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Counseling & Consulting Services

CLINICAL SUPERVISION WRITTEN AGREEMENT Limited License Professional Counselor/Counselor Intern

This agreement will detail the agreed upon conditions of clinical supervision that will occur between Elizabeth Carr, LPC, NCC, ACS (further identified as Supervisor) and [**Supervisee Name**] (further identified as supervisee).

Supervisor Expectations:

- Supervisee will schedule and attend regular supervision no less than biweekly.
- Should an issue arise where the supervisee is uncomfortable with the source material, the supervisee should immediately inform the client that this is not their area of expertise, gain critical information necessary, and notify the client that consultation with their supervisor shall occur to determine the best course of therapeutic action for the client.
- Supervisee shall reach out to Supervisor in between supervision sessions should they need support with a client related issue that is urgent.
- Supervisee will abide by all state (and if NCC certified, federal) rules and regulations expected of an LLPC/LPC.
- Supervisee will gain and strengthen counseling skills in the following areas:
 - Utilization of the DSM 5 to make diagnosis and compile a comprehensive biopsychosocial assessment
 - At least 1 method of crisis screening/intervention
 - Basic utilization of at least 1 assessment tool (delivering, scoring, interpreting results)
 - Ongoing, long term, individual therapy (individual, couples, families) utilizing at least 2 different evidence-based models of treatment
 - Ongoing facilitation and/or co facilitation of group therapy
 - Development of an ongoing plan for continued learning and training in the field of counseling
 - Utilization of case management techniques and resources
 - Skills for coordination of care with other health providers
 - Development of an understanding of client resources in and around their area of practice
 - Ability to compile and present a client's case
 - Discussion and development a better understanding of a clinical area, or areas of expertise regarding LLPC's practice
- Supervisee is expected to keep documentation regarding their clients in accordance with state and federal law
- Supervisee is expected to keep documentation regarding their supervision sessions in order to submit to the state should they be audited

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Supervisee Expectations

(to be filled in by supervisee and either re-typed or written in and initialed by supervisor prior to signing)

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Methods of Supervision, Supervision Hours and Types of Supervision

Supervisor will obtain information through self-report; monitoring assessments and all other paperwork/ Live supervision can occur by the clinical supervisor attending the session with a client should the supervisor or supervisee deem this necessary. Supervisor can also gather ancillary information about supervisee from others with whom the supervisee works.

Supervision will include all of the following:

- engage in problem-solving discussions with the LLPC concerning individual client
- enter problem-solving discussions concerning the LLPCs own challenges that affect their work with clients
- offer feedback to the LLPC concerning specific interventions utilized with clients
- offer feedback to the LLPC concerning the LLPCs personal qualities as they affect work with clients
- offer feedback to the LLPC concerning the supervision experience. Supervision will also include reaction to supervisee case presentations and/or role playing activities with the LLPC.

Supervisee will receive a 360 degree clinical review and feedback supervision session after 8 months of practice and 16 months. Supervisee or supervisor are expected to provide informal feedback and review through out the supervision relationship, as needed.

Supervision is offered on a weekly or bi weekly basis for individual sessions, and group supervision options are also an option when planned in advanced.

LLPC is responsible for keeping any and all documentation regarding the dates of supervision and the contents of each session in case of audit from the state upon full licensure.

I understand and agree to this supervisory contract.

_____	_____	Elizabeth Carr	_____
Supervisee Name	Date	Supervisor Name	Date

_____	_____
Signature	Signature