

(c) Prior to the alcohol and drug counselor intern's provision of treatment services, the supervisor shall obtain a written disclosure that the client has been informed that the services are provided by an alcohol and drug counselor intern under the clinical supervision of a qualified clinical supervisor as set forth in (a) above. This disclosure shall be kept as part of the client record. If the disclosure is part of another document provided at client orientation, the disclosure shall be clearly evident, understood and signed by the client.

(d) The qualified clinical supervisor shall retain responsibility for collecting fees from clients when applicable.

(e) The qualified clinical supervisor shall be ultimately responsible for the welfare of the client with respect to the treatment being offered by the alcohol and drug counselor intern.

(f) The qualified clinical supervisor shall supervise only in areas of which he or she possesses the required skill, training and experience.

(g) Qualified clinical supervisors shall co-sign all diagnostic summaries, treatment plans, reports to courts, agencies or other treatment providers, which are prepared by alcohol and drug counselor interns. All diagnoses shall be made by the qualified clinical supervisor and shall not be delegated to an alcohol and drug counselor intern.

(h) Qualified clinical supervisors shall be responsible for assisting the alcohol and drug counselor intern to function in a professional manner and comply within all State and Federal regulations and with the current professional code of ethics. The qualified clinical supervisor shall inform the Committee of violations of this chapter, laws and code of ethics and the corrective action taken by the qualified clinical supervisor to remedy the situation and assure that it will not reoccur.

(i) Qualified clinical supervisors shall not supervise an alcohol and drug counselor intern with whom the qualified clinical supervisor has a relationship, which may compromise the objectivity of the supervisor or impair the professional judgment of the supervisor. Examples of inappropriate supervisory relationships include, but are not limited to, current clients, former clients within one-year period post-treatment, former spouses, relatives, sponsor/sponsee relationships in self-help groups, anyone with whom the supervisor is having a sexual relationship or has had a sexual relationship within the past 24 months. A qualified clinical supervisor shall not supervise a current student unless the supervisor is the faculty instructor in the academic internship training program.

(j) Qualified clinical supervisors shall evaluate alcohol and drug counselor interns at least twice a year, emphasizing their strengths and shortcomings, as well as whether the alcohol and drug counselor intern needs to pursue additional knowledge and/or skill development. These evaluations shall be signed by both the supervisor and alcohol and drug counselor intern, and copies shall be retained by both for

seven years. Copies of these evaluations may be requested by the Committee prior to initial certification or licensure.

(k) Clinical supervision of alcohol and drug counselor interns shall include at least 50 hours of face-to-face supervision per year, averaging one hour per week. No more than 25 hours shall be group supervision.

(l) All qualified clinical supervisors of alcohol and drug counselor interns shall obtain Committee approval prior to commencing the supervisory relationship with the alcohol and drug counselor intern. A qualified clinical supervisor shall submit evidence, on forms provided by the Committee, that he or she has satisfied all applicable requirements of this subchapter.

Amended by R.2009 d.302, effective October 5, 2009.

See: 41 N.J.R. 1653(a), 41 N.J.R. 3832(a).

Section was "Clinical supervision of internship training experiences". Substituted "Qualified clinical supervisors" for "Supervisors" throughout and inserted "qualified clinical" throughout; in the introductory paragraph of (a), inserted "qualified" and substituted "counselor" for "counseling"; in (a)3, inserted "certified advanced practice nurse," inserted "licensed" throughout, and substituted "all of whom shall be" for "who is" and "ICRC member boards" for "the APCBNJ"; in (b), deleted "a" preceding "written", substituted "agreements with alcohol and drug counselor interns that" for "agreement with supervisees which" and inserted "alcohol and drug"; in (c), inserted "alcohol and drug counselor" twice and substituted "qualified clinical supervisor as set forth in (a) above" for "licensed professional"; in (e) and in (j), substituted "alcohol and drug counselor intern" for "supervisee"; in (g), inserted a comma following "providers", and inserted "alcohol and drug" and the last sentence; in (h), inserted "alcohol and drug counselor" and deleted a comma following the second occurrence of "ethics" and following "situation"; in (i), substituted "an alcohol and drug" for "a", and inserted a comma following the first occurrence of and deleted a comma following the second occurrence of "relationship"; in (j), inserted "alcohol and drug" following "evaluate", inserted a comma following "shortcomings", and inserted "alcohol and drug counselor" preceding "intern"; in (k), inserted "alcohol and drug"; and added (l).
Petition for Rulemaking.

See: 45 N.J.R. 767(b), 1264(b), 1925(a), 2405(c).

13:34C-6.2A Clinical supervision of credentialed interns who hold an active license as a health care provider

(a) The following individuals may be qualified clinical supervisors of credentialed interns who hold an active license as a health care provider as defined in N.J.A.C. 13:34C-1.2, provided such individuals are not precluded from providing such supervision by the laws or regulations in this State pertinent to their health care practice:

1. A New Jersey licensed clinical alcohol and drug counselor;
2. A New Jersey licensed physician certified by the American Society of Addiction Medicine or a psychiatrist with added qualifications in chemical dependency from the American Psychiatric Association; and
3. A New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist or licensed pro-

essional counselor, all of whom shall be certified as clinical supervisors by ICRC member boards.

(b) Qualified clinical supervisors shall have a written agreement with credentialed interns describing the planned hours of practice, supervision schedule, nature of work assignments and other specifications that the supervisor reasonably deems appropriate to the credentialed intern's level of training.

(c) The qualified clinical supervisor may require the co-signing of reports to outside agencies or providers.

(d) Qualified clinical supervisors shall inform the Committee of violations of this chapter, laws and code of ethics and the corrective action taken by the qualified clinical supervisor to remedy the situation and assure that it will not recur.

(e) Qualified clinical supervisors who terminate their supervisory relationship with a credentialed intern shall retain the client records, arrange for appropriate termination of the counselor/client relationship and offer the client additional options for continuation of the treatment care.

(f) If the reason for termination of the supervisory relationship with the credentialed intern involves the violation of this chapter, Federal or State laws or regulations affecting the profession or the current code of ethics, the qualified clinical supervisor shall report the reasons to the Committee with the credentialed intern's name and certificate number.

(g) Qualified clinical supervisors shall retain a copy of the credentialed intern's current license and curriculum vitae for seven years.

(h) Qualified clinical supervisors shall not supervise a credentialed intern with whom the supervisor has a relationship that may be inappropriate to the supervision and may compromise the objectivity of the supervisor or impair the professional judgment of the supervisor. Examples of inappropriate supervisory relationships include, but are not limited to, current clients, former clients within a one-year period post-treatment, former spouses, relatives, sponsor/sponsee relationships in self-help groups or anyone with whom the supervisor is having a sexual relationship or has had a sexual relationship within the past 24 months. A qualified clinical supervisor shall not supervise a current student unless the qualified clinical supervisor is the faculty instructor in an academic training program.

(i) Qualified clinical supervisors shall evaluate credentialed interns at least annually, emphasizing their strengths and shortcomings, as well as areas in which the credentialed intern should pursue additional knowledge and/or skill development. These evaluations shall be cosigned by both the qualified clinical supervisor and the credentialed intern and copies shall be retained by both for seven years. Copies of these evaluations may be requested by the Committee.

(j) Clinical supervision shall include at least 25 hours of face-to-face supervision per year, averaging one hour every other week, with no more than 10 percent being real-time interactive video conferencing.

(k) All qualified clinical supervisors of credentialed interns shall obtain the approval of the Committee prior to the commencing the supervisory relationship with the credentialed intern.

New Rule, R.2009 d.302, effective October 5, 2009.
See: 41 N.J.R. 1653(a), 41 N.J.R. 3832(a).
Petition for Rulemaking.
See: 45 N.J.R. 767(b), 1264(b), 1925(a), 2405(c).

13:34C-6.3 Clinical supervision of a supervised practice for certified alcohol and drug counselors

(a) The following individuals may be qualified clinical supervisors of certified alcohol and drug counselors:

1. A New Jersey licensed clinical alcohol and drug counselor;
2. A New Jersey licensed physician, certified by the American Society of Addiction Medicine or a psychiatrist; and
3. A New Jersey certified advanced practice nurse, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist or licensed professional counselor, all of whom shall be certified as clinical supervisors by ICRC member boards.

(b) Qualified clinical supervisors shall have a written agreement with certified alcohol and drug counselors describing the planned hours of practice, supervision schedule, nature of work assignments and other specifications that the supervisor reasonably deems appropriate to the certified alcohol and drug counselor's level of training.

(c) Prior to the certified alcohol and drug counselor's provision of treatment services, the qualified clinical supervisor shall obtain a written disclosure that the client has been informed that the services are provided by a certified alcohol and drug counselor under the supervision of a licensed professional as set forth in (a) above. This disclosure shall be kept as part of the client record. If the disclosure is part of another document provided at client orientation, the disclosure shall be clearly evident, understood and signed by the client. The qualified clinical supervisor shall retain the responsibility for collecting fees from clients when applicable.

(d) The qualified clinical supervisor may require the co-signing of reports to outside agencies or providers.

(e) Qualified clinical supervisors shall inform the Committee of violations of this chapter, laws and code of ethics and the corrective action taken by the qualified clinical supervisor to remedy the situation and assure that it will not reoccur.

(f) Qualified clinical supervisors who terminate their supervisory relationship with a certified alcohol and drug counselor shall retain the client records, arrange for appropriate termination of the counselor/client relationship and offer the client additional options for continuation of the treatment care.

(g) If the reason for termination of the supervisory relationship with the certified alcohol and drug counselor involves the violation of this chapter, Federal or State laws or regulations affecting the profession or the current code of ethics, the qualified clinical supervisor shall report the reasons to the Committee with the certified alcohol and drug counselor's name and certificate number.

(h) Qualified clinical supervisors shall retain a copy of the counselor's certificate of registration and current curriculum vitae for seven years.

(i) Qualified clinical supervisors shall not supervise a certified alcohol and drug counselor with whom the supervisor has a relationship that may be inappropriate to the supervision and may compromise the objectivity of the supervisor or impair the professional judgment of the qualified clinical supervisor. Examples of inappropriate supervisory relationships include, but are not limited to, current clients, former clients within one-year period post-treatment, former spouses, relatives, sponsor/sponsee relationships in self-help groups, anyone with whom the supervisor is having a sexual relationship or has had a sexual relationship within the past 24 months. A qualified clinical supervisor shall not supervise a current student unless the supervisor is the faculty instructor in an academic training program.

(j) Qualified clinical supervisors shall evaluate certified alcohol and drug counselors at least annually, emphasizing their strengths and shortcomings, as well as areas in which the certified alcohol and drug counselor should pursue additional knowledge and/or skill development. These evaluations shall be cosigned by both the qualified clinical supervisor and certified alcohol and drug counselor and copies shall be retained by both for seven years. Copies of these evaluations may be requested by the Committee.

(k) Clinical supervision shall include at least 50 hours of face-to-face supervision per year, averaging one hour per week, with no more than 10 percent being real-time interactive video conferencing. Counselors with more than five years of experience as a certified alcohol and drug counselor may be supervised less frequently, but no less than two hours per month. This reduced supervision is at the discretion of the qualified clinical supervisor and is dependent upon the supervisor's style, techniques, policies and protocols, as well as the level of skill, training and caseload of the counselor.

(l) All diagnoses shall be made by the qualified clinical supervisor and shall not be delegated to a certified alcohol and drug counselor.

(m) All qualified clinical supervisors of certified alcohol and drug counselors shall obtain Committee approval prior to commencing the supervisory relationship with the certified alcohol and drug counselor. A qualified clinical supervisor shall submit evidence, on forms provided by the Committee, that he or she has satisfied all applicable requirements of this subchapter.

Amended by R.2009 d.302, effective October 5, 2009.

See: 41 N.J.R. 1653(a), 41 N.J.R. 3832(a).

Section was "Clinical supervision of a supervised practice". Substituted "Qualified clinical supervisors" for "Supervisors" throughout and inserted "qualified clinical" throughout; in the introductory paragraph of (a), inserted "qualified"; in (a)3, inserted "certified advanced practice nurse," "licensed" throughout, and "all of whom shall be" and substituted "ICRC member boards" for "the APCBNJ"; in (b), substituted "certified alcohol and drug counselors" for "supervisees" and inserted "certified alcohol and drug"; in (c), inserted "certified alcohol and drug" preceding "counselor's", "alcohol and drug" preceding "counselor" and "as set forth in (a) above"; in (e), deleted a comma following "situation"; in (f), substituted "with" for "from" and inserted "alcohol and drug counselor"; in (g), inserted "certified alcohol and drug" twice and deleted comma following "profession"; in (i), inserted "certified alcohol and drug", substituted "that" for "which", and deleted a comma following the second occurrence of "relationship"; in (j), substituted "certified alcohol and drug counselors" for "supervisees" and "certified alcohol and drug counselor" for "supervisee", inserted a comma following "shortcomings" and inserted "certified alcohol and drug"; in (k), inserted a comma following "protocols"; and added (l) and (m).

Petition for Rulemaking.

See: 45 N.J.R. 767(b), 1264(b), 1925(a), 2405(c).

13:34C-6.4 Clinical supervision of an agency practice

(a) The Committee shall accept clinical supervision requirements in agencies licensed by the Department of Human Services, Division of Addiction Services, as substance abuse treatment facilities as they relate to the clinical supervision of alcohol and drug counselors, unless otherwise specified in this subchapter.

(b) Supervised agency practice by a certified alcohol and drug counselor does not apply to practice by that individual outside the licensed facility setting.

(c) If the Committee is advised of inadequacies in the clinical supervision of certified alcohol and drug counselors in a Department of Human Services, Division of Addiction Services, (DHS) licensed substance abuse treatment facility, the Committee shall notify the DHS of such inadequacies and may recommend to DHS a plan for clinical supervision. If the inadequacies in supervision within an agency practice setting, as defined in (a) above, are not resolved within three months of such notice, the agency supervision exemption described herein shall be withdrawn and the rule for supervised practice at N.J.A.C. 13:34C-6.3 shall be imposed upon subject certificate holders until such time as the Committee determines that the inadequacies in supervision have been corrected.

(d) For purposes of certified alcohol and drug counselor and licensed clinical alcohol and drug counselor applications, the clinical director of the agency shall sign all supervisory forms required pursuant to this subchapter.