

## Clinical Supervision:

Clinical Supervision is constantly changing. From the addition of new licensing laws to hours that qualify for pre-licensed therapists, Clinical Supervisors are in a unique situation in 2019. Join DaLene for a highly interactive program designed for supervisors of all levels of experience as we cover the many changes Clinical Supervisors need to be aware of in their practice of Clinical Supervision. DaLene focuses on balancing the formal supervisory relationship with a personalized approach that supports professional growth and individual style for both the Supervisor and Supervisee.

### Program Objectives:

#### Attendees will be able to...

- Summarize the current CA regulations affecting the supervision.
- Identify components of ethical professional conduct in the supervisory relationship.
- Describe the necessary components of Supervision documentation.
- Compare models of Supervision.
- Develop your own style of Clinical Supervision.
- Relate the impact of cultural competency on the supervisory relationship.

**NBCC:** AEI is approved by NBCC to provide continuing education, ACEP #6657. NBCC credits are accepted by the California Board of Behavioral Sciences as approved Continuing Education Credits and most state licensing boards for Master's level therapists including Social Workers.

**APA:** AEI is approved by the American Psychological Association to sponsor continuing education for psychologists. AEI maintains responsibility for this program and its content.

Attendance at the entire program is required for CE credit. No partial credit will be awarded.

Advanced Education Institute  
353 Park Marina Circle  
Redding, CA 96001  
530-245-9221  
[daleneforester@gmail.com](mailto:daleneforester@gmail.com)



[aei4you.org](http://aei4you.org)

# Clinical Supervision

**A One-Day Refresher or a Two-Day New Supervisor Course in Redding, CA**

**September 6-7, 2019  
8:30 AM – 4:30 PM**



### Location:

Advanced Education Institute  
Park Marina Center for Wellbeing  
353 Park Marina Circle  
Redding, CA 96001  
530-245-9221



**About the Trainer:**

**DaLene Forester, PhD, LMFT**

DaLene Forester, PhD, LMFT, LPCC is an EMDRIA Approved Consultant and Trainer. Dr. Forester has a private practice in Redding, California, supervises interns, and specializes in the treatment of eating disorders and PTSD. In addition to her psychotherapy practice, DaLene is a CAMFT Certified Supervisor, a Certified Eating Disorder Specialist and an approved Continuing Education provider with EMDRIA, APA, and NBCC. For more information, call 530-245-9221.

*“DaLene presents the EMDR protocol in a concise, engaging and thoughtful way. Her style of presenting the information allows the students to process and engage in an environment that feels incredibly professional and yet simultaneously warm and comfortable.”*

**2018 Attendee**

**One-Day Refresher Course:  
Friday, September 6, 2019**

One-day training for Current Clinical Supervisors to update skills and stay current with the CA BBS requirements to Supervise Associate Social Workers, MFT and PCC Associates and Trainees. CE's 7.5. Cost: \$175.00

**Two-Day New Supervisor  
Course: Friday, September 6th &  
Saturday, September 7, 2019**

Two-day training for New Clinical Supervisors and those seeking to meet the CA BBS requirements to Supervise Associate Social Workers, MFT and PCC Associates and Trainees. CE's 15. Cost: \$325.00

**Clinical Supervision  
Registration Form**

Name: \_\_\_\_\_  
(As it would appear on your Certificate of Completion.)

Professional Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Please list the training dates you are registering for:  
\_\_\_\_\_

**Please enclose full payment with registration form.  
Check method of payment.**

**Cost: \$175.00**

\_\_\_ Check for \$ \_\_\_\_\_

**Please make payable to:**

**Advanced Education Institute**

\_\_\_ Charge the amount of \$ \_\_\_\_\_

To my: MC Visa Discover Am. Express

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3 digit code on back of card: \_\_\_\_\_

Signature: \_\_\_\_\_