

# INTERNATIONAL ASSOCIATION OF EATING DISORDERS PROFESSIONALS



## Guidelines for Supervision

The following information provides basic guidelines for the minimum supervision requirements to meet the Certification standards for an eating disorders specialist, regardless of discipline. Be aware that these are minimums and your specific supervision requirements may be increased as needed by your iaedp™-Approved Supervisor.

### **I. Value of Supervision**

- a. To be certified as an eating disorders specialist, you will be required to obtain supervision of your work with clients who have been diagnosed with an eating disorder by an iaedp™- Approved Supervisor. Supervision provides the opportunity for you to learn and mature into an experienced eating disorders professional. It allows you to enhance your self- awareness in addition to working on your skills and competencies.
- b. Supervision exists for three reasons: it fundamentally protects clients' welfare; it improves the ability of a clinician to provide value to clients; and it allows for monitoring of the self- care of the health care professional.

### **II. Requirements of Supervision**

- a. Qualified supervisors are iaedp™-Approved Supervisors who can be found by searching here "[Search for iaedp™-Approved Supervisor](#)".
- b. Supervisor must be an iaedp™-Approved Supervisor prior to starting supervision. A contract signifying the start date is important to set a start date and agreement of your work together.
- c. A qualified supervisor does not have to be in your same geographical area. Supervision for the iaedp™ Traditional Certification is permissible by means of in-person, video conferencing, and/or telephone.

### **III. Hours Requirement**

A minimum of 2,500 eating disorder-specific practice hours must have been accrued both under the guidance of an iaedp™-Approved Supervisor(s) and in no less than two years/24 months and no more than 40 hours per week. Hours can be accrued once the following qualifications are met, depending on your credential:

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This can be when you are approved by your Board to start clinical work as a supervisee or intern under a fully and independently clinical professional.

- **Master's Level Therapists (e.g., Licensed Marriage and Family Therapists [LMFT], Licensed Professional Clinical Counselors [LPCC]):** After your state-issued or board- approved licensure or registration number is acquired, post- graduation.
- **Psychologists:** After the start of the internship that meets the requirements for psychologist licensure per rules of the state or provincial board of psychology in the locale you intend to practice.
- **Medical Providers:** (MD, DO) After the start of your residency.
- **Allied Medical Providers:** (NP, PA, RN) After your state-issued licensure is acquired.
- **Registered Dietitians/Registered Dietitian Nutritionists:** After your Commission on Dietetic Registration (CDR) registration is received.
- **Certified Art Therapists:** After your certificate to practice is received, issued by the appropriate certification board (Certification Board for Music Therapists [CBMT], Art Therapy Credentials Board [ATCB]; National Council for Therapeutic Recreation Certification [NCTRC] or Dance Movement Therapy Certification Board [DMTCB]).
- **Physical Therapists:** post-graduation after state-issued license is acquired.
- **Occupational Therapists:** After your state-issued license is acquired.

#### IV. Type of Contact (Breakdown of hours)

Of the 2500 required practice hours:

- a. At least 2000 hours of your total supervised hours must be **direct** client/patient service and education (activities directly related to treatment of client/patient assigned to you including face-to-face interaction, case conceptualization, team coordination of care and treatment documentation) and the remainder, for at least 2500 of your total supervised hours can be from **indirect** client service, which includes case-based learning/teaching, community presentation, program development, teaching on eating disorder topics,

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coursework and readings, blog entries and other writings, case study, journal clubs. Supervision hour requirement is a minimum of 24 hours.

- b. Hours cannot be accrued in less than 24 months/2 years or in more than 40hrs/week.
- c. Your iaedp™-Approved Supervisor will be responsible to complete information for your CEDS Certemy application that speaks to your clinical work, their recommendation of you for a certification, and confirming the hours of clinical work reported.

### **V. Additional Supervision Details**

- a. Of the 2500 practice hours required, at least 75% ( $\geq 1875$ ) practice hours must be supervised by an iaedp™-Approved Supervisor within your discipline. Up to 25% can be from an iaedp™-Approved Supervisor from another discipline within the treatment team.
- b. Group supervision may account for up to 50% of the minimum 24 supervision hours and Group supervision is counted if there are 3 or more supervisees.
- c. If using more than one supervisor, supervision hours cannot overlap for the same experiences.

### **VI. Fees and frequency**

- a. Each supervisor sets their own fee schedule and frequency of supervision, based on the applicant's experience and clientele.
- b. Frequency:
  - 1 hour of supervision a month or full time or equivalent 1:80 direct hour ratio
  - One hour of supervision is minimum of 45 minutes.
  - Minimum number of total supervision hours will be 24.
  - Supervision may include individual or group.
  - A dyad (2 supervisees per supervisor) is considered individual supervision.

### **VII. Mode of Supervision**

- a. Each supervisor sets their own preference for either in-person, voice to voice, or computer video supervision based on the geographical location.
- b. Your supervisor does not have to be in the same geographical location. This is because iaedp™ supervision is considered consultation since the supervisee is already licensed/registered.

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**VIII. Upon completion of the required supervised patient care hours, the Supervisor will indicate that the applicant has met the following areas of proficiency**

- a. is familiar with and knowledgeable of every diagnosis related to eating disorders as outlined by the DSM-5
- b. possesses strong communication skills as evident in the relationships between clients and clinician
- c. is aware and prepared to meet the specific needs and challenges of different ages, gender, family structure, as applicable of each individual client
- d. is comfortable and effective in communicating within a multi-disciplinary eating disorder treatment team
- e. is proficient at both individual, family and group therapies where applicable.

**IX. The Approved Supervisor answers questions and confirms hours for the applicant.**

**X. Developing a Working Relationship with your Supervisor**

- Choose carefully, not conveniently
- It is important to choose a supervisor who is a good fit for you and your professional development needs. You do not have to choose the closest or most convenient Approved Supervisor. Remember that you would not want a client to choose the first therapist/RD/physician/nurse that they met if they were not comfortable; so, give yourself and your supervisory experience the same respect.
- Ask questions about your potential supervisor
- What type of license does he/she hold? Is it current and valid?
- When was he/she licensed or certified?
- What is their experience with supervision? Coursework vs. practical?
- How many other supervisees does he/she have or had in the past 2-5 years?
- What is their practice background?
- What is their theoretical orientation and are they comfortable supervising someone who comes from a different orientation?
- What are their specialty areas?

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### **XI. Starting and maintaining a good supervisory relationship**

- a. Necessary elements of a supervisory relationship include warmth, trust, genuineness, ethical boundaries, confidentiality, and respect.
- b. Spend time at the beginning of the process going over goals and objectives. Decide how progress towards those goals will be measured and communicated.
- c. Be clear about expectations around time, place, fees, etc.
- d. Be proactive. Supervision is a collaborative experience. Make sure that you are getting value from your supervision and not just “checking the box.”
- e. An agreement is an important tool to signify your start date and set expectations of your work together.

### **XII. Using Supervision to Prepare for the Certification Exam**

- a. Effective clinical supervision should assist you in preparing for your certification examination. Rather than waiting to cram for the exam last minute, you can use the content tested on the exam to frame your supervision experience. The iaedp™ certification exam study guide outlines the content you will need to master. Once you have reviewed the content outline, take it to your supervisor and discuss how your current work is preparing you for the examination.
- b. Ask your supervisor if they can provide you with any insight into exam preparation strategies. Supervisors have often supervised and mentored several applicants, so they might have some useful advice on exam preparation.
- c. You are most likely not the only person gaining supervision hours under your supervisor. Supervisors often work with multiple individuals working towards different certifications and licenses, all with different requirements. It is your responsibility to be aware of your own experience and supervision requirements. If you need further information about your requirements, go to the iaedp™ website or contact the Certification Team to clarify any questions you might have. Throughout your supervision experience, be sure to document your direct/indirect eating disorder client hours as well as your supervision hours. iaedp™ offers a documentation template to assist you in your personal documentation.

## Appendix A

Direct Patient/Client Service		
Direct Patient/Client Service	Direct Client Service-activities directly related to treatment of client/patient including face to face interaction, case conceptualization, team coordination of care and treatment documentation	>80% of hours from patient care
	<b>Total Direct Hours</b>	 (2000 minimum)
Indirect Patient/Client Service		
		Up to 20% of hours
Supervision	Individual Supervision  <i>1 or 2 people = Individual Supervision</i>	At Least 50% of supervision hours from individual supervision
	Group Supervision  <i>3+ people = Group Supervision</i>	Up to 50% of supervision hours can be from Group** 
	<b>Total Supervision Hours</b>	Combined supervision hours minimum 24 hours*** 
***1 hour per month or equiv. over at least 24 months		
Other Indirect Hours	Case-based learning/teaching, community presentation, program development, teaching on eating disorder topics, coursework and readings, blog entries and other writings, case study, journal clubs.	
	<b>Total Indirect Hours</b>	
<b>Total Hours:</b> Direct Hours (at minimum criteria) plus Indirect Hours must equal or exceed <b>2500 Hours</b>		