

BC ASSOCIATION
**of CLINICAL
COUNSELLORS**



STANDARDS OF CLINICAL PRACTICE: Clinical Supervision

Effective September 20, 2025





Overview: Standards of Applied Clinical Supervision Practice

All supervisors need to ensure that they are working to uphold standards of clinical practice. This document outlines applied standards for clinical supervision in alignment with ethical practice, Inclusive cultural safety, and evolving supervisory roles in counselling practice.

STANDARD 1: CLIENT-CENTERED CARE AND CONSENT

The Clinical Supervisor centers both supervisees and clients' needs in their role. The primary purpose of clinical supervision is to ensure client welfare and safety, prioritizing the client's care and public safety. The supervisee's informed consent clearly states the involvement of the Clinical Supervisor and includes exceptions to confidentiality for the purposes of clinical supervision.

STANDARD 2: COMPETENCE AND QUALITY IMPROVEMENT

The Clinical Supervisor develops and maintains their competence, applies clinically indicated and/or evidence-informed methods, critical thinking, and clinical, professional and ethical judgment, and engages in quality improvement to best serve supervisees and their clients. The Clinical Supervisor commits to reflection and self care practices and refrains from the provision of supervision when appropriate and in compliance with all elements of Standard 2. The Approved Clinical Supervisor (ACS) ensures that they follow the ACS designation professional development requirements to maintain the designation, which includes obtaining Supervision of Supervision.

STANDARD 3: PROFESSIONAL INTEGRITY AND COMMUNICATION

The Clinical Supervisor meets the ethical and legal requirements of professional practice and demonstrates responsible caring, honesty, integrity and respect for all persons and peoples. The Clinical Supervisor is truthful, accurate, and clear in all communications, respecting and supporting a supervisee's ability to make informed judgements and choices, and addresses misrepresentations appropriately.

STANDARD 4: DIVERSITY, EQUITY, INCLUSION AND ANTI-RACISM

The Clinical Supervisor demonstrates cultural humility, which begins with a self-examination of values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact supervisory relationships with all supervisees. In collaboration with the supervisee, the Clinical Supervisor facilitates a space where the legacies of colonialism and systemic inequities can be acknowledged and navigated together.



STANDARD 5: INDIGENOUS CULTURAL SAFETY, CULTURAL HUMILITY, AND ANTI-RACISM

The Clinical Supervisor strives to be well-versed in the unique issues caused by structural and systemic racism and the impact on Indigenous supervisees. The Clinical Supervisor works to ensure they address systemic issues within the practice environment while creating a culturally informed, collaborative, and safer supervisory experience that honours Indigenous connection to land, language, and community. The Clinical Supervisor ensures they practice with cultural humility and awareness of systemic racism, ensuring Indigenous supervisees get access to relevant, culturally informed, anti-racist care.

STANDARD 6: CLINICAL AND COUNSELLING ASSESSMENT AND REPORTING

The Clinical Supervisor, within their range of competencies, training, and experience, conducts supervisory assessments or evaluations and prepares clear, concise, accurate, and timely reports appropriate to the needs of the supervisee and the recipient of the report.

STANDARD 7: VIRTUAL PRACTICE AND DIGITAL TECHNOLOGIES

The Clinical Supervisor integrates technology and provides services via remote (virtual) means in a manner that does not compromise the quality or integrity of professional service and is in the supervisee's best interests. The Clinical Supervisor pays attention to the development stage of the supervisee, whether the usage of generative AI by the supervisee for conceptualization and treatment planning is appropriate.

STANDARD 8: RELATIONSHIPS, BOUNDARIES AND CONFLICT OF INTEREST

The Clinical Supervisor manages relationships intentionally, maintains appropriate professional boundaries, recognizes, prevents, and takes action to resolve conflicts of interest—direct, potential, or perceived with supervisees, the supervisee's client, former clients, and students. The clinical supervisor recognizes that multiple relationships between themselves and their supervisee may occur; therefore, they actively make an effort to assess the level of risks and benefits of the multiple relationships, ensuring that their professional judgement is not impaired and there is no increased risk of exploitation or harm through engaging in supervision .

STANDARD 9: SEXUAL MISCONDUCT

Sexual relationships between the CS and Supervisee, or client are deemed ethical violations under the BCACC Code of Ethical Conduct. The Clinical Supervisor refrains from all activities that would create the potential for sexual misconduct, including activities that exploit the power imbalance and/or trust required of the supervisory relationship.



STANDARD 10: PRIVACY AND CONFIDENTIALITY

The Clinical Supervisor respects supervisees' and the clients' rights to the privacy and confidentiality of their information. When providing evaluation, references, or reports on behalf of the supervisee, the clinical supervisor ensures the client's privacy is protected. The Clinical Supervisor protects all communicated and stored supervisee and client information and complies with relevant legislation, ethical guidelines and regulatory standards related to privacy and confidentiality.

STANDARD 11: MARKETING, ADVERTISING AND FEES FOR SERVICE

The Clinical Supervisor is truthful, accurate, and clear in all communications, and considers approaches to advertising and marketing activities that respect and support the ability of the supervisees and potential supervisees to make informed judgements and choices. The Clinical Supervisor refrains from asking for testimonials or references from current supervisees.

STANDARD 12: DOCUMENTATION AND RECORD KEEPING

The Clinical Supervisor maintains and secures supervisory records with the highest integrity, adhering to BCACC bylaws and applicable legislative and regulatory requirements.

STANDARD 13: ETHICAL CONDUCT

The Clinical Supervisor adheres to the ethical principles contained within the BCACC Code of Ethical Conduct and demonstrates ethical behaviour in all professional activities, recognizing the variable nature of ethical concerns and engaging in self-reflective, respectful, and caring practices to protect the inherent worth and well-being of all their supervisees and their clients. The Clinical Supervisor takes a role in professional community advocacy and stewardship and is responsible for ensuring the supervisees' specific legislative requirements, code of ethical conduct, and standards of practice are met.

STANDARD 14: SUPERVISION

The Clinical Supervisor ensures that clinical supervision is centered around the supervisee's professional development, and is intended to facilitate growth, complement practice, and promote safe and effective client care.

Preamble

This standard covers clinical supervision practice, which is different from clinical consultation. See the definition of terms at the end of the standard.

Expected Outcome


The supervisee can expect a collaborative relationship in which their input is acknowledged, valued, and integrated into all aspects of clinical care and professional practice. They can expect their Clinical Supervisor to demonstrate professional integrity at all times. The supervisee can also expect to enter into the supervisory relationship as outlined in the clinical supervision agreement with an understanding of their responsibility to participate meaningfully in the relationship.

Criteria

The Clinical Supervisor demonstrates compliance with the standard through the following behaviours:

- 14.1 Undertakes supervisory responsibilities only when they have the necessary clinical supervision education, training, and competence to provide clinical supervision in general and to supervise the clinical services being requested/ provided in particular;
- 14.2 Establishes a professionally safe, trauma-informed, culturally-attuned environment where clinical and practice issues may be addressed;
- 14.3 Facilitates a relationship that considers:
 - (1) the developmental stage of the supervisee,
 - (2) whether an intern or an already qualified supervisee;
 - (3) the supervisory process,
 - (4) encourages reflective practice and
 - (5) mutual growth of the supervisor's and supervisee's knowledge, experiences, and skills;
- 14.4 Informs the supervisee of their rights and their responsibilities as a recipient of clinical supervision services through the clinical supervision agreement, including procedures for managing and resolving differences in the supervisor-supervisee relationship;

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- 14.5 Is transparent with potential supervisees regarding their clinical and supervisory orientations, and information about their supervisory process, as often captured in their professional disclosure statement
 - 14.6 Engages in a collaborative approach to establish a clinical supervision agreement between the supervisor and the supervisee;
 - 14.7 Updates and maintains the supervision agreement as necessary to reflect changes in the provision of supervision services;
 - 14.8 Collaborates with the supervisee to set initial learning goals that provide the structure and direction of the supervisory process and review and revise goals as the supervisory process evolves;
 - 14.9 Provides the supervisee with developmentally appropriate, relevant resources with consideration to best practices, current research, and culturally informed and decolonizing approaches, ensuring the supervisee is not working beyond their level of competency or scope;
 - 14.10 Provides ongoing, supportive evaluation to the supervisee, including the supervisee's self-evaluation, the supervisee's evaluation of the supervisory process, and the client's feedback, where possible, as part of the advocacy stewardship role of supervision;
 - 14.11 Provides the supervisee with documentation related to their supervisory process upon request within a negotiated, reasonable time frame;
 - 14.12 Establishes the framework for Dyad and/or Group Supervision, ensuring that direct hour credits focus on each supervisee's active presentation of client work during the supervision sessions;
 - 14.13 Refrains from taking previous clients as their supervisee;
 - 14.14 Refrains from engaging in supervision when their supervisee's client is someone the supervisor has social relationships with;
 - 14.15 Actively identifies potential conflicts of interest when the supervisee has a client who was the supervisor's previous client and, before consultation on the client occurs, encourages the supervisee to obtain expressed consent from the client to bring their session content into supervision;
 - 14.16 Ensure that the supervisee's client's care continues, without taking the supervisee's client as their own, finding the appropriate resources to do so under emergency circumstances when the supervisee cannot provide the referral;
 - 14.17 Seeks supervision of supervision when there is complexity and potential or clear conflict of interest;
 - 14.18 Refrains from any conduct that may contribute to a sexualized dynamic within the supervisory relationship, actively mitigating inherent power differentials and ensuring appropriate professional boundaries;

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- 14.19 Critically evaluates the impact of historical power dynamics before considering any romantic relationship with a former supervisee, with a strong presumption against such a relationship;
- 14.20 Mutually examines with a former supervisee the risks and benefits of an evolving/reciprocal personal or social relationship with them, ensuring that there is no risk of exploitation or harm;
- 14.21 Participates in the BCACC's inquiry process, when required, to maintain their BCACC membership and, if applicable, their ACS designation;
- 14.22 Ensures that they have relevant experience, education, and skills to meet the supervisor qualifications noted by the BCACC's inquiry process, with the best intention to support the process and to provide trauma-informed and culturally-attuned supervision when accepting a supervisee for the process of their consent agreement with the BCACC;
- 14.23 Refrains from engaging in the practice of clinical supervision while under the influence of any substance, while suffering from illness or dysfunction that the Clinical Supervisor knows or ought reasonably to know impairs the Clinical Supervisor's ability to practice.
- 14.24 Is committed to advancing the field of supervision through reflective practice, scholarship, and/or engagement in research, staying informed about current literature in supervision, integrating evidence-informed strategies into their work, and supporting the development of the supervisee;
- 14.25 Ensures that they participate in or support research projects, when appropriate, that enhance supervisory practice and outcomes, provided that they are conducted with appropriate ethical oversight and informed consent;

Practicum/Internship Supervision

- 14.26 Manages multiple overlapping and co-occurring responsibilities toward the client, the educational institution, the placement site, and the practicum/internship student;
- 14.27 Creates a supportive learning environment for the student to attain the core counselling skills required for professional practice, while aligning with the institution's and placement site's processes and structures to support the student's goals and needs for success;
- 14.28 Creates and communicates a process to manage any conflict or rupture of the supervisory relationships with the intention to support the practicum/internship and the student's success;
- 14.29 Evaluates the student according to the institution's rubric in an ongoing, supportive manner by providing a clear indication of their progress toward attainment and demonstration of required core skills.

Related BCACC Documents

- BCACC Code of Ethical Conduct
- Standard for Informed Consent to Clinical Counselling and the Collection, Use and Disclosure of Personal Information
- PIPA: A Counsellor's Guide for Developing Client Personal Information Protection Policies and Procedures
- Legal Commentary - Consent to Clinical Counselling Services

Related Standards of Clinical Practice

- Standard 2: Competence and Quality Improvement
- Standard 3: Professional Integrity and Communication
- Standard 4: Diversity, Equity, Inclusion and Anti-Racism
- Standard 5: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism
- Standard 8: Relationships, Boundaries and Conflict of Interest
- Standard 9: Sexual Misconduct
- Standard 10: Privacy and Confidentiality
- Standard 11: Marketing, Advertising and Fees for Service
- Standard 12: Documentation and Record Keeping

Glossary Definitions

Approved Clinical Supervisor (ACS): An Approved Clinical Supervisor is a qualified professional who provides clinical supervision and has met the requirements of the BCACC Approved Clinical Supervisor Certification Program.

Administrative Supervision: An experienced RCC who may or may not be an Approved Clinical Supervisor or other qualified Clinical Supervisor, whose role may primarily involve administration of clients, staff and caseloads either within a clinic or agency or other work environment.

Advocacy stewardship role: Clinical supervision brings together two very foundational concepts: Advocacy for the growth and development of the supervisee and the stewardship of the maintenance of professional standards of both the counselling and the clinical supervision professions. These two components occur through rigorous and collaborative supervisee evaluation which provides the gatekeeping function for both professions.

Clinical Consultation: Is a voluntary relationship that occurs between a more experienced and less experienced colleagues or; involves sharing information and strategies; is not binding on the practitioner seeking consultation and does not require implementation of the information or strategies shared.

Clinically-indicated: a specific supervisory or therapeutic approach, session frequency, or duration justified by the supervisees or clients' signs and symptoms, mental health condition, diagnosis, and overall psychological needs; is based on clinical judgment, supported by evidence-based practices and standards of care

Conflict of Interest: when a supervisors' outside interests or relationships could affect their judgment or actions in a way that may not be in the best interest of the supervisee or the clients they serve.

Continuity of care: Ongoing supported appropriate access and quality care over time for the client, provided by relevant professionals in the circle of care.

Course of care or treatment plan: A document created in collaboration with a client. It includes key details, like the client's history, presenting problems, a list of treatment or psychotherapeutic goals and objectives, and clinical approaches planned.

Direct supervision: The clinical supervisor will witness clinical work in one or more of the following ways:

- Direct observation of sessions
- Review of video-taped sessions
- Review of audio-taped sessions
- Co-counselling
- Co-facilitating

Dyad Supervision: Dyadic supervision occurs when two supervisees share the supervision session, and can be counted as direct supervision providing the clinical supervisor will witness recordings of both supervisees in one session in one of the following ways:

- Review of video-taped sessions (preferable)
- Review of audio-taped sessions

Evidence-informed: Using an established body of data and evidence to inform clinical determinations within the course of care.

Group Supervision: Group supervision may include 3-6 therapists or students; is provided through structured formal or informal group discussion and includes at least one group member who meets BCACCs definition of a Clinical Supervisor. Group supervision provides feedback not only from the clinical supervisor, but potentially also from peers in the group.

Indirect supervision: May include other related clinically relevant and appropriate client hours such as:

- Case consultation
- Group supervision
- File review discussions
- Case management discussions

Peer Consultation: a collaborative process where Registered Clinical Counsellors (RCCs) provide support, feedback, and advice to one another, often within a structured group setting where there is no formal clinical supervisory or clinical consultation agreement.

Referral: Written (or verbal) orders/requests for care from other health care professionals and/or services.

Reasonable: That which any other Clinical Counsellor with similar education, experience and/or training would do in a comparable situation.

Supervisee: Any person who performs a counselling service under the supervision of an Approved Clinical Supervisor.

Supervisor: An Clinical Supervisor who performs supervision.

Site Supervisor: An experienced clinician or other professional who provides oversight for a student during a placement, or a more junior clinician, or who provides administrative support, and in some instances, may provide clinical supervision.

Supervisor of Supervision: An experienced clinical supervisor who is qualified to provide supervision of supervision for supervisor candidates who are in the regular training pathway of the ACS Designation Program.

Supervision of Supervision: involves an experienced supervisor (see above definition) overseeing and guiding the work of another clinical supervisor to ensure effective and ethical clinical supervision practice. The main objective of this process is to improve the supervisors' skills and competencies, address any challenges they may encounter, and guarantee that they are upholding best practices in their supervisory roles. This process encourages supervisors to self-reflect, assess their performance, and strive for continuous improvement.



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