education Courses - Clients with Communicable Diseases, Ethics for Body Workers

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV),LCPC (MD), LMT (WV), (MD)

2013

## **Holistic Counseling and Wellness Services Director with 30+ years experience**

Licensed Professional Counselor with 30+ years experience  
Multiple Disciplines/ Integrative Bodywork and Psychotherapy/Holistic Approaches  
Mind/Body Practitioner  
Massage Therapist with 23 years experience, Licensed in WV, MD  
Approved Licensed Professional Supervisor for counselors in WV

## **Student Advising and Community College Level Experience**

Advise students/adult learners about appropriate career and educational tracks  
Served on Student Advising Task Force  
Innovated and delivered career and interpersonal skill workshops  
Facilitated occupational validations for Tech Prep  
Program specific advisement for massage degree programs  
Serve on Behavior Review Team  
Initiated Mental Health First Aid training on campus  
Faculty Senate Executive Board and Faculty Senate Vice President  
Chair, Faculty Wellness Committee  
Chair, Program Advisory Board

## **Training**

Customize curriculum for business, industry and nonprofit organizations  
Certified Myers Briggs Type Inventory Trainer  
Provide workshops and in-house education in communications, team-building, problem-solving, training development and retention issues  
ABMP School Issues Forum panelist  
AMTA Mid-Atlantic Conference presentation

## **Education and Curriculum Development**

Customized Curriculum using Skill Standards for Industry  
Customized Curriculum for Platform Skills  
Customized Curriculum for Basic Skills  
Curriculum Development for Massage Therapy courses  
Curriculum Development for Massage Therapy Certificates

## **Consulting**

Process Consultant  
Team Building for business, industry and non profit organizations  
Training Trainers  
Conflict Mediation

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV),LCPC (MD), LMT (WV), (MD)

2013

## **Program Development and Design**

Research, Identify, Design and Implement Solutions  
Developed Workplace Education Program  
Developed Therapeutic Massage-Advanced Certificate and Therapeutic Massage Basic Certificate with MHEC approval

## **Computer Skills**

Proficient in Microsoft, Lotus Office Products, E-mail and Internet  
Proficient in Presentation Software  
Proficient in Adobe Presenter  
Proficient in BlackBoard and WebCt online course development

## ***Leadership Position, Presentations and Awards***

***Vice President Faculty Senate College of Southern Maryland 2012-present***  
***Faculty Senate Executive Board Member 2009 to present***  
***Behavior Review Team Member 2009 to present***  
***Chair, Faculty Wellness Committee***  
***Chair, Massage Therapy Program Advisory Board***  
***Mental Health First Aid Instructor Certification 2012 to present***  
***Panel Member ABMP School Issues Forum 2013***  
***Instructor AMTA Mid- Atlantic Conference 2012***  
***Community Service Award College of Southern Maryland May 2004***  
***Awarded President's Above and Beyond the Call of Duty Award, LFCC 1996***  
***Approved Licensed Professional Supervisor (ALPS)***  
***Licensed Professional Counselor and (WV #715) 1988 to present***  
***Licensed Clinical Professional Counselor (Md4997) 2013 to present***  
***WorkKeys Trained Profiler***  
***Licensed Massage Therapist, WV #0076;, MD#M01632***  
***Member Chi Sigma Iota- Counseling, Academic and Professional Honor Society***

***References on request***

## Continuing Education Record for Tara McManaway

2013

Appraisal and Testing for Counselors  
Advanced Treatment Approaches

2012

Instructor Certification Mental Health First Aid  
The Theory and Practice of Clinical Supervision

2011

Ethical and Legal Issues of Mental Health Counseling  
The American Massage Conference  
Smart Marketing and Social Media  
Medi Cupping  
Advanced Practitioner Credential  
Massage in Elder Care and Hospice and Introduction to Compassionate Touch

2010 New Dimensions in Healing

The World Massage Conference

Trauma Workshop series: National Institute for the Clinical Application of Behavioral Medicine.

2009 Ericksonian Hypnosis; An Inclusive, Permissive Approach

Ethical Dilemmas No One Talks About

Clinical Supervision: Framework for Success

Anxiety Disorders- Overview

Why Him? Why Her? The Secret Code of Attraction

Treating the Traumatized Vet

The Edge of Discovery

Grief and the Quest for Meaning

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV),LCPC (MD), LMT (WV), (MD)

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2013

The Healing Self

Chronic Pain: Best Practices for Mental Health Practitioners

Insomnia: A New Mind Body Approach

The Joy of Dance

2008 Shhh! Ethical Dilemmas No one Talks about

The Roots of Compassion

AMTA Council of Schools Leadership Conference

Augmentation Strategies for Persistent Depression

Lifestyle and Complementary Therapies for ADHD

Depression, Lifestyle and Complementary Therapies to Promote Healthy Moods in Teens

Crossing the Great Divide of Otherness

Psychotherapy Networker Conference

2007 A Clinic on Counter transference

The Art and Ethics of Muscle Testing

Qigong and Psychotherapy

Somatic Experiencing

Ethics

Workplace Stress Management

Obesity and Stress

The Premenstrual Continuum: Improving Diagnosis and Treatment

Psychotherapy Networker Conference

2006 Learning Naturally

Neurophysiology of Healing

Psychic Events in the lives of Clients and Clinicians

Psychotherapy Networker Conference

2005 Global Initiatives Mini Grant Recipient

Living with Grief: Ethical Dilemmas at the End of Life

2004 Bodywork for the Childbearing Year

Global Initiatives Mini Grant Recipient

Soothing Music

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2013

2003 Mind Body Medicine;  
An Introduction to Energy Psychology;  
The Body Bears the Burden;  
Culturally Competent and Sensitive Practices with Latinos;  
Beyond Pain Management;  
Methodologies of Integration;  
The Omega-3 Connection; Ground Breaking Anti-depression Diet and Brain Program;  
How Traumas and Injuries Can be Openings to Spiritual Growth;  
The Poetry of Healing;  
The Wounds of Racism and the Path of Healing;  
Integrating the Science and Spirit of Healing;  
The Power of Resilience;  
What is Asperger Syndrome?;  
2003 Multicultural Education and the American Dream,  
Common Ground; Islamic Traditions;  
The Importance of Teaching Professional Relationship Skills;  
Boundaries and Ethics;  
Who Needs Research Anyway?;  
Competencies: Jeopardy-Providing the Answers, Evoking the Questions;  
Teaching Strategies for the Four Learning Styles;  
Theories of Clinical Supervision; Advanced Issues in Clinical Supervision, Developmental Aspects  
of Supervision:  
Strategies to Improve Cognitive Competency:  
Mind Body Spirit Medicine;  
Radical Acceptance; Humor and other Martial Arts;  
Values in Counseling;

2002 WebCT Training Pathways I,II,III

2001: Psychology and the Internet;  
Masculine and Feminine Ethics; Is there a difference?;  
Cross Cultural Counseling in Disaster Settings;  
Treating Schizophrenia;  
Ethics Series; Telehealth Practice and Research.

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2013

2000: Prayer and Healing

The Biochemistry of Behavior: Understanding Compulsive Disorders, Mood Disorders, OCD, ADD and Addictions

Resolving Trauma without Drama; New, Brief and Effective Approaches to Treating Post-Traumatic Problems

Coyote Psychiatry: Native American Wisdom for Healing Emotional Pain

Changing Psychophysiological Patterns: Harnessing the Power of Self Healing Systems

Anatomy of the Spirit: Issues of Power and Human Biology

Ceremony Medicine: Ancient Wisdom for Modern Times

Using our own Words to Heal: Exploring the Power of Language

Molecules of Emotion: Why you feel the Way you Feel

The Listening Hand: Self-Healing through the Rubenfeld Synergy Method

1999: Creating a Healing Partnership

Imagery and Intuition: A Practical Approach

1998: Brain Drain: Redefining Substance Abuse and Addiction

Clinical Hypnosis: Basic Facts, Myths and Controversies

Working the other side of Therapy Street: Psychomotor Perspectives

My Sister's Sister: an autobiographical drama

School Violence: Assessment and Intervention

Munchausen By Proxy

1997: The New Pharmacology for Depression;

Sex Education for Children-How to be Askable;

Tools for Reframing Intelligence in Workplace Education;

Workforce Preparation Academy;

WorkKeys Certification Training

Building on Literacy Task Analysis;

Continuous Learning Models for Continuous Career Change

Practical Integration of Native American Medicine

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV),LCPC (MD), LMT (WV), (MD)

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2013

1996: The Basics of Supervision;  
Coaching for Top Performance;  
Impact Counseling: Creative Counseling Techniques;  
Cooperative Disaster Childcare -Training for Trainers;  
American Management-Training for Trainers;  
Conflict Mediation Certification Training

1995: Violence in the Schools;  
Dissociative Identity Disorder;  
The Lasting Scars of Sexual Abuse;  
Eating Disorders;  
Counseling Stepfamilies;  
Conflict Management

1994: When a Baby Dies;  
Drug Testing Forum;  
Am I my Client's Keeper: Appropriate Boundaries in Professional Relationship;  
Teen Issues: Working with 10-15 year olds;  
Depression;  
The Role of Touch in Psychotherapeutic Relationships;  
Healing the Emotional/Spiritual Body

1993: Rational Recovery;  
The Human side of AIDS;  
Pharmacology Interventions for Treatment of Depression and Schizophrenia

1992: Overcoming Perfectionism;  
Solution focused Brief Therapy;  
Helping to Heal the Inner Child;  
Understanding How Boys Become Men;  
Substance Abuse Community Prevention Training;  
Community based Evaluation and Treatment of Sex offenders

1991: The Universal Experience of Loss

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Drugs and Older Persons;  
Living Wills and Medical Power of Attorney;  
Adult Abuse and Neglect;  
Suicide and Interpersonal Violence;  
Therapeutic Humor;  
Treating Occult Survivors;  
Depression among Special Population; Co-dependency in Men;  
Children in Crisis: Victims of War and Evacuation;  
Myths and Realities in Confidentiality;  
Healthcare in the '90's;  
Depression Treatment: Pharmacology and Psychotherapy;  
Spirituality in Clinical Care;  
Life Appreciation Training/Bereavement Seminar

1990 Disaster Childcare Training;  
1989 Children and Death;  
1987 Basic Human Interaction  
1986 Counseling the Blended Family;  
Myers Briggs Type Inventory Certification;  
Counseling the Sexually Abusive Family  
1984 Conflict Management; Group Dynamics;  
1982 Tough Love Workshop

Licenses and Malpractice Insurance

West Virginia Board of Examiners in  
Counseling

Advises all who shall read this document, that reposing special trust and confidence in the knowledge,  
dedication and competence of

*Tara Gail McManaway*  
*License Number 715*

And in recognition of which, the Board has determined by the authority vested in it,  
to title the above named as a

**Licensed Professional Counselor (LPC)**  
**Approved Licensed Professional Supervisor (ALPS)**

For practice in the field of Counseling as such upon enrollment thereof as provided in the West Virginia Code 30-31-5



License Issued  
5/13/1988

**WVBEC**  
**Valid Until**  
**June 30, 2013**

*John J. Charonko*

John J. Charonko, Chair

*John H. Niles*

John H. Niles, Secretary

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SAVE THIS PORTION OF CARD AND USE REVERSE SIDE FOR NAME AND/OR ADDRESS CHANGES. BOARD MUST BE NOTIFIED OF THESE CHANGES IMMEDIATELY.

Board of: **PROFESSIONAL COUNSELORS AND THERAPISTS**  
4201 PATTERSON AVENUE  
BALTIMORE, MD 21215

**TARA G. MCMANAWAY**  
400 Farmington Rd W  
Accokeek, MD 20607

LICENSE REGISTRATION, OR CERTIFICATION RENEWAL

STATE OF MARYLAND 16009  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
THE MARYLAND STATE BOARD OF  
PROFESSIONAL COUNSELORS AND THERAPISTS

CERTIFIED IN:  
**TARA G. MCMANAWAY**  
IS AN AUTHORIZED  
LICENSED CLINICAL PROFESSIONAL COUNSELOR

Applicants will be held in compliance with the Article of the Constitution of Maryland.  
LIC. REGISTRATION: LCA997 EXPIRES ON: 01/31/2015

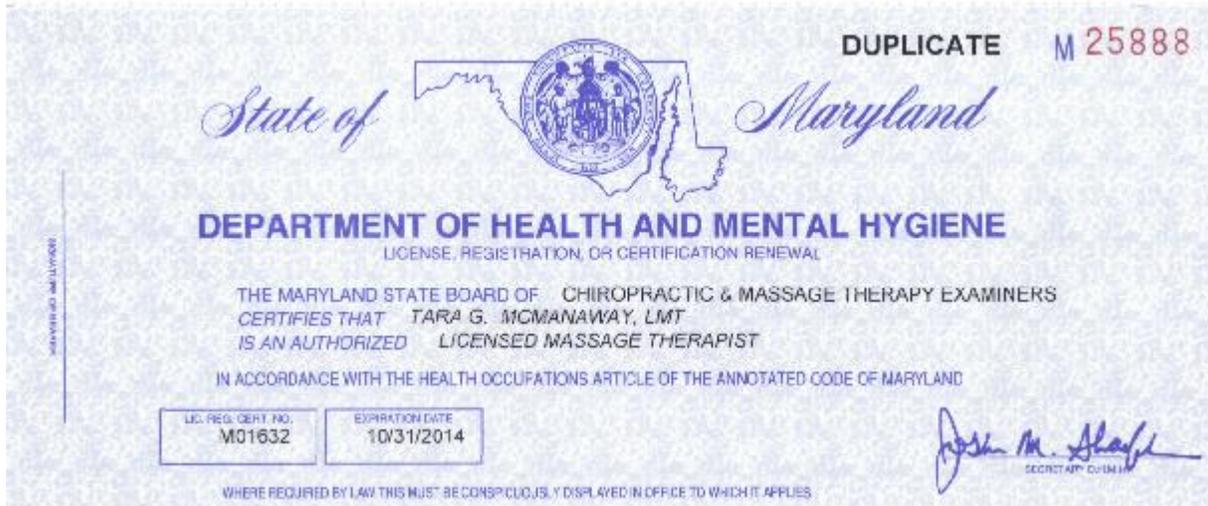
STATE HEALTH  
*John M. Stoltz*  
COMMISSIONER

State of Maryland  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
16009



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Malpractice Endorsement- on file - Darwin National Assurance Company expires 3-1-14

**Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 10.58.12.00**

**Subtitle 58 MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS**

**Chapter 12 Supervision Requirements**

Authority: Health Occupations Article, §§17-101(s) and (v) and 17-301—17-309, Annotated Code of Maryland

**10.58.12.01 .01 Scope.**

- A. This chapter establishes standards of supervision and the responsibilities of supervisors and supervisees in the practice of clinical professional counseling.
- B. This chapter applies to licensees who practice clinical professional counseling, clinical marriage and family therapy, and clinical alcohol and drug counseling in this State, and who provide supervision for licensed graduate professional counselors.
- C. This chapter also applies to licensed graduate professional counselors obtaining the supervised clinical experience required by Health Occupations Article, §17-304, Annotated Code of Maryland.
- D. Except as otherwise specified in this chapter, this chapter does not apply to personnel or management practices associated with contractual relationships or employment.
- E. Licensed graduate professional counselors who are in the process of completing their supervision requirements before August 22, 2011, may continue to complete their requirements as previously agreed to with their supervisor. A licensed graduate professional counselor whose supervision begins after August 22, 2011, shall follow the requirements set forth in Regulation .03 of this chapter.

**10.58.12.02 .02 Definitions.**

- A. In this chapter the following terms have the meanings indicated.
- B. Terms Defined.
  - (1) “Applicant” means an individual applying for licensure as a clinical professional counselor.
  - (2) “Board” means the Maryland Board of Professional Counselors and Therapists.
  - (3) Face-to-Face.
    - (a) “Face-to-face” means in the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision, or using video conferencing which allows individuals to hear and see each other in actual points of time.

(b) "Face-to-face" does not include:

(i) Telephone supervision; or

(ii) Internet communication that does not involve actual or real time video conferencing, such as instant messaging services and social networking sites.

(4) "Licensed mental health care provider" means:

(a) A licensed clinical professional counselor; or

(b) A licensed clinical alcohol and drug counselor, licensed clinical marriage and family therapist, licensed certified social worker-clinical, psychiatrist, psychologist, or psychiatric nurse practitioner who is authorized by law to practice a health occupation which includes the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or mental conditions of individuals or groups.

(5) "Relative" means:

(a) Spouse or domestic partner;

(b) Parent, stepparent, or legal guardian;

(c) Sibling or stepsibling;

(d) Child, stepchild, foster child, or ward;

(e) Mother-in-law or father-in-law;

(f) Son-in-law or daughter-in-law;

(g) Grandparent or grandchild;

(h) Aunt or uncle; or

(i) Niece or nephew.

(6) "Supervised clinical experience in professional counseling" means counseling services conducted under the supervision of an approved supervisor.

(7) "Supervisee" means a licensed graduate professional counselor obtaining the supervised experience required by Health Occupations Article, §17-304, Annotated Code of Maryland.

(8) "Supervision" means a formalized professional relationship between a supervisor and supervisee in which the supervisor directs, guides, monitors, instructs, and evaluates the supervisee's clinical

professional counseling practice while promoting development of the supervisee's knowledge, skills, and abilities to provide clinical professional counseling services in an ethical and competent manner.

(9) Supervision Training.

(a) "Supervision training" means a course or program designed to provide information regarding the supervision process utilized by licensed clinical professional counselors and therapists in a variety of settings.

(b) "Supervision training" content areas may include, but are not limited to:

(i) The role and responsibilities of the supervisor;

(ii) The needs of the supervisee, supervisor, and the clinical services setting while maintaining a clear ethical perspective;

(iii) The role of the supervisor as gatekeeper to the profession;

(iv) Methods for building effective and appropriate relationships with clients;

(v) Methods for group supervision; and

(vi) Models and modalities for practice intervention.

(c) "Supervision training" may be obtained through:

(i) Graduate-level course work; or

(ii) Continuing education units (CEUs)

(10) "Supervisor" means:

(a) A licensed clinical professional counselor, licensed clinical marriage and family therapist, or licensed clinical alcohol and drug counselor who meets the requirements for licensure under Regulations .01, .07, or .08 of this chapter, as approved by the Board; or

10.58.12.02 .02 Definitions..

(b) An individual who is a licensed mental health care provider, as defined in §B(4) of this regulation, under Health Occupations Article, Annotated Code of Maryland, as approved by the Board.

(11) "Under the supervision of an approved supervisor" means engaging in an ongoing process of receiving direction from an approved supervisor that includes:

- (a) Monitoring the performance of a licensed graduate professional counselor; and
- (b) Documented and direct consultation, guidance, and instruction with respect to clinical skill and competency.

(12) "Written contract for supervision" means an agreement, on a form provided by the Board and initiated before beginning supervision, between the supervisee and approved supervisor that details the scope of supervision.

**10.58.12.03 .03 Composition of Supervised Clinical Experience.**

A. A licensed graduate professional counselor shall complete at least half of the requisite supervised clinical experience in professional counseling hours under the supervision of a licensed clinical professional counselor approved by the Board.

B. A licensed graduate professional counselor may complete the remainder of the supervised clinical experience hours in counseling under the supervision of a licensed mental health care provider as defined in Regulation .02B(4)(b) of this chapter and as approved by the Board.

**10.58.12.04 .04 Required Hours of Supervised Experience.**

A. To qualify for a license to practice clinical professional counseling, an applicant holding a master's degree shall have completed not less than 3 years with a minimum of 3,000 hours of supervised experience in counseling approved by the Board, including:

B. An applicant holding a doctoral degree shall have completed not less than 2 years with a minimum of 2,000 hours of supervised experience, including 50 hours of face-to-face clinical supervision, in counseling approved by the Board, 1 year of which shall have been completed after the award of the doctoral degree.

**10.58.12.05 .05 Standards for Supervision.**

A. A supervisor shall:

- (1) Supervise only in those areas within the supervisor's competence as determined by education, training, and experience;
- (2) Provide supervision appropriate to the particular level of licensure being applied for or maintained;
- (3) Provide supervision in the general content areas established in Health Occupations Article, §17-304, Annotated Code of Maryland;
- (4) Ensure that a supervisee has read and is knowledgeable about:

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(a) Health Occupations Article, Title 17, Annotated Code of Maryland, including the supervisee's scope of practice of clinical professional counseling under Health Occupations Article, §17-101(s), Annotated Code of Maryland; and

(b) Title 10, Subtitle 58 of the Code of Maryland Regulations, including COMAR 10.58.03 Code of Ethics; and

(5) Instruct and provide guidance to supervisees in:

(a) Appropriate billing practices, if applicable to the practice site;

(b) Financial record keeping and disclosure;

(c) Establishment and disclosure to clients of:

(i) Fees for services;

(ii) Payment arrangements;

(iii) Payment plans;

(iv) Financial services; and

(v) Terms and conditions of service;

(d) Providing services as authorized by Health Occupations Article, §17-308, Annotated Code of Maryland; and

(e) Providing psychotherapy.

B. The following individuals may **not** provide supervision for a supervisee:

(1) A relative;

(2) A licensed graduate professional counselor, licensed graduate marriage and family therapist, or licensed graduate alcohol and drug counselor;

(3) A certified supervised counselor — alcohol and drug;

(4) A certified associate counselor — alcohol and drug; or

(5) A certified professional counselor.

## **10.58.12.06 .06 Supervisors — Qualifications and Responsibilities.**

A. Before providing supervision to a supervisee, a supervisor shall:

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(1) Be:

(a) Licensed by the Board as a:

(i) Clinical professional counselor;

(ii) Clinical marriage and family therapist; or

(iii) Clinical alcohol and drug counselor; or

(b) A licensed mental health care provider as defined in Regulation .02B(4) of this chapter;

(2) File with the Board the supervisor approval form and provide the supervisee with a copy of this form;

(3) Have a license that is unencumbered and without restrictions or conditions due to disciplinary action for the 2 years preceding the application for approved supervisor status;

(4) Be approved as a supervisor by the Board;

(5) Have completed:

(a) 2 years of active clinical practice experience in professional counseling, marriage and family therapy, or alcohol and drug counseling after obtaining a license as a:

(i) Clinical professional counselor;

(ii) Clinical marriage and family therapist; or

(iii) Clinical alcohol and drug counselor; or

(b) 2 years of active clinical practice experience as a professional counselor, marriage and family therapist or alcohol and drug counselor licensed or certified in another state, territory, or jurisdiction that has requirements that are equivalent to or exceed the requirements of Health Occupations Article, §17-302, 17-303, or 17-304, Annotated Code of Maryland; and

(6) Have completed one of the following education and training experiences not later than December 31, 2015:

(a) 2 years of documented experience providing counselor supervision;

(b) At least 3 semester credit hours of graduate-level academic coursework that includes counseling supervision;

(c) A Board-approved continuing education program in counseling supervision, that includes a minimum of 18 direct clock hours with the trainer or trainers;

- (d) The National Board of Certified Counselors (NBCC) Approved Clinical Supervisor (ACS) credential; or
- (e) Supervision training as defined in Regulation .02B(9)(a) and (b).

B. Exceptions.

(1) An individual who is approved by the Board as a supervisor before December 31, 2015, may continue to provide counselor supervision after that date provided that not later than that date the supervisor has:

- (a) Completed 2 years of documented experience providing counselor supervision; and
- (b) Filed the supervisor approval form with the Board and been granted Board-approved supervisor status.

(2) After December 31, 2015, applicants for Board-approved supervisor status will be required to complete either §A(6)(b), (c), or (d) of this regulation.

C. A supervisor may be:

- (1) An agency-designated supervisor; or
- (2) An independent supervisor in private practice.

**10.58.12.07 .07 Responsibilities of a Supervisor.**

A supervisor shall:

- A. Establish a written contract for supervision initiated before beginning supervision;
- B. Ensure that the supervisee is practicing within the scope of the supervisee's license;
- C. Determine the skill level at which the supervisee may practice;
- D. Focus on raw data from the supervisee's practice;
- E. Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervisory sessions;
- F. Ensure that a supervisee has read and is knowledgeable about Health Occupations Article, Title 17, Annotated Code of Maryland, and COMAR 10.58;
- G. Within a reasonable period of time before termination of supervision, provide the supervisee and employer with a notice of termination to avoid or minimize any harmful effect on the supervisee's clients or patients;

- H. Be responsible for the clinical professional practices of supervisees;
- I. Provide for emergency supervision and direction to a supervisee by a Board-approved supervisor;
- J. Provide a written evaluation of the supervisee's progress to the supervisee every 3 months;
- K. Provide a copy of the documentation required by Regulation .06A(2) of this chapter:
  - (1) On request, by the supervisee; and
  - (2) On request, by the Board or its authorized agent; and
- L. Comply with a Board audit of a supervisor's compliance with regard to the supervision requirements and supervisory responsibilities.

**10.58.12.08 .08 Responsibilities of a Supervisee.**

A. A supervisee shall:

- (1) Verify that the supervisee's supervisor has been approved by the Board;
- (2) Establish a written contract for supervision before beginning supervision;
- (3) Attend and participate in supervision as agreed in the written contract for supervision;
- (4) Prepare for supervision using case materials related to the supervisee's clinical counseling practice; and
- (5) Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervision, to be available for verification to the Board, on request by the Board or its authorized agent.

B. A supervisee may not engage in the practice of clinical professional counseling independent of supervision.

C. A supervisee shall provide the client with a copy of a professional disclosure statement as described in Health Occupations Article, §17-507, Annotated Code of Maryland, that:

- (1) Clearly states the counseling services are provided under clinical supervision; and
- (2) Provides the name of the supervisor with address and contact information.

D. A supervisee shall obtain a signed release of information and informed consent for treatment form from the client which indicates that the client:

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- (1) Is aware that counseling services are being provided under clinical supervision;
- (2) Consents to the recording of counseling sessions with the knowledge that the recording may be shared with and be limited to the supervisor; and
- (3) Consents to the sharing of client information between the licensed graduate professional counselor and the named clinical supervisor.

0.58.12.9999

Administrative History

Effective date: August 22, 2011 (38:17 Md. R. 1013)

**West Virginia TITLE 27 LEGISLATIVE RULE BOARD OF EXAMINERS IN  
COUNSELING SERIES 1**

**6.2 Supervised counseling experience:** The applicant shall have a minimum of 3000 hours of supervised counseling experience, after earning a master's degree in counseling or its equivalent as determined by the Board; or have earned a doctoral degree in counseling or its equivalent as determined by the Board and have a minimum of 1500 hours of supervised counseling experience after earning the degree. At least fifty percent (50%) of the supervised counseling experience must be in the direct provision of counseling services to clients.

6.2.a. The applicant shall remain under professional supervision satisfactory to the Board, and may not be called a licensed professional counselor, or in anyway be represented as a licensed professional counselor, until the applicant is duly licensed by the Board.

6.2.b. The professional supervisor shall determine the applicant's activities and the amount of supervision required. A minimum of one (1) hour of direct individual supervision is required for every twenty (20) hours of practice. When the professional supervisor is not a full-time employee of the same firm or agency as the applicant, this supervision shall occur at least twice in each calendar month. The supervisor shall be reasonably available to the applicant for telephone consultation. An approved professional supervisor may not supervise more than four (4) individual applicants.

6.2.c. The professional supervisor shall be pre-approved by the Board and shall provide post-graduate degree supervision for applicants provided he or she is a Licensed Professional Counselor, or other qualified supervisor as determined by the Board. At a minimum, the professional supervisor shall have been licensed for a period of two (2) years and shall have had five years counseling experience. The professional supervisor shall document to the Board that he or she has a current license and has completed training in counseling supervision that includes content and experiences relevant to the professional and clinical supervision of counselors. The professional supervisor shall provide the Board with a statement detailing his or her counseling philosophy, supervision experience and counseling experience. The professional supervisor shall demonstrate skills necessary to address all core areas of practice as outlined in 6.1.b of this rule.

6.2.d. The applicant shall provide the Board with verification of completion of supervised counseling experience on forms provided by the Board.

6.3. Standardized certification examination in counseling: The applicant shall provide the Board with verification that he or she has attained a successful score on a certification examination in counseling approved by the Board. The successful score is valid for five (5) years from the date of examination.

## Forms and Samples for Supervisees Use in Supervision

### Guidelines for Recording

#### Guidelines for Audio and Video Recordings of Counseling Sessions

Protecting confidentiality of clients recorded for supervision

McManaway and Associates

1. **Use quality equipment.** Check the sound quality, volume, and clarity. It is best to use equipment with separate clip-on microphones unless you are in a sound studio with a boom microphone. Clip-on microphones are inexpensive and easy to obtain.
2. **Buy good quality tapes/digital recorders.** It is not necessary to buy top-of-the-line tapes, or high quality digital recorders but avoid the cheapest. Better tapes/recorders give better sound and picture and can be reused. It will be best to use a recorder that is not also a phone or smart phone device for confidentiality reasons.
3. **Placement of equipment matters.** Use a tripod for the video camera. Check the angle of camera, seating, volume, and the stability of the picture.
4. **Check the background sound and volume.** Choose a quiet, private place to do this, both to protect confidentiality and to improve recording quality. Do not use an open space, an office with windows facing the street, or a place subject to interruption. Loud air-conditioning fans, ringing phones and pagers, street noise, and office conversations all disrupt the quality of recording.
5. **Know how to use the equipment.** Conduct a dry run. Be sure to check the placement of chairs, video camera angles, and picture quality before you begin. If the supervisee is especially anxious or unfamiliar with the equipment, have him or her make a practice recording. Be sure those in the picture are the persons agreed on by the supervisor and supervisee and have executed a signed consent form.
6. **Protect the confidentiality** of the supervisee and the client. Choose a private, controlled space for recording. Keep the recordings in a locked cabinet and don't include identifying data on the outside of the recording. When finished with supervision, erase the recording completely before reusing; do not just record over the previous session.
7. **Process with the supervisee any anxiety** or concern generated by recording. Three areas of potential anxiety are the technical aspects (equipment and room availability), concern for the client (confidentiality), and the effect of recording on the session (critical evaluation of performance by the supervisor).
8. **Explain recording**, its goals, and its purpose to the client at least one session before proceeding. Review with the client any concerns about confidentiality. Remember that the more comfortable and enthusiastic the supervisor and the supervisee are with the value of recording, the more comfortable the client will be. Sometimes just reassuring the client that the recording can be turned off at any point if the client is uncomfortable increases a sense of control and reduces anxiety. Usually after the first few minutes of recording, both the client and counselor forget its presence, and this option is rarely used. If the client appears resistant, a decision should be made as to



### Guidelines for Audio and Video Recordings of Counseling Sessions

Protecting confidentiality of clients recorded for supervision

McManaway and Associates

the appropriateness of using this particular method of supervision in this situation.

9. **Get a written release** from the client. Be sure the release includes a description of the purpose of the recording, limits of confidentiality, identities of those viewing the recording, and assurance of erasure of the recording afterward. If the recording is to be used in group supervision or a staffing seminar, the client should be informed of that fact.
10. Before beginning the actual session, **check the equipment** by making a short practice recording covering background material on the client. Then, rewind the recording and play it to check sound, volume, camera angle, and picture. When satisfied, begin the actual session.

Source: Adapted from [Campbell, 2000](#).



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## Audio Video Recording Confidentiality

### Confidentiality and Audio- or Video Recording

Suggested procedures to ensure confidentiality

Mcmanaway and Associates

Video recording of clinical processes will be conducted with the client's written, informed consent for each taping. Clients understand that no recording will occur without their consent. A process already in place will ensure the security and destruction of DVDs, or erasure of VHS tapes or digital recording.

The purpose of video recording is to improve counselors' clinical skills through supervision and teaching.

Counselor benefits of videotaping include:

- Improving therapeutic skills.
- Improving treatment team cohesion.
- Improving assessment, treatment planning, and delivery of services.
- Improving clinical supervision.

Procedure:

The client's counselor will explain and fully disclose the reason, policy, and procedure for video recording the client. Both will sign a specific videorecording release form. The counselor should also explain that refusal to be recorded will not affect the client's treatment at the agency. The counselor will also explain the use of off site supervision for case consultation and receive written consent for all of the above.

1. The client must be 18 years old to sign the consent. Those under 18 must have a parent's signature in addition to their own.
2. Respecting the client's concerns is always the priority. Should any client or family member show or verbalize concerns about recording, those concerns need to be addressed.
3. All recording devices will be fully visible to clients and staff while in use.
4. A video recording camera will be set up on a tripod, consistent with safety standards and in full view of each client. Clients will be notified when the recorder is on or off.
5. The recording will be labeled when the session is completed, and no copies will be made. This is especially important when dealing with digital recordings.
6. Clinical review for supervision or training: The treatment team will review the recording and assess clinical skills for the purpose of improving clinical techniques.
7. The recording will be turned over to the Medical Records Department (if available) for sign out to off site supervisors.
8. Tapes, digital recordings and DVDs will be stored in a locked drawer in the Medical

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## Confidentiality and Audio- or Video Recording

Suggested procedures to ensure confidentiality

Mcmanaway and Associates

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Records Department, if available. Within 2 weeks of the recorded session, the recording will be erased and destroyed in the presence of two clinical staff members, if available, who attest to this destruction on a form to be kept for 7 years.

9. Tapes and DVDs and digital recordings may not be taken off premises, emailed or distributed via the internet.

Adapted from: Part 2, Chapter 2, Clinical Supervision and Professional Development of the Substance Abuse Counselor: A Guide for Administrators

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## Consent to Record

### Audio or Video Recording Consent

Release of Information for Supervised Recordings

McManaway and Associates

I, \_\_\_\_\_, consent to be audio or video recorded for supervision purposes. I also agree to allow the clinical staff to review the recording as a resource to facilitate staff development for the enhancement of clinical procedures. I understand that any recording in which I am a participant will be erased within 2 weeks of the date of recording. I understand that no copies will be made of such recording. Confidentiality of recordings will be protected according to current state and federal laws and will not be used for any other purposes except those described in this release.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



Case Consultation Form Sample

**Sample Case Consultation Format**

Prepare prior to case consultation or supervision sessions

McManaway and Associates

Name of presenter: _____
Date: _____
Identifying data about the client (age, marital status, number of marriages, number and ages of children, occupation, employment status)
Presenting problem:
Short summary of the session:
Important history or environmental factors (especially cultural or diversity issues):
Tentative assessment or problem conceptualization (diagnosis):
Plan of action and goals for treatment (treatment plan):
Intervention strategies:
Concerns or problems surrounding this case (e.g., ethical concerns, relationship issues):

1



Source: Adapted from Campbell, 2000.

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## **Sample Case Consultation Format**

Prepare prior to case consultation or supervision sessions

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## Supervision Note –Sample

### Supervision Note Sample

Progress notes for Professional Development

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#### Professional Development Plan Current Focus

Goal/ Competencies	Objective	Date of Expected Completion

Supervision Content			
Issue	Discussion	Recommendation/Action	Followup

Progress on Professional Development Plan Objectives

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_

Source: Porter and Gallon, 2006.

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## Risk Management Check List

### Current Risk-Management Review

Record Review for Supervision

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Case: _____	Date: _____
<b>ISSUES</b>	
<input type="checkbox"/> Informed Consent <input type="checkbox"/> Parental Consent <input type="checkbox"/> Confidentiality <input type="checkbox"/> Recordkeeping <input type="checkbox"/> Records Security <input type="checkbox"/> Child Abuse/Neglect <input type="checkbox"/> Risk of Significant Harm <input type="checkbox"/> Duty to Warn <input type="checkbox"/> Medical Exam Needed	<input type="checkbox"/> Supervisee Expertise <input type="checkbox"/> Supervisor Expertise <input type="checkbox"/> Institutional Conflict <input type="checkbox"/> Dual Relationship <input type="checkbox"/> Sexual Misconduct <input type="checkbox"/> Releases Needed <input type="checkbox"/> Voluntary/Involuntary Hospitalization <input type="checkbox"/> Utilization Review Discharge/Termination
Discussion:	
_____	
_____	
_____	
Recommendation:	
_____	
_____	
_____	
Action:	
_____	
_____	
_____	
Signature _____ Date _____	
Title _____	

Source:  
Based  
on [Falvey, 2002b.](#)



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## Informed Consent for Clinical Consultation

### Informed Consent For Clinical Consultation

#### McManaway and Associates,

Tara McManaway, LCPC MD 4997, LPC ALPS WV 715, LMT MD 01632 WV 0076

#### Contract for Clinical Consultation

I wish to receive consultation services from McManaway and Associates.

I understand that these consultations do not constitute clinical supervision and that I remain completely responsible – ethically and legally – for the decisions I make in my own clinical case situations. My consultant will provide me with an opportunity to discuss clinical cases and issues about which s/he may have some expertise, and s/he may help me consider options for responding, but the comments made for my consideration are not supervisory mandates.

I also understand that although we may sometimes need to discuss personal issues that may be relevant to my clinical work, these consultation services do not constitute psychotherapy.

I understand the potential limits of the confidentiality of this relationship. To the extent possible, my case presentations will provide no identifiable patient information. However, I understand that if I provide identifiable information about a situation regarding which McManaway and Associates has an ethical or legal obligation to report confidential information, s/he will inform me at the time and will give me the opportunity to make the report myself.

I understand that if my consultant becomes aware that s/he knows or has a prior relationship with the presented client(s), or if s/he believes s/he has a potential conflict of interest in her/his relationship with me, s/he will notify me of that fact immediately and will cooperate in helping me find a different consultant.

I agree to the fee of \$\_\_\_\_\_ per one-hour consultation session, payable at each meeting. Payments can be paid for by PayPal using the contact email address provided.

Complete policies, procedures and other relevant information may be found in **McManaway and Associates Supervision and Consultation Binder** available via .pdf or hard copy.

\_\_\_\_\_  
(Name of Consultee – please print)

\_\_\_\_\_  
(Signature)      (Date)

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV),LCPC (MD), LMT (WV), (MD)

2013

## Online and Electronic Communication Disclaimer

If consultations are made via Skype or other electronic communication method, If you choose to use the services of Online or Skype consultations, it is of utmost importance to read this disclaimer.

User agrees that use of any or every part of the service is entirely at user's own risk. Provider's services are provided as is, without warranty of any kind, either express or implied, including without limitation any warranty or information services, consulting, uninterrupted access or products or services provided through or in connection with the service.

By submitting your question, you are in agreement to pay for the concepts and insights received, whether it is deemed to be helpful or not. Online or Skype consultations will not be provided without payment.

You are also giving McManaway and Associates access to your email address only for the purposes of replying to your question and/or to arrange for Skype consultations or answer any pertinent questions relating to consultations. Any other access would be in error only and should be taken as that. It would be rectified immediately.

From time to time, McManaway and Associates may supplement or revise the terms of service. Each time you use this service, you are accepting any changes to the terms of service.

At any time, McManaway and Associates reserves the right to terminate service if misleading information is given by the client.

Online consultations – McManaway and Associates does not give any warranty for the length of time to generate a response to your question and if it is over one week, you will be given the option to decline any service. Also, there will be only one response.

This online service is not a substitute for consultations or supervision for suicidal thinking or severe psychiatric problems or emergencies.

Your email and responses are confidential. As in any one-on-one consultations, if there are threats to your safety, the safety of others, child protection issues or suicidal or homicidal thoughts, McManaway and Associates will have no choice but to contact the authorities. These issues would override the issues of confidentiality according to the legal and ethical principals of the State of Maryland and West Virginia.

Supervision Informational and Educational Binder  
McManaway and Associates LPC. ALPS (WV),LCPC  
(MD), LMT (WV), (MD)

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It is necessary to point out potential risks of Online and Skype consulting:

1. Messages not received
2. Confidentiality could be breached if the question on the client's part is sent to the wrong address.
3. Confidentiality could be breached in transit by hackers or internet service providers at either end by others with access to the email account
4. Confidentiality could be breached by lack of privacy in the reception of the Skype or other video conferencing or conference communication method.

Initial and date \_\_\_\_\_

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV), LCPC (MD), LMT (WV), (MD)

**2013**

## Supervision Verification and Assessment Forms

### Professional Performance Standards Evaluation

<b>The Professional Performance Standards:</b> Supervisees fulfillment of ten Professional Performance Standards is reviewed by the Supervisor during each supervision session. A cumulative report will be provided at a mid and end point of supervision. The Standards include:						
<b>Criteria</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/O</b>
1. Openness to new ideas						
2. Flexibility						
3. Cooperativeness with others						
4. Willingness to accept and use feedback						
5. Awareness of own impact on others						
6. Ability to deal with conflict						
7. Ability to accept personal responsibility						
8. Ability to express feelings effectively and appropriately						
9. Attention to ethical and legal considerations						
10. Initiative and motivation						

**Evaluation Rubric**

PLEASE RATE THE APPLICANT ON THE ABOVE CLINICAL SKILLS AND ABILITIES. THE FOLLOWING KEY IS RECOMMENDED WHEN ASSESSING THE APPLICANT'S LEVEL OF COMPETENCE:

<b>5</b>	<b>High:</b>	<i>The applicant performs extremely well in this area.</i>
<b>4</b>	<b>High Average:</b>	<i>The applicant's performance level is more than adequate in this area.</i>
<b>3</b>	<b>Average:</b>	<i>The applicant possesses adequate competence in this area.</i>
<b>2</b>	<b>Low Average:</b>	<i>The applicant clearly lacks competence in this area.</i>
<b>1</b>	<b>Low:</b>	<i>The applicant clearly lacks competence in this area.</i>
<b>N/O</b>	<b>No Opportunity to Assess:</b>	<i>The rater has not had the opportunity to observe the applicant's performance in this area.</i>

**State of**  
**Maryland**  
**Supervision**  
**Forms**

Supervision Informational and Educational Binder  
 McManaway and Associates LPC. ALPS (WV),LCPC  
 (MD), LMT (WV), (MD)

2013

Board of Professional Counselors and Therapists  
 4201 Patterson Avenue  
 Baltimore, MD 21215  
 410-764-4732

[www.dhmh.state.md.us/bopc/](http://www.dhmh.state.md.us/bopc/)

**REQUIRED CLINICAL SUPERVISED EXPERIENCE – LCPC**

Years of Experience Required	Total Clinical Hours Required	Face-to-Face Client Contact Hours Required	Adjunctive Psychotherapy Or Support Therapy Hours	Face-to-Face clinical supervision hours Required
3 years required; 2 yrs. must be after the awarding of the master's degree	<b>3,000 hrs;</b> <b>2,000 hrs.</b> must accumulated after the awarding of the Master's degree. <b>Note:</b> up to 1,000 masters level practicum/internship hrs. may be counted toward 3,000 hrs.	1,500 At least 1,500 required, however, you may have up to 3,000 hours.	1,500 (up to 1,500 may be included into the 3,000 total clinical hours)	100 hours after the awarding of the masters degree. Require a <i>Minimum of 50 hrs of Individual sup</i> ; 50 may be Group Sup

*Glossary of Terms*

1. "Face-to-face client contact hour" means direct session time with clients physically present.
2. "Adjunctive Psychotherapy" or "support therapy" means crisis intervention, referral, intake assessment, leadership in self-help group, consultation, guidance counseling, rehabilitation counseling, hospice and grief, school guidance counseling, career counseling, hypnotherapy, play therapy.
3. "Face-to-face clinical supervision" means direct supervision time with the supervisee and supervisor physically present. *These must be post MA hours.*
4. "Approved supervisor," means a licensed clinical professional counselor or another health care provider under the Health Occupations Article, Annotated Code of Maryland. Examples: Psychologist, Psychiatrist, Clinical Social Worker, Psychiatrist Nurse

"Clinical counseling" means engagement in professional counseling and appraisal activities by providing services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems, emotional conditions, or mental conditions of individuals or groups.

Supervision Informational and Educational Binder  
 McManaway and Associates LPC. ALPS (WV),LCPC  
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2013

<b>Maryland Board of Professional Counselors and Therapists</b> 4201 Patterson Avenue Baltimore, MD 21215 3 <sup>rd</sup> Floor 410-764-4732 <a href="http://www.dhmh.state.md.us/bopc/">www.dhmh.state.md.us/bopc/</a>					
SUPERVISED CLINICAL DOCUMENTATION FORM					
The Information provided on this form must be completed by the applicant's supervisor(s) at the agency or organization(s) where the applicant was employed for the period of time claimed. <b><u>This form should be photocopied and completed for each separate counseling experience claimed to meet the required clinical supervision including your practicum or internship, if applicable.</u></b> Please review the table and glossary of terms to help you understand the requirements.					
APPLICATION DATE:					
<b>Please Type or Print all Information:</b>					
<b>APPLICANT'S NAME AND CONTACT INFORMATION</b>					
1. Name:					
Dr. <input type="checkbox"/>		Mr. <input type="checkbox"/>		Ms. <input type="checkbox"/>	
Mrs. <input type="checkbox"/>					
		Last		First	
				MI	
2. Social Security Number:			Name:		
3. Name and address of organization, agency or any other counseling setting where the applicant gained supervised experience:					
Address:					
Street		City		County	State
Zip Code					
4. Did this applicant perform 3,000 clinical hours under your supervision?					
<input type="checkbox"/> Yes <input type="checkbox"/> No.   If no, how many hours					
5. From:			To:		
(Month/Day/Year)			(Month/Day/Year)		
6. Did this applicant complete 1,500 face-to-face client contact hours under your supervision with client(s) physically present? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, indicate the number of hours:					
7. Did you provide 100 post master's degree face-to-face clinical supervision hours with this applicant?					
<input type="checkbox"/> Yes <input type="checkbox"/> No.   If no, indicate the number of hours:					
<i>100 post master's clinical supervision hours with the supervisor physically present is required. These hours must be completed after the transcript date the Masters Degree was conferred.</i>					
8 Are you a licensed Professional Counselor?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
License Number:		State:		Expiration Date:	
9. Are you licensed as another mental health care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, <i>where</i> are you licensed?		State:		Expiration Date:	
10. As supervisor of this applicant, do you have any reservations about the applicant receiving a license for the independent practice of counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please specify (attach additional sheet if necessary)					

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<b>I VERIFY THE INFORMATION ON THIS FORM IS ACCURATE FOR THE APPLICANT</b>			
(Supervisor Print Name)		(Supervisor's Signature)	
Address:			
(City)	(State)	(Zip)	(Phone)
Witnessed by			
Name of Notary			

**State of**  
**West Virginia**  
**Supervision**  
**Forms**

## West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212, Charleston, West Virginia 25301  
 (304) 558-5494 (Local) (800) 520-3852 (Toll-Free) (304) 558-5496 (Fax)

### SUPERVISOR'S VERIFICATION AND ASSESSMENT FORM

#### PLEASE READ CAREFULLY!

Instructions to Provisionally Licensed Counselor: This form is to be sent to the Board office: **after 50% of direct contact hours are completed and at the end of supervision (minimum of 19 months).**

1. All supervised experience for licensure must be documented by the person(s) who supervised you.
2. Complete Part A before giving this form to your supervisor.
3. You must provide each supervisor with a business-size envelope, which he/she can return to you, sealed and signed on the flap and you can forward to the board. The form must arrive at the board intact.

#### Part A: To be Completed by Provisionally Licensed Counselor

1. Name:		Last 4 of SSN:	
2. Street Address:		City:	State: Zip:
3. Daytime Phone:	Email:	County:	
4. License #:	License Issue Date:	Expiration Date:	
5. Name of Supervisor:		Title:	
Name and Address of facility where clinical work and supervision took place: _____ _____			
Signature of Provisionally Licensed Counselor		Date:	
Board Use Only			

Supervision Informational and Educational Binder  
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**Instructions to Supervisor: Remember – The ALPS shall not supervise more than four supervisees who are registered at one time with this board.**

1. Complete Part B ONLY if the Part A has been completed by the Provisionally Licensed Counselor.
2. After completing this form, seal it in a business size envelope, sign across the seal, and return the envelope to the applicant.

**PART B: To be Completed by Supervisor**

1. Does scope of practice include diagnosis and treatment of mental and emotional disorders? Yes No
2. Does the applicant's scope of practice include 50% of time spent diagnosing and treating? Yes No
3. Type of professional license held: \_\_\_\_\_ 4. State: \_\_\_\_\_ 5. License #: \_\_\_\_\_

**I verify that this applicant for licensure as a Licensed Professional Counselor has spent**

- 1) \_\_\_\_\_ AND 2) \_\_\_\_\_ AND  
(Total # of actual counseling activities hours) (Total # of direct client counseling hours)
- 3) \_\_\_\_\_  
(Total # of actual hours spent with supervisor)

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date) (Date)  
(Dates must be filled in Month-Day-Year)

**6. Briefly explain the nature of the supervision activities and types of clients served**

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**7. Do you recommend the applicant for licensure: Yes, Without Reservation No, (if no, please explain)**

Additional Explanation/Comments (attach separate sheet if necessary):

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**8.) PLEASE RATE THE APPLICANT ON THE FOLLOWING CLINICAL SKILLS AND ABILITIES. THE FOLLOWING KEY IS RECOMMENDED WHEN ASSESSING THE APPLICANT'S LEVEL OF COMPETENCE:**

- |                                      |   |
|--------------------------------------|---|
| <b>5 High:</b>                       | <i>The applicant performs extremely well in this area.</i>  |
| <b>4 High Average:</b>               | <i>The applicant's performance level is more than adequate in this area.</i>                      |
| <b>3 Average:</b>                    | <i>The applicant possesses adequate competence in this area.</i>                                  |
| <b>2 Low Average:</b>                | <i>The applicant clearly lacks competence in this area.</i>                                       |
| <b>1 Low:</b>                        | <i>The applicant clearly lacks competence in this area.</i>                                       |
| <b>N/O No Opportunity to Assess:</b> | <i>The rater has not had the opportunity to observe the applicant's performance in this area.</i> |

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**Clinical Skills and Abilities Competency and Performance Evaluation**

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV), LCPC (MD), LMT (WV), (MD)

2013

SKILLS AND ABILITIES A Provisionally Licensed Counselor must demonstrate acceptable levels of performance in:	ASSESSMENT					
	HIGH	AVERAGE	LOW	N/O		
	5	4	3	2	1	
<b>CLINICAL PSYCHOPATHOLOGY, PERSONALITY AND ABNORMAL BEHAVIOR</b>						
1.) Knowledge of specific personality theories and their application in mental health work.						
2.) Understanding basic concepts of normal and abnormal behavior.						
3.) Recognizing the levels of severity of abnormal behaviors.						
4.) Understanding the life cycle of normal growth and development from infancy to maturity and old age.						
5.) Understanding the impact of diverse cultures, ethnic and economic background on personality development.						
<b>EVALUATION OF MENTAL AND EMOTIONAL STATUS</b>						
6.) Knowing the names and uses of the various assessment measures.						
7.) Using behavioral observation, social history and intake Questionnaires as appraisal techniques.						
8.) Using assessment procedures in diagnosis, treatment planning, and the conduct of mental health treatment.						
9.) Using and interpreting group and individual standardized tests of mental ability, interests aptitude, personality, and achievement.						
10.) Knowing under what conditions, and by whom specialized tests may be administered (i.e. physical and neurological examinations, mental status examinations, EEG. Etc...)						
<b>DIAGNOSIS OF MENTAL AND EMOTIONAL DISORDERS</b>						
11.) Knowing the signs and symptoms of psychosis, personality disorders and neuroses.						
12.) Using the Diagnostic and Statistical Manual for Mental Disorders ( <b>DSM-IV</b> ) in making a diagnosis.						
13.) Conducting mental status examinations.						
14.) Knowing the psychopathologic conditions related to children, adolescents, young and mid-life adults and the aged.						
15.) Knowing the behaviors, natural history, and psychodynamics of special problems such as mental retardation, psychosexual disorders, substance abuse, and addiction.						

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV), LCPC (MD), LMT (WV), (MD)

2013

SKILLS AND ABILITIES A Provisionally Licensed Counselor must demonstrate acceptable levels of performance in:		ASSESSMENT					
		HIGH	AVERAGE	LOW	N/O		
		5	4	3	2	1	
<b>METHODS OF INTERVENTION AND PREVENTION OF MENTAL AND EMOTIONAL DISORDERS</b>							
16.)	Using generic counseling skills, i.e. attending, responding, goal setting, feedback, summarization.						
17.)	Knowing the rationale, process and limitations of the psychological methods of intervention i.e. client-centered, psychological hypnotherapy, psychotherapy, etc.						
18.)	Knowing the method of educational models of intervention i.e. rational emotive therapy, reality therapy, psycho-social rehabilitation, etc.						
19.)	Using different kinds of intervention strategies in different situations. i.e. marriage and family, crisis situations, child abuse, etc.						
20.)	Using specialized intervention strategies in/diverse populations i.e. minorities, children, substance abusers, psychiatric clients, terminally ill, etc.						
<b>TREATMENT OF MENTAL AND EMOTIONAL DISORDERS</b>							
21.)	Developing and implementing a treatment plan.						
22.)	Reporting and assessing progress of treatment.						
23.)	Knowing the legal and ethical issues involved in treatment.						
24.)	Making appropriate and successful referrals of clients.						
25.)	Understanding the use of mood altering chemical agents in the treatment of mental and emotional disorders.						
<p><b>AFFIDAVIT: I hereby attest that all the information on this form is true and correct to the best of my knowledge. I AM WILLING TO ANSWER ADDITIONAL QUESTIONS CONCERNING THIS EVALUATION IF THE BOARD DEEMS IT NECESSAARY.</b></p>							
<p>_____ Name of the Provisionally Licensed Counselor (please print)</p>				<p>_____ Name of ALPS (please print)</p>			
<p>_____ Signature of Approved Supervisor</p>				<p>_____ Date</p>			
<p>I understand that providing misinformation to the Board may subject me to disciplinary action, including revocation of my license.</p>							
				<p>_____ Signature of Approved Supervisor</p>			
<p>Board Use Only</p>							

Supervision Informational and Educational Binder  
McManaway and Associates LPC. ALPS (WV), LCPC  
(MD), LMT (WV), (MD)

2013

STATEMENT OF PROFESSIONAL DISCLOSURE  
**PROVISIONALLY LICENSED COUNSELOR**  
STATE OF WEST VIRGINIA

Name \_\_\_\_\_

Business Name &  
Address \_\_\_\_\_

Phone Number \_\_\_\_\_

WV Provisionally Licensed Counselor Number \_\_\_\_\_

**FORMAL PROFESSIONAL EDUCATION**

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

**PROVIDING COUNSELING IN THE FOLLOWING AREAS:**

\_\_\_\_\_

Note: The Board of Examiners in Counseling does not screen for qualifications in individual counseling specialties.

**FEE SCHEDULE** \_\_\_\_\_

Upon request your counselor will provide you with a copy of the Statement of Code of Ethics.

Any questions, concerns, or complaints relating to the delivery of service by the counselor listed above, may be directed to:

**1-800-520-3852**

**WEST VIRGINIA BOARD OF EXAMINERS IN COUNSELING**  
815 Quarrier Street, Suite 212  
Charleston, West Virginia 25301

This information is required by the Board of Examiners in Counseling which regulates all Provisionally Licensed Counselors.

Provisionally Licensed Counselors are not permitted to operate their own private practice and may practice only as part of his or her licensure supervisory requirement as outlined in section 6.2 of Licensing Rule, Series 1 which is available on [www.wvbec.org](http://www.wvbec.org).

**PROFESSIONAL DISCLOSURE**

**Provisionally Licensed Counselors** are required to display a professional disclosure statement at the place where services are performed and to make a copy of the statement available to clients upon request. The information to be included on the professional disclosure statement is as follows:

1. The name, title, business address, and business phone number of the provisional licensee performing the service.

2. The formal professional education of the provisional licensee, including his/her academic degree, the institutions awarding those degrees and the dates they were received.

a. "Formal professional education" means the provisional licensee's academic training related to counseling which meets the educational requirements for licensure as a counselor.

b. Academic degrees that do not meet the requirements for provisional licensure, are not formal professional education as defined by the Board of Examiner in Counseling rules and should not be listed.

3. The provisional licensee's area of competence in counseling and the services that he/she provides, based on training and experience, from the following list, as is appropriate: career counseling, child and adolescent counseling, personal and social counseling, educational counseling, marriage counseling, family counseling, pastoral counseling, gerontological counseling, rehabilitation counseling, human resources counseling, employee assistance counseling, mental health counseling, consultation, school counseling, supervision, and diagnosis and treatment of mental and emotional disorders.

1. The fee schedule: If you work for an agency (profit or non-profit) the fee schedule should reflect the fee your agency charges the client for your services.

The following legal and ethical principles apply in providing the professional disclosure statement:

1. The provision of the professional disclosure statement is the sole responsibility

of the provisional license. A copy of the professional disclosure statement must be submitted to the Board upon request. (Need copy of your statement within 15 days)

2. The purpose of professional disclosure is to provide sufficient information to aid the consumer public in making informed judgments and choices on matters that concern it.

3. When choosing areas of competence and services provided to be listed on their professional disclosure statement, provisional licensees should be guided by: "The provisional licensee neither claims nor implies professional qualifications exceeding those professed."

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4. In listing areas of competence and services provided on the professional disclosure statement, provisional licensees should adhere to the scope of practice of professional counseling and delivery of services as defined in Section 30-31-2 of the West Virginia Code and as stated in Section 27-1-12 of the rules of the Board of Examiners in Counseling.

**§27-1-16.** 16.5. Provisionally licensed counselors are not permitted to operate their own private practice and may practice only as part of his or her licensure supervisory requirement as outlined in section 6.2 of this rule.

Weekly Supervision Log

Month/Year \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_  
 ALPS's Signature \_\_\_\_\_

	Date	Individual Counseling	Group Counseling	Family Counseling	Consultation	Counseling Related	Screening/ Assessment	Intake/ diagnostic	Crisis Intervention	Case Mgt.	ALPS Supervision	TOTAL
Mon.												
Tues.												
Wed.												
Thur.												
Fri.												
Mon.												
Tues.												
Wed.												
Thurs.												
Fri.												
Mon.												
Tues.												
Wed.												
Thurs.												
Fri.												
Mon.												
Tues.												
Wed.												
Thurs.												
Fri.												
Mon.												
Tues.												
Wed.												
Thurs.												
Fri.												
TOTAL:												

Daily/Weekly Log Sheet for a Supervised Counselor

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV), LCPC (MD), LMT (WV), (MD)

2013

Quarterly Individual Supervision Chart

**QUARTERLY INDIVIDUAL SUPERVISION REPORT**  
West Virginia Board of Examiners in Counseling

The quarterly reports are to be submitted within 15 days of the end of each quarter. Signatures of the supervisor and supervisee certify that the information contained in this report is accurate and true.

Supervisee Name: \_\_\_\_\_ ALPS Name: \_\_\_\_\_

Quarter (Circle)    1    2    3    4    Year \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Comments: \_\_\_\_\_

Please input 1/4, 1/2, and 3/4 hours as .25, .50, or .75 by rounding to the nearest 1/4 hour. For example: If your counseling activity totaled 3 hours and 35 minutes, you would enter your hours as 3.50. If your counseling activity totaled 2 hours and 10 minutes, you would enter your hours as 2.25.

Activity	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Total Number Of Hours	Percentage
Individual Counseling														0	
Group Counseling														0	
Family Counseling															
Crisis Counseling														0	
Chairman Address for Board Committee only														0	% Direct 0%
Consultation														0	
OTHER (see instructions)														0	
ALPS Supervision														0	
Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Signatures: \_\_\_\_\_

ALPS Supervisor

Date

Supervisee

Date

The number to the left reflects the minimum number of supervision hours you need to meet the 25% ratio this quarter.

Supervision Informational and Educational Binder  
McManaway and Associates LPC. ALPS (WV), LCPC  
(MD), LMT (WV), (MD)

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Professional and Clinical Experience Forms

Applicant Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Page 3 of Licensure Application**

**You need to copy this page if you have more than three clinical counseling jobs to report.**

**11. PROFESSIONAL and CLINICAL EXPERIENCE**

- List current experience first
- Any job that is part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Box or Street Number City State Zip Code

On-site Supervisor: \_\_\_\_\_ Type of License \_\_\_\_\_ License # \_\_\_\_\_

Approved Licensed Professional Supervisor \_\_\_\_\_ License # \_\_\_\_\_

Number of hours worked each month \_\_\_\_\_

**11A. PROFESSIONAL and CLINICAL EXPERIENCE**

- List current experience first
- Any job that is part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Box or Street Number City State Zip Code

On-site Supervisor: \_\_\_\_\_ Type of License \_\_\_\_\_ License # \_\_\_\_\_

Approved Licensed Professional Supervisor \_\_\_\_\_ License # \_\_\_\_\_

Number of hours worked each month \_\_\_\_\_

### **Remediation Processes and Forms**

A Supervisee receiving a rating below 3 on one or more of the Professional Performance standards or Clinical Competencies will be considered deficient in professional performance and subject to the following procedure:

The supervisee and the supervisor will meet to discuss the Professional Performance concern(s). The supervisee will be presented with a Notification of Professional Performance Concern form, on which will be listed the deficient rating(s), the issuing supervisor's explanation for the ratings, and descriptions of remedial actions that will be required. Signatures of both the issuing supervisor and the supervisee will verify their understanding of the concerns, the required remedial actions, and the schedule for completing them. Both the supervisee and supervisor will retain copies of the signed Evaluation of Action Form, the Summary of Meeting and a copy shall be kept in the supervisee's file.

If a supervisee receives more than one Notification of Professional Performance Concern during his/her contract or fails to show reasonable progress in remediation of deficiencies previously cited, he/she will be required to meet with the supervisor in accordance with the procedure described above. Depending upon the nature of new performance concerns and/or the reasons for the supervisee's failure to comply with previously determined remedial action plans, the supervisor will consult a supervision consultation network regarding the development of alternative remedial strategies and/or evaluation of the supervisee's fitness for continuation in supervision. The supervisor and the supervisee will retain a signed copy of any revision made to the Notification of Professional Performance Concern.

Supervisor will initiate the Professional Performance Review protocol at any time for supervisees who knowingly engage in illegal or unethical activities or for supervisees whose professional performance is deemed to present an immediate threat to the well being of others. In such cases and depending upon the level of perceived threat, the supervisor may recommend discontinuation in the supervision contract without opportunity for supervisee remediation.

### **Reasons for Termination**

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible.

**Summary of Meeting for Remedial Action**

Summary of Meeting

Date: \_\_\_\_\_

Participants: \_\_\_\_\_  
\_\_\_\_\_

Subject of Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan for Student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature of Agreement \_\_\_\_\_

Follow-up meeting set for \_\_\_\_\_ (date)

Evaluation of Action Form- Student Interns

Student Evaluation Action Form

This document serves as a supplement to the Student Evaluation Form completed each semester by the faculty in Counselor Education. Specifically, the Action Form provides a vehicle to document discussions of observed strengths in student performance as well as any corrective measures intended for arrears of faculty concern in a student's performance. The Action Form reflects a formal, participatory activity and dialogue designed to assist in the student's successful matriculation into their chosen area of counseling. The procedural elements of this activity are noted in the following listing.

1. Review of Student Evaluation Form
2. Suggested Corrective Actions (specify)
  - A.
  - B.
  - C.
3. Required Corrective Actions (specify)
  - A.
  - B.
  - C.

Acknowledgement

By our signatures, we verify our discussion and agreement concerning the elements of the student Evaluation Action Form.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Advisor

Date: \_\_\_\_\_

Additional Maryland Resources for LGPC/LCPC

Confidentiality and Minor Consent Q/A

**FOR PROVIDERS**

**CONFIDENTIALITY AND MINOR CONSENT Q&A cont.**

<p><b>Q:</b> What if the minor does not SEEM competent to make his or her own decisions (low IQ, drug use, adult influence)?</p>	<p><b>A:</b> A patient is competent if the patient</p> <ol style="list-style-type: none"> <li>(1) understands the nature and consequence of his/her medical condition and the proposed treatment and</li> <li>(2) can communicate his/her decision.</li> </ol> <p>Providers can make their own assessment of a patient's competency and do not need a judicial ruling or psychiatric diagnosis in order to find a patient incompetent. When assessing whether the patient understands the nature and consequences of his/her medical condition (and can communicate his/her decision) take into account the following:</p> <ol style="list-style-type: none"> <li>(1) Always start with the presumption that a patient is competent.</li> <li>(2) Minority age alone is not a sufficient basis for determining if someone is incompetent. The law specifically deems minors capable of providing consent in certain medical situations.</li> <li>(3) Physical or mental disorders alone are not a sufficient basis for finding incompetency.</li> <li>(4) The nature and consequence of the medical condition must be explained in terms a minor would understand.</li> <li>(5) Believing that the patient is making an unwise or "wrong" medical decision is not a sufficient basis for finding the patient incompetent.</li> <li>(6) Competency is situation specific. A minor deemed incompetent in one situation may not be considered incompetent in all situations.</li> </ol>
<p><b>Q:</b> How can we provide confidential care when the patient's health plan send Explanation of Benefits (EOBS), bills, or surveys home after a visit?</p>	<p><b>A:</b> If you know that a health plan will automatically send out materials to your patient you can do the following:</p> <ol style="list-style-type: none"> <li>(1) Contact the patient's health plan and let them know your concerns</li> <li>(2) Refer your patient to a clinic that can provide confidential teen services</li> </ol>

**FOR PROVIDERS**

**CONFIDENTIALITY AND MINOR CONSENT Q&A**

<b>Q:</b> What are the services a minor can consent to?	<b>A:</b> See "Maryland Minor Consent Laws: Who can consent for what services and providers' obligations."								
<b>Q:</b> If a minor cannot give consent to health care, who (besides a parent) can give it for them?	<b>A:</b> <table border="0"> <tr> <td>Adult Caretaker:</td> <td>With letter from parent, or with kinship caregiver consent affidavit</td> </tr> <tr> <td>Guardian:</td> <td>With court order granting guardianship</td> </tr> <tr> <td>Foster Parent:</td> <td>Only with dependency court permission</td> </tr> <tr> <td>Emergency:</td> <td>Consent not required in an emergency</td> </tr> </table>	Adult Caretaker:	With letter from parent, or with kinship caregiver consent affidavit	Guardian:	With court order granting guardianship	Foster Parent:	Only with dependency court permission	Emergency:	Consent not required in an emergency
Adult Caretaker:	With letter from parent, or with kinship caregiver consent affidavit								
Guardian:	With court order granting guardianship								
Foster Parent:	Only with dependency court permission								
Emergency:	Consent not required in an emergency								
<b>Q:</b> How far should I go when trying to reach a parent?	<b>A:</b> When parental consent is necessary in order to provide a service, the provider must obtain that consent. If the provider is unable to reach a parent and believes that treatment must be provided immediately, the provider should proceed if the youth's medical condition qualifies as an emergency. The provider should clearly document his/her actions and decisions and rationale for treatment or interventions.								
<b>Q:</b> Can consent be given verbally?	<b>A:</b> No specific provision in Maryland statutes discuss whether verbal consent is permissible.								
<b>Q:</b> If parents give consent to treatment, does that give them the right to look over medical records?	<b>A:</b> <p>The general rule is that parents have a right to see medical records if the parents consented to the treatment.</p> <p>The following qualify as a "person in interest" that may access the medical records of a minor under Maryland law (Md. Code Ann., Health-Gen. I § 4-301(k)(4)-(5)):</p> <ul style="list-style-type: none"> <li>• A minor, if the medical record concerns treatment to which the minor has the right to consent and has consented</li> <li>• A parent, guardian, custodian, or a representative of the minor designated by a court, in the discretion of the attending physician who provided the treatment to the minor, as provided in § 20-102 or § 20-104 of the Md. Code Ann., Health-Gen. Article</li> <li>• A parent of the minor, except if the parent's authority to consent to health care for the minor has been specifically limited by a court order or a valid separation agreement entered into by the parents of the minor</li> <li>• A person authorized to consent to health care for the minor consistent with the authority granted</li> <li>• An attorney appointed in writing by an authorized person as listed above [HIPAA, 45 CFR § 164.502(g)(3)]</li> </ul>								
<b>Q:</b> When the youth has the right to confidential care, what do I do if I'm uncomfortable NOT telling parents?	<b>A:</b> If a minor has the legal right to confidential care, a provider must abide by that right or risk liability or other legal sanction. Many of the minor consent statutes grant the health provider the right to decide whether contacting a parent is appropriate or necessary even over the minor's objection. Refer to the Maryland Minor Consent Law table confidentiality column. In those cases a provider can rely on their professional judgment to decide whether to share information with parents. Providers are not legally obligated to provide services to which they are morally or ethically opposed. In such circumstances, the provider should refer the adolescent to another provider, clinic, or program who can better meet the teen's health care needs.								

# Supervision Informational and Educational Binder McManaway and Associates LPC, ALPS (WV),LCPC (MD), LMT (WV), (MD)

2013

## Informed Consent Quick Guide

### MARYLAND MINOR CONSENT LAWS

#### *Who Can Consent For What Services and Providers' Obligations*

MINORS OF ANY AGE MAY CONSENT	LAW	CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER
<b>PREGNANCY</b>	A minor ( <i>i.e.</i> , a person under the age of 18) has the same capacity as an adult to consent to treatment for or advice about <i>pregnancy</i> other than sterilization [Md. Code Ann., Health-Gen. II § 20-102(c)(1)-(5)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion [Md. Code Ann., Health-Gen. II § 20-102(f)]
<b>CONTRACEPTION</b>	A minor ( <i>i.e.</i> , a person under the age of 18) has the same capacity as an adult to consent to treatment for or advice about <i>contraception other than sterilization</i> [Md. Code Ann., Health-Gen. II § 20-102(c)(1)-(5)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion [Md. Code Ann., Health-Gen. II § 20-102(f)]
<b>DIAGNOSIS AND/OR TREATMENT FOR SEXUALLY TRANSMITTED DISEASES</b>	A minor ( <i>i.e.</i> , a person under the age of 18) has the same capacity as an adult to consent to treatment for or advice about <i>venereal disease</i> [Md. Code Ann., Health-Gen. II § 20-102(c)(1)-(5)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]
<b>AIDS/HIV TESTING AND TREATMENT</b>	A minor ( <i>i.e.</i> , a person under the age of 18) has the same capacity as an adult to consent to treatment for or advice about <i>venereal disease</i> [Md. Code Ann., Health-Gen. II § 20-102(c)(1)-(5)] Voluntary written informed consent of the individual to be tested is required for an HIV test, except in specified circumstances, including at anonymous test sites where an individual may be identified by a number [Md. Reg Code tit. 10, § 18.08.07]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)] A student is not required to disclose his/her status of being infected with HIV to school authorities. The decision whether or not to disclose HIV infection is at the discretion of the parent/guardian on the advice of the infected individual's medical care provider
<b>ABORTION</b>	A physician may not perform an abortion on an unmarried minor unless the physician first gives notice to a parent or guardian of the minor, except as provided with respect to "incomplete notice" and "waiver of notice" [Md. Code Ann., Health-Gen. II § 20-103(a)]	<i>Waiver of Notice</i> -No notice required, if, in the professional judgment of the physician... 1. Notice to the parent or guardian may lead to physical or emotional abuse of the minor 2. The minor is mature and capable of giving informed consent to an abortion; or 3. Notification would not be in the best interest of the minor. <i>Incomplete Notice</i> -No notice required if: 1. The minor does not live with a parent or guardian; and 2. A reasonable effort to give notice to a parent or guardian is unsuccessful. [Md. Code Ann., Health-Gen. II § 20-103(b)] **A physician is not liable for civil damages or subject to a criminal penalty for a decision under this subsection not to give notice [Md. Code Ann., Health-Gen. II § 20-103(c)] <i>Notice Prohibited</i> A physician may not provide notice to a parent or guardian if the minor decides not to have the abortion [Md. Code Ann., Health-Gen. II § 20-103(e)]
<b>EMERGENCY MEDICAL SERVICES/ GENERAL MEDICAL CARE</b>	A minor ( <i>i.e.</i> , a person under the age of 18) has the same capacity as an adult to consent to medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual [Md. Code Ann., Health-Gen. II § 20-102(b)]	The health care provider shall inform the minor's parent or guardian. The health care provider may treat a patient who is incapable of making an informed decision, without consent, if the treatment is of an emergency nature; the person who is authorized to give consent is not available immediately; and the attending physician determines that there is substantial risk of death or immediate and serious harm to the patient and that the life or health of the patient would be affected adversely by delaying treatment to obtain consent [Md. Code Ann., Health-Gen. II § 5-607]

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV),LCPC (MD), LMT (WV), (MD)

2013

## MARYLAND MINOR CONSENT LAWS

### Who Can Consent For What Services and Providers' Obligations

MINORS OF ANY AGE MAY CONSENT	LAW	CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER
<b>DRUG AND ALCOHOL ABUSE TREATMENT</b>	<p>A minor (<i>i.e.</i>, a person under the age of 18) has the same capacity as an adult to consent to treatment for and advice about <i>drug abuse</i> and <i>alcoholism</i> [Md. Code Ann., Health-Gen. II § 20-102(c)(1)-(5)]</p> <p><i>Psychological treatment for drug abuse or alcoholism</i> – A minor has the capacity to consent to psychological treatment for drug abuse or alcoholism if, in the judgment of the attending physician or a psychologist, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual [Md. Code Ann., Health-Gen. II § 20-102(d)]</p> <p><i>Refusal of treatment.</i> The capacity of a minor to consent to treatment for drug abuse or alcoholism does not include the capacity to refuse treatment in a certified inpatient alcohol or drug abuse treatment program for which a parent/guardian has given consent [Md. Code Ann., Health-Gen. II § 20-102(c-1)]</p>	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]
<b>OUTPATIENT MENTAL HEALTH SERVICES</b>	<p>A minor who is 16 years old or older has the same capacity as an adult to consent to <i>consultation, diagnosis, and treatment of a mental or emotional disorder</i> by a physician, psychologist, or a clinic [Md. Code Ann., Health-Gen. II § 20-104(a)]</p> <p>The capacity of a minor to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a physician, psychologist, or a clinic does not include the capacity to refuse consultation, diagnosis, or treatment for a mental or emotional disorder for which a parent, guardian, or custodian of the minor has given consent.</p>	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]
<b>SEXUAL ASSAULT AND RAPE SERVICES</b>	<p>A minor (<i>i.e.</i>, a person under the age of 18) has the same capacity as an adult to consent to:</p> <ul style="list-style-type: none"> <li>Physical examination and treatment of injuries</li> <li>Physical examination to obtain evidence from an alleged rape or sexual offense</li> </ul> <p>[Md. Code Ann., Health-Gen. II § 20-102(c)(6)-(7)]</p>	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]
<b>ADMISSION TO DETENTION CENTER</b>	<p>A minor (<i>i.e.</i>, a person under the age of 18) has the same capacity as an adult to consent to:</p> <ul style="list-style-type: none"> <li>Initial medical screening and physical examination on and after admission into a detention center [Md. Code Ann., Health-Gen. II § 20-102(c)(8)]</li> </ul>	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]

Source: People's Law Library of Maryland – [www.peoples-law.org](http://www.peoples-law.org) © Maryland Legal Assistance Network / MLC, 1999-2006.

Source: Student Services Technical Assistance Guide. Maryland State Department of Education. June 2006 [www.marylandpublicschools.org](http://www.marylandpublicschools.org)

**MARYLAND MINOR CONSENT LAWS**

*Who Can Consent For What Services and Providers' Obligations*

**ADDITIONAL ISSUES: MINOR STATUS**

CIRCUMSTANCE	LAW	CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER
<b>MARRIED OR PARENT</b>	A minor can consent to treatment if married or the parent of a child [Md. Code Ann., Health-Gen. II § 20-102(a)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]
<b>EMANCIPATED MINOR OR MINOR LIVING APART</b>	No specific Maryland legal provision expressly authorizes minors who are emancipated or living apart from their parents to consent for health care.	

**What does emancipation mean?**

"Emancipation of a minor" generally refers to the process of freeing a minor (person under age 18) from parental control. It means that the parent is no longer legally responsible for the acts of the child. It can allow the child to set up his/her own living arrangement. The term may also refer to freeing the earnings/income of a child from the control of a parent.

In at least one case, the court said that emancipation can be either partial or complete. "**Complete**" means the parents are no longer legally responsible for the child. **Partial emancipation** means that child is emancipated only for:

- for a certain period of time *or*
- for some special purpose (such as the right to earn and spend his/her own wages) *or*
- from a part of a parent's rights (such as the right to make decisions about a pregnancy).

Before July 1973, the age a person reached majority (or became emancipated) in Maryland was 21. As of July 1973, the law lowered the age of majority to 18. It is very likely that the number of minors seeking emancipation who are capable of living on their own has been significantly reduced. Minors under the age of 18 are more likely to need the support and protection of an adult. Therefore, there is a greater reason to look at other solutions.

**How does emancipation occur?**

There are a number of ways in which a minor may be emancipated (completely or partially).

- #1 **A minor reaches the age of majority.** As of July 1, 1973 in Maryland, a person age 18 or older is considered an adult with all the legal capacity, rights, powers, privileges, duties, liabilities and responsibilities of an adult [Md. Ann. Code Art. 1§24(a)]
- #2 **The minor has been declared emancipated through the courts.**  
**Example - Misconduct by a parent.** "Parental abuse, neglect or failure to support" or other misconduct are key factors that a court might consider in an emancipation action.
- #3 **The minor is living independently of his/her guardian.**  
**Example - A parent (formally or informally) agrees to give up (some/or all of his/her) parental control.** A parent might consent to allowing a child to establish a separate household. Or a parent may force the minor to leave and support him/herself.
- #4 **Certain situations occur, such as marriage or entering the military occur.** In these situations, it usually does not make sense to say that a parent must still support a minor and have control over his/her actions. Members of the military are subject to government control. A husband and wife generally have a duty to support his/her spouse. There are limitations.

Generally, a minor unmarried individual who is living independently of his/her parent/guardian and who is not emancipated by court decree is still under the responsibility of his/her parent/guardian.

Source: People's Law Library of Maryland – [www.peoples-law.org](http://www.peoples-law.org) © Maryland Legal Assistance Network / M.L.S.C., 1999-2006.  
 Source: Student Services Technical Assistance Guide. Maryland State Department of Education. June 2006 [www.marylnadpublicschools.org](http://www.marylnadpublicschools.org)

**MARYLAND MINOR CONSENT LAWS**

*Who Can Consent For What Services and Providers' Obligations*

**ADDITIONAL ISSUES: MEDICAL RECORDS, LIABILITY & FINANCIAL RESPONSIBILITY**

	LAW
<b>ACCESS TO A MINOR'S MEDICAL RECORD UNDER MARYLAND LAW</b>	<p>The following qualify as a "person in interest" that may access the medical records of a minor under Maryland law (Md. Code Ann., Health-Gen. I § 4-301(k)(4)-(5)):</p> <ul style="list-style-type: none"> <li>• A minor, if the medical record concerns treatment to which the minor has the right to consent and has consented</li> <li>• A parent, guardian, custodian, or a representative of the minor designated by a court, in the discretion of the attending physician who provided the treatment to the minor, as provided in § 20-102 or § 20-104 of the Md. Code Ann., Health-Gen. Article</li> <li>• A parent of the minor, except if the parent's authority to consent to health care for the minor has been specifically limited by a court order or a valid separation agreement entered into by the parents of the minor</li> <li>• A person authorized to consent to health care for the minor consistent with the authority granted</li> <li>• An attorney appointed in writing by an authorized person as listed above</li> </ul> <p>[HIPAA, 45 CFR § 164.502(g)(3)]</p>
<b>DESTRUCTION OF A MINOR'S MEDICAL RECORDS UNDER MARYLAND LAW</b>	<p>In the case of a minor patient, a medical record or laboratory or X-ray report about a minor patient may not be destroyed until the patient attains the age of majority (<i>i.e.</i>, 18) plus three (3) years or for five (5) years after the record or report is made, whichever is later, unless:</p> <ul style="list-style-type: none"> <li>• The parent or guardian of the minor patient is notified <i>or</i></li> <li>• If the medical care documented in the record was provided under Md. Code Ann., Health-Gen. II § 20-102(c) or § 20-103(c) the minor patient is notified</li> </ul> <p><i>Notice</i> - Any notice required by this provision shall:</p> <ul style="list-style-type: none"> <li>• Be made by first-class mail to the last known address of the patient;</li> <li>• Include the date on which the record of the patient shall be destroyed; and</li> <li>• Include a statement that the record or synopsis of the record, if wanted, must be retrieved at a designated location within 30 days of the proposed date of destruction.</li> </ul> <p>[Md. Code Ann., Health-Gen. I § 4-403(c)]</p>
<b>SUBSTANCE ABUSE TREATMENT RECORDS</b>	<p>The confidentiality of substance abuse treatment records is governed by federal law, 42 U.S.C. §§ 290dd-3 and 290ee-3; 42 C.F.R. Part 2, and State law, § 8-601 of the Health General Article. In general, information regarding alcohol and drug abuse treatment is confidential and may not be disclosed without consent of the individual except in certain limited circumstances as set forth in the law.</p>
<b>LIABILITY OF HEALTH CARE PROVIDER</b>	<p>A physician, psychologist, or an individual under the direction of a physician or a psychologist who treats a minor is not liable for civil damages or subject to any criminal or disciplinary penalty solely because the minor did not have capacity to consent [Md. Code Ann., Health-Gen. § 20-102]</p>
<b>FINANCIAL RESPONSIBILITY</b>	<p>A parent, guardian, custodian, or spouse of the parent is not responsible for the costs of consultation, diagnosis, or treatment for a mental or emotional condition for which a minor may consent, unless the parent, guardian, custodian, or spouse of a parent has consented to the care. [Md. Code Ann., Health-Gen. § 20-104]</p>

# Supervision Informational and Educational Binder McManaway and Associates LPC. ALPS (WV),LCPC (MD), LMT (WV), (MD)

2013

## MARYLAND MINOR CONSENT LAWS

### *Who Can Consent For What Services and Providers' Obligations*

#### ADDITIONAL ISSUES: HIPAA

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA, Pub. L. 104-191, 110 Stat. 1996), required the U.S. Department of Health and Human Services to develop rules regarding the distribution and privacy of patient information.
- HIPAA's "Privacy Rule" provides standards to protect the security and privacy of "protected health information" (PHI) for children and adolescents as it does for adults. The Privacy Rule defines PHI as individually identifiable health information that is transmitted or maintained in any form or media.
- These new regulations limit the ways that health entities can use patients' PHI. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these new standards include:

<b>ACCESS TO MEDICAL RECORDS</b>	<ul style="list-style-type: none"> <li>• Patients should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes</li> <li>• Health entities should provide access these records within 30 days and may charge patients for the cost of copying and sending the records</li> </ul>
<b>NOTICE OF PRIVACY PRACTICES</b>	<ul style="list-style-type: none"> <li>• Health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation typically on the patient's first visit</li> <li>• Patients should be asked to sign, initial or otherwise acknowledge that they received this notice</li> <li>• Patients may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes</li> </ul>
<b>LIMITS ON USE OF PERSONAL MEDICAL INFORMATION</b>	<ul style="list-style-type: none"> <li>• The privacy rule sets limits on how health entities may use individually identifiable health information</li> <li>• To promote the best quality care for patients, <b>the rule does not restrict the ability of health care providers to share information needed to treat their patients</b></li> <li>• In other situations, though, PHI generally may not be used for purposes <i>not</i> related to health care, and covered entities may use or share only the minimum amount of PHI needed for a particular purpose             <ul style="list-style-type: none"> <li>○ In addition, patients would have to sign a specific authorization before a covered entity could release their PHI to a life insurer, a bank, a marketing firm or another outside business for purposes <i>not</i> related to their health care</li> </ul> </li> </ul>
<b>CONFIDENTIAL COMMUNICATIONS</b>	<ul style="list-style-type: none"> <li>• Under the privacy rule, patients can request that their health care providers take reasonable steps to ensure that their communications with the patient are confidential             <ul style="list-style-type: none"> <li>○ For example, a patient could ask a doctor to call his or her cell rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated</li> </ul> </li> </ul>
<b>PROHIBITION ON MARKETING</b>	<ul style="list-style-type: none"> <li>• The final privacy rule sets new restrictions and limits on the use of PHI for marketing purposes</li> <li>• An individual's specific authorization <i>is required</i> before disclosing PHI for marketing</li> <li>• At the same time, the rule <b>permits health care providers</b> to communicate freely with patients about treatment options and other health-related information, including disease-management programs</li> </ul>
<b>STRONGER STATE LAWS</b>	<ul style="list-style-type: none"> <li>• The new federal privacy standards do not affect state laws that provide additional privacy protections for patients             <ul style="list-style-type: none"> <li>○ For example, Maryland state law requires health care providers report a Gonorrhea, Chlamydia or syphilis care to the public health authorities -- the federal privacy regulations do not preempt this law</li> </ul> </li> </ul>
<b>COMPLAINTS</b>	<ul style="list-style-type: none"> <li>• Consumers may file a formal complaint regarding the privacy practices</li> <li>• Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation</li> <li>• Information about filing complaints should be included in each covered entity's notice of privacy practices</li> <li>• Consumers can find out more information about filing a complaint at <a href="http://www.hhs.gov/ocr/hipaa">http://www.hhs.gov/ocr/hipaa</a> or by calling (866) 627-7748</li> </ul>

Source: Pub. L. 104-191, 100 Stat. 1936

Source: U.S. Department of Health & Human Services <http://www.hhs.gov/ocr/hipaa/>

## MARYLAND MINOR CONSENT LAWS

### *Who Can Consent For What Services and Providers' Obligations*

#### ADDITIONAL ISSUES: RELATIVES PROVIDING "KINSHIP CARE" TO A MINOR

##### What is Kinship Care?

"*Informal kinship care*" means a living arrangement in which a relative of a child, who is not in the care, custody, or guardianship of the local Department of Social Services, provides for the care and custody of the child due to a serious family hardship.

"*Relative*" means an adult related to the child by blood or marriage within the fifth degree of consanguinity.

"*Serious family hardship*" means:

- (i) Death of a parent or legal guardian of the child;
- (ii) Serious illness of a parent or legal guardian of the child;
- (iii) Drug addiction of a parent or legal guardian of the child;
- (iv) Incarceration of a parent or legal guardian of the child;
- (v) Abandonment by a parent or legal guardian of the child; or
- (vi) Assignment of a parent or legal guardian to active military duty.

*Definitions per Md. Code Ann., Health-Gen. II § 20-105(a)*

##### How Does this Impact Health Care of a Minor in Kinship Care?

It does not.

A relative providing informal kinship care for a child may consent to health care on behalf of a minor if:

- (1) A court has *not* appointed a guardian for the child or awarded custody of the child to an individual other than the relative providing informal kinship care; and
- (2) The relative *verifies* the informal kinship care relationship through a sworn affidavit that meets the requirements below and is filed with Department of Human Resources, Social Services Administration.

[Md. Code Ann., Health-Gen. II § 20-105(b)]

The affidavit shall include (form of affidavit – see example):

- (1) The name and date of birth of the child;
- (2) The name and address of the child's parent or legal guardian;
- (3) The name and address of the relative providing informal kinship care;
- (4) The date the relative assumed informal kinship care;
- (5) The nature of the serious family hardship and why it resulted in informal kinship care; and
- (6) The kinship relation to the child of the relative providing informal kinship care.

- A copy of the affidavit shall be given to the health care provider that treats the child [Md. Code Ann., Health-Gen. II § 20-105(h)]
- An affidavit does not abrogate the right of the parent or guardian of a child to consent to health care on behalf of the child in a future health care decision [Md. Code Ann., Health-Gen. II § 20-105(j)]

Adapted from: Student Services Technical Assistance Guide. Maryland State Department of Education. June 2006 [www.marylnadpublicschools.org](http://www.marylnadpublicschools.org)

**MARYLAND MINOR CONSENT LAWS**

*Who Can Consent For What Services and Providers' Obligations*

**ADDITIONAL ISSUES: "KINSHIP CARE" AFFIDAVIT FORM**

Per Md. Code Ann., Health-Gen. II § 20-105(d), the affidavit shall be in the following form.

- (1) I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.
- (2) \_\_\_\_\_ (name of child), whose date of birth is \_\_\_\_\_, is living with me because of the following serious family hardship (check each that is applicable):
- \_\_\_\_\_ Death of father/mother/legal guardian
  - \_\_\_\_\_ Serious illness of father/mother/legal guardian
  - \_\_\_\_\_ Drug addiction of father/mother/legal guardian
  - \_\_\_\_\_ Incarceration of father/mother/legal guardian
  - \_\_\_\_\_ Abandonment by father/mother/legal guardian
  - \_\_\_\_\_ Assignment of father/mother/legal guardian to active military duty
- (3) The name and last known address of the child's parent(s) or legal guardian is:
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (4) My kinship relation to the child is: \_\_\_\_\_
- (5) My address is:
- \_\_\_\_\_  
\_\_\_\_\_
- Street                      Apt. No                      City   State   Zip Code
- Home Phone: \_\_\_\_\_                      Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_                      Pager: \_\_\_\_\_
- (6) I assumed informal kinship care of this child for 24 hours a day and 7 days a week on \_\_\_\_\_ (month/day/year).
- (7) The name and address of the school that the child attends is:
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (8) I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness (Position)

Date: \_\_\_\_\_ (month/day/year)

Date: \_\_\_\_\_ (month/day/year)

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