

## **Clinical Supervision Agreement with Ariana Lloyd, LCSW, LICSW**

**MY GOAL** is to help you feel supported in the work you do, so you are learning from your work, growing in your abilities and feeling confident and competent. In our work together we'll lean heavily on an anti-oppressive framework while implementing the common factors. I also encourage you to develop your competency in at least 2 therapeutic modalities.

**GROUPS:** Each group starts with a 5-minute guided meditation, then check-ins and setting our agenda. We discuss our monthly clinical supervision topic, and open the group to case presentations, discussion of relevant theories, techniques, populations and problem areas, and exploration of self-as-therapist and professional development. Groups are held for two hours and run in 6-month blocks. When you sign up for a group, you are agreeing to attend each monthly group for six months.

**INDIVIDUAL:** Our individual supervisions are less structured and we can collaborate on how to best spend the time. I'll help identify your strengths and areas of growth and support you in working through the various challenges you experience in your clinical practice. We will follow the ethical guidelines for your given profession.

**CONFIDENTIALITY:** All information (personal and professional) shared in supervision is confidential. Please only use initials or first names of clients, limiting identifying information.

**RISK MANAGEMENT:** Please bring any high-risk situations (i.e. clients with any potential harm to self or others) or ethical dilemmas to our sessions. If you do not bring a challenging case to a session, I am not able to provide proper supervision for it, and am thus not liable for any possible outcomes. Similarly, I am not liable for outcomes that are related to guidance I provide that is not followed.

### **FINANCIAL AGREEMENT:**

Payment is made online via credit card through my online scheduling program, and is due at time of service. You will be asked to share your credit card to store in my system. You are welcome to contact me in between appointments for additional support. Anything (email, phone call, etc.) that takes less than 15 minutes is included in your payment. If you need additional support, I'm happy to help you and will charge at the rate of my individual supervision. I do not charge for completing evaluations; however, if we need to meet regarding an issue related to the evaluations, there will be a charge as noted above. Please note that pricing is subject to change, and you'll be given a 2-month alert before any change occurs. I generally re-assess my fee structure 1-2 times a year (though this doesn't necessarily result in an increased rate).

### **FEES:**

#### Individual

Clinicians in community mental health: \$100/hr

Unlicensed clinicians in private practice: \$120/hr

Licensed clinicians in private practice: \$160/hr

Group (all groups are two hours long)

Unlicensed clinicians and all clinicians in community mental health: \$50/hr

Licensed clinicians in private practice: \$60/hr

**EVALUATIONS:**

You are responsible for monitoring all board evaluations and ensuring they are submitted on time. If I have concerns about your performance, I will bring them up as they arise and work with you to resolve them. I won't bring up an issue to the board before addressing it with you. There will be no surprises on your evaluations. Evaluations and conversation around them will be kept confidential unless there is an issue of risk, ethics violation or non-responsiveness.

**CANCELLATIONS:** For both individual and group, you will not be charged if canceled 24 hours in advance, but any cancellations occurring within 24 hours of our session will be charged at half the cost of the session. A "no show" will be charged the full rate. If you have not presented for our meeting by fifteen minutes after the start time, it will be considered a no show. If your agency pays for your supervision, you will be responsible for a no-show or half-charge fee. Exceptions include medical emergencies or similar. Please cancel with me via text, phone number or email in advance.

**YOUR DUTIES:**

Come to supervision prepared with questions and cases.

Have a growth mindset.

Be open to discuss fears, triggers, ethical dilemmas and frustrations as they arise.

Provide honest feedback when you feel your needs and concerns are unmet.

Keep track of your hours and six month board evaluations.

**MY DUTIES:**

Provide genuine, informed support.

Provide consistent days and times that I am available to meet.

Be collaborative, connected, intentional and supportive.

Assist you in filling out six month board evaluations.

Help you connect with peers, resources and communities.

Support you in developing professionally in order to prepare for practicing independently.

**Your signature below affirms your agreement and commitment to the above.**

\_\_\_\_\_ Printed name \_\_\_\_\_ Date

\_\_\_\_\_ Signed name

\*\*\*This contract was created with support from Susie Snyder, LCSW.