



## **SUPERVISION INFORMATION, GUIDELINES AND CONSENT**

### **YOUR SUPERVISOR**

I hold a Bachelor of Art degree in Sociology from Georgia State University (2001), Master of Education degree in Guidance and Counseling from University of West GA (2007), and Master of Marriage and Family Therapy from Mercer University (2011). I am a **Licensed Professional Counselor** (#LPC006296 since 2011), **National Certified Counselor** (#225717 since 2007) and **Certified Professional Counselor Supervisor** (#333 since 2014) in the **State of Georgia** and **Approved Clinical Supervisor** (#5144) for the following states: **AL, AZ, CO, FL, IA, MD, MS, NV, NJ, OR, RI, SD** and **TN**. I am also licensed in the following states: **CA** #LPCC14755 (2023), **DC** #PRC2000001676 (2023), **DE** #PC0011195 (2022), **FL** #TPMC1860 (2022), **PA** #PC015224 (2022), **TX** #88391 (2022), and **VA** #0701011125 (2022). I have been in a variety of clinical settings to include but not limited to, agency case manager, IFI coordinator, private practice practitioner and residential acute stabilization. I am a private practice clinician, serving clients across the country. My clinical experience as indicated is very diverse with a wealth of knowledge. As a Clinical Supervisor, I have been providing individuals and groups with supervision since 2014. I have met all the requirements by the State of Georgia to be a Clinical Supervisor: passed the Certified Professional Counselor Supervision exam, obtained 30 hours of clinical supervision training, and documented supervision for a year by a CPCS trainer.

### **THEORETICAL ORIENTATION**

My theoretical orientations are based on three specific models of therapeutic approaches which are Acceptance and Commitment Therapy, Cognitive Behavioral Therapy and Relational Life Therapy. These orientations allow me the opportunity to understand that each client grows differently and through self-discovery, they are able to develop greater level of psychological flexibility, which enables them to live a more self-compassionate meaningful existence. I utilize the Integrated Developmental Model (IDM) of supervision in my work with supervisees. I believe it is important to have a collaborative supervisory relationship along with the integration of both content and process in supervision.

### **SUPERVISION PROCESS**

My primary role is to help you master the skills necessary to become an independent, ethical practitioner and obtain the highest level of competence possible. **At the same time, I have the ethical and legal responsibility for all of your actions with clients while you are in supervision with me.** Therefore, the success of supervision will depend on the development of a trusting, working relationship between us based on a mutual understanding of goals, the purpose of supervision and a willingness on your part to be open to review you work with clients and hear corrective feedback from me about that work to learn and improve. On my part, I will take responsibility to create a supportive environment and give timely and helpful feedback. **As a supervisee, you will be expected to be an active participant in the supervision process; be open to feedback; be truthful and share mistakes; take responsibility for correcting any deficits that could harm clients; be prepared and on time for each session; maintain confidentiality; keep proper client documentation, including a log of your supervision and complete all other work in a timely manner**

Supervision is an interactive process, with the goals of:

- Improving clinical skills
- Monitoring client care
- Facilitating personal and professional development and growth for the trainee
- Ensuring ethical thinking is practiced
- Evaluating for full licensure



The process will vary, with teaching, mentoring, coaching and exploration of reactions to clients. You should experience improvement in your conceptualization of the client, your interventions, your sense of identity, and ethical thinking. You may also experience discomfort that goes with personal growth and challenges to your skills, knowledge and abilities.

### **Qualified Areas of Supervision**

- Adolescent Counseling
- Anger Management
- Counselor Supervision
- Couples Counseling
- Hypermasculinity & Male Issues Counseling
- Marriage and Family Systems Counseling
- Relational Counseling
- Trauma Counseling

### **INDIVIDUAL AND GROUP SUPERVISION**

Supervision will consist of individual and group sessions. Both of these will count towards your overall hours of 105 and are required. Initial and exit interviews are mandatory, along with a letter of reference from your most recent professor within the mental health profession. **A commitment of 12 months is required.**

#### Individual

Individual supervision will occur once a month for an hour and 30 minutes. During individual supervision, we set your professional goals for supervision and discuss the supervision process. Sessions will be spent reviewing audio and/or video recordings and case notes of sessions, providing feedback and evaluation of progress. Every quarter you will receive a formal evaluation of progress. All supervision sessions are held virtually.

#### Group

Group supervision will occur three times a month for one hour and 30 minutes each session. We will discuss cases and provide feedback as a group. It will include general discussions on topics such as, but not limited to, ethics, professional activities, interventions, and the impact of current affairs on clinical practice. Group supervision is limited to four participants at a time. All supervision sessions are held virtually.

#### Fees

The total cost of supervision for 12 months is \$4,200.00, which can be paid in monthly installments of \$350.00. Up to two individuals can share an individual supervision session and group supervision sessions have a maximum of four participants. Supervision fees are paid via cash or credit card. A 3% service fee applies to all credit card transactions and 1% fee applies to all bank transfers.

### **Supervisee Confidentiality Disclosure to Client**

Supervisee agrees to inform clients of clients' rights to confidentiality and privileged communication when applicable, as well as the limits of confidentiality and privileged communication.

The general limits of confidentiality are when harm to self or others is threatened, when the abuse of children, elders or disabled persons is suspected, and in cases when the court compels the mental health professional to testify and break confidentiality. These are the current generally accepted limitations to confidentiality and privileged communication, but they may be modified by state law or federal statute.

### **Supervisee Status Disclosure to Clients**

Supervisee agrees to inform clients of their professional status (e.g., intern) and of all conditions of supervision. A Certified Professional Counselor Supervisor shall ensure that the supervisee inform their client(s) of any status other



than being fully licensed or qualified for independent practice. For example, a Certified Professional Counselor Supervisor shall ensure that the supervisee informs all clients if they are students, interns, trainees or, if licensed with restrictions, the nature of those restrictions (e.g., associate or license-eligible).

### **Confidentiality of Supervision Records**

Both supervisor and supervisee is responsible for keeping and securing supervision records and consider all information gained in supervision as confidential.

### **Discontinuation of Supervision**

This contract may be ended under the following circumstances:

- Noncompliance with contract agreement
- Legal or ethical issues present itself and both supervisor and supervisee cannot agree upon the appropriate methods to confront and resolve the matter.

### **EVALUATION**

As your supervisor, I will be providing you with both informal and formal evaluative feedback throughout supervision. At the same time, I also will be seeking your evaluative feedback about supervision and ideas for improvement. A formal evaluation will be conducted quarterly and at the end of your supervision hours, there will be a final evaluation. Evaluations will be based on the goals established at the beginning of supervision and will include oral case presentations, written case notes, live observation, taping and any other materials you may wish to include. At the six month mark of supervision, you will be asked to share feedback with me through an evaluative survey on the supervision process. It is my goal to ensure you are getting what you need during our time together.

### **LEGAL/ETHICAL**

It is important that you agree to act in an ethical manner as outlined by the American Counseling Association (ACA) Code of Ethics, not engage in harmful dual relationships with clients, follow laws of confidentiality, and, at all costs, avoid acting in any way injurious to clients. It is understood that as your supervisor, I agree to follow the ethical codes and standards for my profession and treat you with dignity and respect.

It is also important that you understand that supervision is not intended to provide you with personal counseling or therapy. If personal issues or concerns arise that interfere with or negatively impact client care, you hereby agree to seek counseling or other means to immediately resolve these problems as outlined by your professional ethical code.

The content of our sessions and evaluations will be confidential, except for the following: (1) the return of the final evaluation form to licensing authority, if requested (2) any instance where treatment of a client violated the legal or ethical standards set forth by professional associations and government agencies; (3) any situation when problems between us do not seem resolvable and an outside consultation would be ethically necessary; and (4) situations where termination of the supervision is being considered.

### **GUIDELINES FOR SUPERVISION**

- Come prepared with cases and issues to discuss
- Take notes
- Be respectful in all feedback to other members
- Maintain Confidentiality
- Any interpersonal issues that arise in supervision group need to be addressed in supervision group
- No side-bar conversations in groups



- Be on time
- Communicate through the established chat group via What'sApp for any emergencies or if you cannot make a meeting

**STATEMENT OF AGREEMENT**

I have read and understand this information contained in this agreement. Signature acknowledges agreement to terms of a supervisory relationship with Ya’Ron Brown, owner of RGW Institute, PLLC.

*Please initial next to each point below, acknowledging Supervisee’s understanding of this agreement:*

\_\_\_\_\_ I am responsible for paying either \$4,200 in full or \$350 per month for supervision for a term on 12 months, whether I attend the required 1.5-hour group/individual supervision meetings or not.

\_\_\_\_\_ I understand that supervision payments will be drafted on the 1st day of each month. Should payment not be available when draft is attempted, I understand that I am liable for any bank fees RGW Institute incurs.

\_\_\_\_\_ I understand that is my responsibility to keep a log of my supervision and to keep supervision notes as required by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.

\_\_\_\_\_ I understand that it is my responsibility to get 5 continuing education credits in the area of ethics every 2 years whether I am designated as an Associate Professional Counselor or not.

\_\_\_\_\_ As an Associate Professional Counselor, LAPC, I know that I am required to obtain 30 additional hours of continuing education credits in order to renew and maintain my credential (at least 15 of those hours must be core-approved by LPCA or NBCC).

\_\_\_\_\_ If the LAPC credential is required by my employer, I agree to be honest with both my employer and my supervisor regarding my licensure status.

\_\_\_\_\_ I understand that I must provide a sample of my clinical writing in the individual evaluation meeting.

\_\_\_\_\_ I understand that it is my responsibility to review the GA Composite Board ethical guidelines for Counselors, the Licensed Professional Counselors Association, and the American Counseling Association / American Mental Health Counseling Association guidelines whether I am a member or not and the National Board of Certified Counselors if I am a member as designed by the NCC.

\_\_\_\_\_ I understand what constitutes a clinical emergency and my various options for clinical support in the event of a clinical emergency (particularly if I determine that I need guidance beyond what I am able to receive at my work site).

\_\_\_\_\_ I know that I am responsible for my own understanding of the Georgia licensing laws.

\_\_\_\_\_ I know that it is my responsibility to understand the HIPAA and/or FERPA regulations at my work site.

\_\_\_\_\_ I have reviewed and I understand the “No Right to Private Practice” agreement. I have signed the agreement.



\_\_\_\_\_ I understand that I must inform my clients that I am practicing under clinical supervision and tell them who my supervisor is and how he/she can be contacted.

\_\_\_\_\_ I understand that if I elect to record a session for supervision that I must provide my client with informed consent and authorization.

\_\_\_\_\_ I understand that it is my responsibility to obtain professional liability insurance, separate from what is provided by my employer.

\_\_\_\_\_ I understand that my supervisor may choose to utilize tele-supervision to enhance the supervision process. I understand that he will make an assessment of my readiness to utilize this platform for supervision and may determine it is not appropriate for my training.

\_\_\_\_\_ I understand that if tele-supervision is chosen, that my supervisor can cease to utilize it if he determines that it is ineffective in my training, if there are technical issues that can't be resolved, or for my lack of compliance with directives from supervision.

\_\_\_\_\_  
Supervisee Signature

\_\_\_\_\_  
Date

Supervisee Name: \_\_\_\_\_

Supervisee Address: \_\_\_\_\_

Supervisee Phone Number: \_\_\_\_\_

Supervisee Email Address: \_\_\_\_\_

**As the Clinical Supervisor, acknowledge that I am required to sign off on the Clinical Supervisor FORM E for the hours that I provided Clinical Supervision during the contracted year, per Rule 135-5-.02. I also confirm and agree that I will follow the CEE Approved Clinical Supervision (ACS) Code of Ethics in addition to the applicable licensing agency and credentialing board ethical standards and disciplinary rules.**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

189 W Pike St. Ste 108  
Lawrenceville, GA 30046

*Please return full contract via email. Digital signatures are accepted.*