

Authored

a therapy space worthy of your story

SUPERVISION CONTRACT PACKET

Supervision is often approached as a requirement rather than a relationship. This packet is grounded in a different understanding. It works to demystify supervision by outlining the expectations, roles, and processes that will guide the supervisory relationship, while also creating space for supervisees to develop their clinical voice and professional identity. Supervision is a living process, one that shapes not only clinical skill but the ways counselors come to understand themselves, their clients, and the relational space between them. It requires structure and accountability, while also asking for curiosity, reflection, and engagement—and this supervision contract has been thoughtfully designed to hold it all.

In alignment with the Approved Clinical Supervisor (ACS) standards and best practices in counselor supervision, this package includes a professional disclosure statement, supervision agreement, supervisee bill of rights, evaluation processes, and structured documentation tools. Each component is intentionally included to inherently support ethical practice, protect client welfare, and promote meaningful professional growth.

This model prioritizes clinical skill, insight, and the development of a professional community that is both supportive and challenging. Supervisees are expected to engage actively, reflect honestly, and integrate feedback into their work.

SUPERVISOR PROFESSIONAL DISCLOSURE STATEMENT

Professional Disclosure | Supervisor Background

This disclosure is intended to provide clarity regarding the supervisor's qualifications, approach, and expectations.

I am a Licensed Professional Counselor (LPC) in Georgia with six years of clinical experience in private practice, including my own practice, Authored Therapy. My work has focused on anxiety, relational dynamics, identity development, and life transitions. In addition to clinical work, I have facilitated workshops and trainings for both clinical and non-clinical audiences.

I have completed graduate-level training in counselor supervision through Mercer University and practice in alignment with Approved Clinical Supervisor (ACS) competencies, as well as ACA and ACES guidelines.

Theoretical Orientation | Approach to Supervision

My approach to supervision is integrative, drawing primarily from culturally sensitive narrative, person-centered, and psychodynamic and developmental perspectives. Supervision attends not only to interventions, but also to how supervisees understand their clients and make meaning of their work.

Supervision is both developmental and relational. I view my role as shifting over time between teacher, collaborator, and consultant, depending on the needs and level of the supervisee. While structure and accountability are central to the process, equal attention is given to creating a space where supervisees can think openly, ask questions, and examine their work without unnecessary defensiveness.

Particular emphasis is placed on language, relational process, and identity development. Supervisees will be encouraged to examine the ways they describe their clients, the assumptions embedded in their conceptualizations, and the patterns that emerge across their work. Supervision is not intended to function as personal therapy; however, self-awareness is understood as essential to competent clinical practice.

Supervision Process | Expectations

Supervision will occur primarily in a small group format, with up to four supervisees participating consistently. Two supervision groups will be offered on an alternating schedule (in-person and telehealth), allowing for flexibility while maintaining continuity. Supervisees are to commit to a primary group while retaining the option to attend an alternate session when needed. Individual supervision sessions may be scheduled as needed to address specific clinical concerns, developmental needs, or situations requiring additional support.

Sessions will begin with creating an agenda in which each supervisee identifies topics, cases, or questions they would like to bring to the group. This process supports shared responsibility for the direction of supervision while allowing the supervisor to prioritize time effectively. Clinical discussions will involve both direct feedback from the supervisor and collaborative input from the group, reinforcing supervision as a collective learning environment.

Professional Boundaries | Scope of Supervision and Confidentiality Limits

Supervision is distinct from and not a substitute for personal therapy. While personal reactions and experiences may be explored as they relate to clinical work, supervision is not intended to function as therapy. If personal concerns arise that significantly interfere with clinical functioning, appropriate referrals for individual counseling may be recommended.

Supervision is confidential with standard exceptions, including risk of harm to self or others, suspected abuse or neglect, legal mandates, and concerns regarding ethical or competent care. Supervisees are required to inform clients that they are receiving supervision. As the supervisor holds responsibility for client welfare, additional consultation or intervention may occur when necessary.

The supervisor is responsible for maintaining appropriate professional boundaries and avoiding dual relationships that could impair objectivity, professional judgment, or the integrity of the supervisory relationship.

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SUPERVISION STRUCTURE & MODEL

Supervision Model | A Relational and Developmental Framework

Supervision inherently involves a power differential, and efforts will be made to maintain transparency, invite feedback, and support a collaborative and respectful supervisory environment.

Supervision is structured as both a developmental and relational process, with the goal of strengthening clinical skill, deepening insight, and supporting the formation of professional identity. This model allows the role of the supervisor to shift over time between teacher, collaborator, and consultant, depending on the supervisee's level of experience and clinical needs.

Attention is given not only to intervention and technique, but also to how supervisees understand their clients, the language they use, and the patterns that emerge across their work. Particular emphasis is placed on relational process and identity development, with the understanding that how a counselor thinks directly shapes how they practice.

Structure of Supervision

Supervision is conducted primarily in small group settings, with up to four supervisees participating consistently. Two groups are offered on an alternating schedule, one in-person and one via telehealth, allowing for both continuity and flexibility. Supervisees are expected to commit to a primary group while maintaining the option to attend the alternate group as needed. Group supervision serves as the primary modality, creating opportunities for shared learning and exposure to a range of clinical perspectives. Individual sessions are available as needed to address specific concerns, higher-risk cases, or developmental needs requiring more focused attention.

Each session follows a consistent, predictable structure while allowing supervisee needs to guide content. Sessions begin with a brief check-in to gather an agenda in which each supervisee identifies a case, question, or topic for discussion. This process supports

shared ownership of the space and allows for intentional time management.

Cases are then addressed based on clinical urgency, complexity, and relevance. The supervisee presents the case, the supervisor provides initial feedback and direction, and the group is invited to contribute perspectives and questions. This structure maintains clear clinical oversight while reinforcing supervision as a collaborative learning environment.

Responsiveness, Community, and Accountability

Supervision remains responsive to patterns that emerge across sessions. When shared challenges or skill gaps are identified, supervision may incorporate more structured discussions or targeted workshops focused on areas such as case conceptualization, documentation practices, ethical decision-making, relational dynamics, or specific interventions. This allows supervision to remain grounded in immediate clinical needs while also supporting long-term development. As part of the supervisory role, the supervisor is responsible for gatekeeping, including evaluating supervisee competence and taking appropriate action when minimum standards of clinical practice are not met.

At the same time, supervision is a shared professional space that requires participation and accountability. Supervisees are expected to arrive prepared, engage in discussion, and contribute to the group process while remaining open to feedback and willing to integrate it into their clinical work.

In return, supervision is structured to provide a space that is respectful, engaged, and clinically focused. Attention is given not only to what is discussed, but how it is discussed, with the goal of supporting both growth and professional responsibility.

SUPERVISION CONTRACT & AGREEMENT

Purpose and Structure of Supervision | Scope, Intent, Scheduling

This agreement defines the supervisory relationship between the supervisor and supervisee. The purpose of supervision is to support the development of clinical skill, professional identity, and ethical practice while ensuring the welfare of clients. Supervision will also support the supervisee in meeting academic and/or licensure requirements, as applicable.

Supervision is conducted primarily in a group format. Group sessions are 1.5 hours in length and occur every other week, with alternating in-person and telehealth options. Supervisees are expected to participate consistently and may attend the alternate group as needed.

Individual supervision sessions are available as needed and are scheduled separately. Individual sessions are 60 minutes in length and are intended to provide additional support for clinical complexity, risk management, or individualized development.

Roles and Responsibilities | Supervisor and Supervisee Expectations

The supervisor is responsible for maintaining ethical and professional standards, monitoring client welfare, and providing feedback to support clinical growth. This includes reviewing case material, offering guidance on interventions and conceptualization, and addressing concerns related to competence or ethical practice when necessary.

The supervisee is responsible for arriving prepared, actively participating in supervision, and integrating feedback into clinical work. This includes presenting cases, maintaining accurate documentation, and seeking consultation when needed. The supervisee is expected to engage in the process with openness and accountability and to communicate proactively regarding scheduling or concerns.

Evaluation and Feedback | Ongoing and Structured Review

Supervision includes ongoing informal feedback provided during each session, as well as structured evaluation throughout the supervisory relationship. Supervisees will complete a monthly self-evaluation reflecting on clinical skill, insight, and areas for growth. The supervisor will review and respond directly to this evaluation, providing written feedback and identifying goals for continued development. Evaluation is also used to assess supervisee readiness and clinical competence as appropriate.

Additional evaluation may occur as needed to support academic, site, or licensure requirements.

Confidentiality and Ethical Practice | Limits and Responsibilities

All material discussed in supervision is considered confidential within the supervisory context. Limits to confidentiality include situations involving risk of harm to self or others, suspected abuse or neglect, legal mandates, or concerns regarding ethical or competent care.

The supervisor maintains responsibility for overseeing client welfare and may intervene, require additional supervision, or seek consultation if concerns arise. Supervisees are expected to adhere to all applicable ethical guidelines and legal standards, including informing clients that they are receiving supervision.

Supervision is intended to support professional development and is not a substitute for personal therapy. If personal concerns arise that interfere with clinical work, referral for

individual counseling may be recommended.

Fees and Agreement | Payment and Acknowledgement

Group supervision is \$30 per session per supervisee. Individual supervision is \$60 per session. Payment expectations and methods will be discussed prior to the start of supervision.

This contract may be reviewed and revised as needed with mutual agreement. By engaging in supervision, both parties agree to uphold the expectations outlined in this document and to participate in the process in a professional and ethical manner.

SUPERVISEE BILL OF RIGHTS

The purpose of the Supervisee Bill of Rights is to ensure that supervisees are informed, supported, and able to engage meaningfully in the supervisory process. Supervision is an evaluative and developmental relationship, and supervisees have the right to clarity, consistency, and respect throughout this process.

Supervisees have the right to be informed of the expectations, structure, and goals of supervision at the outset of the relationship. This includes an understanding of session format, frequency, evaluation processes, and performance expectations. Supervisees also have the right to participate in the development of their own learning goals and to receive guidance in identifying areas for growth.

Supervisees have the right to work with a supervisor who maintains ethical and professional standards, including adherence to the American Counseling Association (ACA) Code of Ethics. This includes receiving supervision that prioritizes client welfare, supports ethical decision-making, and addresses legal responsibilities relevant to clinical practice.

Supervisees have the right to receive ongoing feedback regarding their clinical work. This includes both informal feedback during supervision sessions and more structured evaluation over time. Feedback should be timely, relevant, and supportive of continued development. Supervisees also have the right to request clarification, ask questions, and engage in open discussion regarding feedback provided.

Supervisees have the right to a supervisory environment that is respectful, professional, and attentive to issues of culture and identity. This includes the opportunity to discuss how factors such as race, ethnicity, gender, sexual orientation, religion, and other aspects of identity may influence both the counseling process and the supervisory relationship.

Supervisees have the right to understand the limits of confidentiality within supervision.

Information shared in supervision will remain confidential within the supervisory context, with standard exceptions related to safety, legal requirements, and ethical obligations.

Supervisees have the right to be informed of evaluation criteria and to receive notice if their performance does not meet expected standards. In such cases, supervisees have the right to receive clear guidance regarding areas for improvement and the steps necessary to meet expectations.

Supervisees have the right to a supervisory relationship that supports their development while maintaining appropriate professional boundaries. Supervision is not a substitute for personal therapy, and referrals may be recommended if personal concerns interfere with clinical functioning.

Supervisees have the right to due process within the supervisory relationship, including clear communication of concerns, opportunities for remediation, and access to appropriate procedures for addressing grievances or disputes.

EVALUATION & FEEDBACK PROCESS

Evaluation is ongoing and integrated into each supervision session through informal feedback on clinical work, decision-making, and professional behavior.

Supervisees will also complete a monthly self-evaluation focused on clinical skill, insight, and areas for growth. The supervisor will review and respond with written feedback and targeted goals to support continued development.

Additional evaluation may be conducted as required to meet academic, site, or licensure expectations.

INITIAL SESSION AND ONGOING SUPERVISION

After an initial one-on-one consultation to determine fit, supervisees are integrated into the existing group through brief introductions and initial goal-setting, while the group continues to follow its standard format.

Supervision groups are ongoing, and supervisees may enter at different points in the process. Initial sessions are used to orient new supervisees to the structure, expectations, and evaluation process, including roles, responsibilities, and limits of confidentiality.

All sessions, including a supervisee's first, follow the same structure of check-in, agenda setting, and case discussion. This allows for continuity while supporting both observation and participation. Supervision remains flexible and responsive to emerging

needs, while maintaining a clear structure that supports accountability and continued development over time. Past supervisees are allowed to return to groups as needed for consultation.

APPENDIX A

SUPERVISOR PROFESSIONAL DISCLOSURE STATEMENT

I am a Licensed Professional Counselor (LPC) in Georgia with six years of clinical experience in private practice. My work focuses on anxiety, relational dynamics, identity development, and life transitions. I have completed supervision training through Mercer University and follow ACS, ACA, and ACES guidelines.

My approach to supervision is integrative, drawing from narrative, person-centered, and psychodynamic perspectives. Supervision focuses on both clinical skill and the ways supervisees understand and conceptualize their work. Key expectations include, but are not limited to: participation and ethical practice.

Supervision is conducted primarily in small groups, with individual sessions available as needed. Sessions include case discussion, feedback, and collaborative learning.

Supervision is confidential with standard exceptions, including risk of harm, legal requirements, and ethical concerns related to client care.

Supervision is not a substitute for personal therapy.

I have read and understand the Professional Disclosure Statement and agree to the terms of supervision.

Supervisee Name

Supervisor Name

Signature

Signature

Date

Date

APPENDIX B

SUPERVISION CONTRACT AGREEMENT

This agreement outlines the expectations and structure of the supervisory relationship. The purpose of supervision is to support the development of clinical skill, professional identity, and ethical practice while ensuring client welfare.

Supervision is conducted primarily in a group format. Group sessions are 1.5 hours in length and occur every other week, with alternating in-person and telehealth options. Individual supervision sessions (60 minutes) are available as needed. Supervisees are expected to attend consistently, arrive prepared, engage in discussion, and integrate feedback into their clinical work. The supervisor will provide guidance, feedback, and oversight to support clinical development and maintain ethical standards.

Group Supervision: \$30 per session per supervisee

Individual Supervision: \$60 per session

Payment is expected at the start of each session.

All material discussed in supervision is confidential with standard exceptions, including risk of harm to self or others, suspected abuse or neglect, legal requirements, and concerns regarding ethical or competent care. Supervisees are responsible for adhering to all ethical and legal standards, including informing clients that they are receiving supervision. Supervision is not a substitute for personal therapy. If personal concerns interfere with clinical work, referral for individual counseling may be recommended.

Supervision includes ongoing informal feedback during sessions, as well as a monthly self-evaluation completed by the supervisee. The supervisor will review and provide written feedback and goals for continued development.

I have read and understand the terms of this supervision agreement and agree to participate in the supervisory process as outlined above.

Supervisee Name

Supervisor Name

Signature

Signature

Date

Date

Supervisee Name _____

Date _____

APPENDIX C

MONTHLY SUPERVISEE SELF-EVALUATION

What is going well in your clinical work? What are you proud of?

	Supervisor Feedback
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What challenges or patterns are emerging? What feedback are you needing?

	Supervisor Feedback
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What goals do you have for the next month?

	Supervisor Feedback
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Supervisee Name _____

Date _____

APPENDIX D

SUPERVISION LOG

Cases/ Topics Discussed

Key Feedback/Takeaways

Plans/Next Steps