

MFT Program Policy on Supervisor Qualifications, Roles, and Responsibilities

Policy Availability

This policy is available to the public via the [Program Handbook and Policies](#) link on the [MFT website](#).

MFT Program Required MFT Supervisor Qualifications

All core MFT faculty supervisors must

1. hold a post-graduate degree in MFT from a COAMFTE accredited program
2. identify as an MFT by profession and academic training and practices according to the AAMFT code of ethics
3. hold AAMFT Clinical Fellow membership
4. possess or be on track toward earning a Georgia state MFT license (LMFT)
5. have the AAMFT Approved Supervisor designation (preferable) or be on track toward earning the designation by having completed or by enrollment in a pre-approved 30-hour AAMFT Supervision Fundamentals course through AAMFT.
6. submit annual proof of continuous liability insurance (see Faculty & Staff Liability Insurance binder)

All non-core faculty supervisors who are not AAMFT Approved Supervisors must meet [Georgia state rules for qualification as a Board Approved Marriage and Family Therapy Supervisor](#) as described below in [Georgia Rule 135-5-.06\(1\)\(c\) Marriage and Family Therapists](#):

Georgia Rule 135-5-.06(1)(c):

Board Approved Marriage and Family Therapy Supervisor means a person who is

1. licensed as a marriage and family therapist and who has been approved by the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists to provide supervision of the practice of marriage and family therapy.
 - a. To obtain such approval, the person shall submit documentation of the following:
 - i. five years of full-time post-licensure experience in the practice of marriage and family therapy;
 - ii. 180 hours of experience providing marriage and family therapy supervision for at least two supervisees during a period of no less than two years and no more than five years;
 - iii. 36 hours of supervision received from an American Association for Marriage and Family Therapy Approved Supervisor or a Georgia Board Approved Marriage and Family Therapy Supervisor, specifically in the skill of providing marriage and family therapy supervision, a minimum of 24 hours of which shall have been individual supervision-of-supervision;
 - iv. a recommendation from each of the supervisors who provided supervision-of-supervision attesting to the applicant's competence as a supervisor.

- v. In addition, the Board may, at its discretion, accept a supervisor who is licensed as a Marriage and Family Therapist in another jurisdiction and who has been designated an Approved Marriage and Family Therapy Supervisor by the Board that licenses Marriage and Family Therapists in that jurisdiction.

Supervisor Definition, Functions, and Responsibilities

Supervisor Definition

Valdosta State University MFT clinical supervisors are committed to the development of competencies and the professional growth of supervisees. Supervisors distinguish supervision from psychotherapy and didactic teaching and hold themselves ethically and legally responsible for the safety and quality of services delivered to client(s) by the supervisee. Supervisory focus is on individual client/student cases and the specific developmental goals of the student supervisee.

From Georgia Rule 135-5-.06(1)(p)

Supervision means the direct clinical review for the purpose of training or teaching, by a supervisor of the interactions with clients of a person practicing professional counseling, social work or marriage and family therapy. Supervision may include, without being limited to, the review of case presentations, audio tapes, video tapes, and direct observation in order to promote the development of the practitioner's clinical skills. Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.

Differences Between Classroom Learning and Supervision

In the VSU MFT Program, distinct differences obtain between classroom teaching/learning and MFT supervision:

1. The focus of supervision is the MFT intern's clinical/therapeutic work with married or unmarried couples, families, individuals, children, and groups.
2. The learning process is sustained, intense, and can be more personal than classroom interchange or learning.
3. Supervision is clearly distinguishable from personal psychotherapy and designed to serve the supervisee's professional, clinical goals.
4. Supervision occurs in face-to-face conversations between the MFT/MFT trainee and the supervisor during practicum (often called consultation teams) for seven hour periods of time, in the case of the consultation team, or, if the student has reached out for supervision outside of practice, in one hour periods.

5. Supervision occurs in groups of six or fewer supervisees. When 1 or 2 students meet alone with the supervisor, this is considered individual supervision.
6. Supervision (often called consultation teams) meet once a week for seven hours for three consecutive semesters.
7. Supervision is most often experiential insofar as supervision focuses on the raw data from trainee's ongoing clinical work. Raw data is available to the supervisor through direct live observation, co-therapy with the intern, written clinical notes, and audio and video recordings. Case supervision entails discussing a case without benefit of hearing the clients own words.
8. Practica and the concomitant supervision are completed over a period of one year of continuous practica.
9. Students who take additional practica, beyond the three required, must remain registered at the university and under supervision with a licensed, AAMFT Approved faculty supervisor.
10. Supervision is clinical, not administrative in nature. Site supervisors at off-campus internships will perform administrative supervision and conduct job performance or case management evaluations for interns. Clinical supervision is designed to discuss the nature, quality, and effectiveness of therapeutic conversations unfolding between client and learning therapist.
11. Whereas students often teach each other in the classroom, supervision can never be conducted by a peer. It must be with a person of superior qualifications, status, and clinical experience holding the requisite certification and license.

Supervisor Roles and Functions

Supervisor roles and functions align with the Program's goals and SLOs as follows:

1. Demonstrate and/or model intervention strategies and client conceptualization. Discuss rationale behind specific strategies and/or interventions. (SLO 2 & 4)
2. Demonstrate and model collaborative, cooperative—as opposed to oppositional—therapeutic relationships with clients (SLO 1, 2, & 4)
3. Interpret significant events in the therapy session. (SLO 2 & 3)
4. Encourage supervisee to brainstorm possible interventions. (SLO 5 & 6)
5. Provide a safe space in which supervisees can take risks sharing their own perceptions, understand, interventions, and conceptualizations. (SLO 6)
6. Give supervisees the freedom to develop their own therapeutic style, voice, and understanding within a systemic frame of reference. (SLO 5 & 6)
7. Conduct end-of-semester, mid-term, and/or as needed, other periodic written and/or face-to-face evaluations with each supervisee. (SLO 1 & 2)
8. Teach supervisees to hear both the clients and their own voice. (SLO 1)

Supervisor Responsibilities

Supervisors, whether core or adjunct, are required to do the following:

1. attend weekly faculty meetings, including

- a. the monthly faculty meetings during which current clinically active students are reviewed.
 - b. the end-of-semester meetings during which supervisors exchange impressions and information about students moving to a different consultation team supervisor (Key Element III-I, item 5).
2. participate in peer review