Cheryl L. Andrews

CLINICAL FUNCTION & ACCOMMODATION CONSULTANT

Clinical Supervision

INFORMATION PACKET — GETTING STARTED

Professional guidance for developing clinicians

Cheryl L. Andrews, Ph.D.

CLINICAL FUNCTION AND ACCOMMODATION CONSULTANT

LCMHC-S (NC) · LPC-S (SC) · LPC (GA, VA) · CRC · ACS · NCC · Certified ADA Administrator

Individual Supervision	Group Supervision	Four States
Weekly structure	Biweekly format	NC · SC · GA · VA

North Carolina · South Carolina · Georgia · Virginia

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cheryllandrews.com

WELCOME

Thank you for your interest in supervision

This packet describes the supervision experience at Cheryl L. Andrews & Associates: the model, the available formats, the areas of focus, what is expected of both of us, and how to begin.

Clinical supervision is a vital part of professional growth for counselors pursuing independent licensure. It is where clinical judgment, ethical practice, documentation skill, risk awareness, and professional identity mature into competent independent practice.

> ### Supervision is more than a licensure requirement
>
> It is a collaborative professional relationship that supports reflection, accountability, professional confidence, and the development of sound clinical reasoning. The goal is not simply to complete hours. The goal is to become a more grounded, thoughtful, ethical, and clinically prepared counselor.

Supervision at a glance

Primary focus	Case consultation, professional development, ethical decision-making, documentation guidance, risk management, and counselor identity development.
Individual supervision	Weekly individual supervision for clinicians seeking personalized guidance and structured support.
Group supervision	Biweekly small-group supervision for case discussion, peer learning, reflection, and professional growth.
Availability	Supervision is intentionally structured, scheduled, and capped to preserve quality and responsiveness.
Fees	Supervision fees are discussed directly during the initial consultation.

Who may benefit from supervision

- Associate-level counselors working toward independent licensure.
- LPC Residents in Virginia completing residency requirements.
- Counseling students seeking professional guidance and clinical development.
- Early-career clinicians seeking mentorship, structure, and reflection.
- Clinicians wanting support with documentation, ethics, boundaries, risk management, and professional confidence.

THE MODEL

The Integrative Developmental Model

Supervision here is grounded in the **Integrative Developmental Model (IDM)** of clinical supervision, developed by Cal Stoltenberg and Ursula Delworth and elaborated with Brian McNeill.

The IDM holds that counselors progress through identifiable levels of development, and that supervision should change as they do. It tracks three structures across those levels — **self- and other-awareness**, **motivation**, and **autonomy** — and applies them across the specific domains of clinical work rather than treating development as a single global stage.

What this means in practice

A student counselor, an associate-level clinician, and an emerging independent professional do not receive the same supervision. Each level calls for a different balance of structure, guidance, challenge, feedback, and autonomy. The same clinician may also sit at different levels in different domains at once — confident in assessment, still developing in risk management — and supervision is calibrated accordingly rather than pitched to an average.

Supervision philosophy

Effective supervision provides a professional space where clinicians can explore their work openly, ask meaningful questions, and refine clinical skills within a supportive and ethically grounded environment. My supervision style is collaborative, reflective, structured, and solution-focused. Supervisees are encouraged to think critically about clinical decisions, develop greater self-awareness, and strengthen their ability to serve clients with competence, care, and ethical clarity.

Guiding principles

- Ethical clinical practice and professional integrity.
- Reflective learning and thoughtful clinical reasoning.
- Cultural awareness, humility, and responsiveness.
- Ongoing professional development and counselor identity formation.
- Clear boundaries, documentation quality, and responsible risk management.

Supervision goal

To help clinicians develop confidence, sound clinical reasoning, and a strong ethical foundation for independent practice.

Stoltenberg, C. D., & Delworth, U. (1987). *Supervising Counselors and Therapists.* Jossey-Bass. · Stoltenberg, C. D., McNeill, B. W., & Delworth, U. (1998). *IDM Supervision: An Integrated Developmental Model for Supervising Counselors and Therapists.* Jossey-Bass. · Stoltenberg, C. D., & McNeill, B. W. (2010). *IDM Supervision: An Integrative Developmental Model for Supervising Counselors and Therapists* (3rd ed.). Routledge.

FOCUS

Areas of supervision focus

- Case conceptualization and treatment planning.
- Diagnostic considerations and clinical documentation.
- Counseling interventions and therapeutic techniques.
- Ethical and legal responsibilities in practice.
- Risk assessment, safety planning, and mandated reporting considerations.
- Professional boundaries, self-care, and sustainability.
- Development of professional identity as a counselor.
- Cultural responsiveness, disability-informed practice, and client-centered care.

FORMAT

Supervision format

FORMAT	PURPOSE
Weekly individual supervision	Structured one-on-one supervision focused on cases, documentation, ethics, clinical reasoning, professional development, and licensure progression.
Biweekly group supervision	Small-group supervision designed for clinical discussion, peer learning, reflection, counselor development, and professional confidence.
Case consultation	Focused review of clinical themes, treatment planning, risk concerns, documentation questions, and intervention strategy.
Professional development	Support with counselor identity, career direction, self-care, role clarity, and readiness for independent practice.

LICENSURE

Supervision credential by state

STATE	SUPERVISION CREDENTIAL
North Carolina	Licensed Clinical Mental Health Counselor Supervisor (LCMHC-S)
South Carolina	Licensed Professional Counselor Supervisor (LPC-S)
Georgia	Approved Clinical Supervisor (ACS)
Virginia	Supervision of LPC Residents (Residents in Counseling)

Licensure responsibility

Supervisees are responsible for confirming that the supervision format, frequency, documentation, and supervisor qualifications meet their licensing board's current requirements. Board rules change, and the obligation to verify them rests with the supervisee.

WHAT TO EXPECT

The supervisory environment

- A structured yet supportive supervisory environment.
- Preparation expectations for case discussion and documentation review.
- Attention to ethics, risk management, cultural context, and clinical reasoning.
- Clear communication regarding schedule, expectations, and supervision documentation.
- A capped supervision schedule designed to preserve responsiveness and quality.

Supervisee responsibilities

- Arrive prepared with cases, questions, documentation needs, and professional development goals.
- Maintain ethical practice and follow applicable laws, board rules, agency policies, and professional standards.
- Track supervision hours and maintain required documentation.
- Consult promptly regarding risk, safety concerns, ethical dilemmas, or complex clinical issues.
- Communicate schedule changes, board updates, employment changes, or supervision needs in a timely manner.

THE PROCESS

Getting started

1. **Request a supervision consultation**
   Associate-level clinicians and student counselors each have a dedicated booking link, listed on the next page. You may also call the office.
2. **Fit review**
   We discuss your licensure track, current setting, supervision needs, schedule, and professional goals.
3. **Requirement review**
   We confirm your board's requirements, your documentation responsibilities, and the supervision format that satisfies them.
4. **Agreement**
   If supervision is an appropriate fit, you complete a written supervision agreement and onboarding materials.
5. **Begin supervision**
   Supervision starts according to the agreed schedule, format, and expectations.

Supervision inquiry checklist

Have these ready and the first conversation moves quickly:

- State and licensure track.
- Current license or student status.
- Board requirements and the number of supervision hours needed.
- Employment or internship setting.
- Preferred supervision format: individual, group, or both.
- Desired start date and general availability.

BEGIN

Request a supervision consultation

Online	andrews-enterprises.cal.com/dr.ca-cheryllandrews/clinical-supervision-consultation
By phone	Office (877) 305-0570

Submitting an inquiry does not create a supervision relationship. Supervision begins only when a written supervision agreement is in place.

QUESTIONS

Frequently asked questions

Do you offer individual and group supervision?
Yes. Weekly individual supervision and biweekly group supervision may be available depending on schedule, licensure track, and fit.

Which states are available?
North Carolina, South Carolina, Georgia, and Virginia. Supervision is currently available to LPC Residents in Virginia.

Is availability limited, and is virtual supervision offered?
Supervision is intentionally structured and capped to preserve quality and responsiveness. Virtual supervision may be available where appropriate and permitted by applicable board requirements.

Do I need to verify board requirements myself?
Yes. Supervisees are responsible for confirming all current board requirements for supervision, documentation, and licensure progression.

Is clinical supervision therapy?
No. Supervision may include reflective discussion and professional identity development, but it is focused on clinical practice, ethics, documentation, case conceptualization, and professional growth.

How are supervision fees handled?
Supervision fees are discussed directly during the initial consultation and confirmed in the written supervision agreement.

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Charlotte, NC · Atlanta, GA | Serving North Carolina, South Carolina, Georgia, and Virginia

Services: Clinical Function and Accommodation Consultation · Function-Focused Psychotherapy · The Bridge Program (Autism & Complex Needs) · Clinical Supervision

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