

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

### **YOUR SUPERVISOR**

I hold a Master of Arts in Psychology from the Georgia School of Professional Psychology. I am a Licensed Professional Counselor in the State of Georgia since 2000. I am the Site Director for the Outpatient Clinics at the Cobb and Douglas Community Services Boards, overseeing adult and child and adolescent services for mental health and substance abuse. My clinical experience has been primarily with adults, with some adolescents. I am a Certified Professional Counselor Supervisor.

### **THEORETICAL ORIENTATION**

My therapeutic orientation is primarily to use Cognitive Behavioral Therapy. My theoretical approach is based in an understanding that therapy can be part of the natural growth of clients, and that by helping clients reach a greater understanding, they can make different, more adaptive choices. I believe that each of us has our own cultural heritage, right down to our family setting, and in dealing with any client, we must be aware of the systems that raised us.

### **SUPERVISION PROCESS**

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
- Evaluate 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.

You should expect to receive timely feedback on your progress.

### **Individual and Group Supervision**

Supervision will consist of individual and group sessions. Both of these will count towards your overall hours. However, both will be required.

#### Individual

This will occur 1 time a month as scheduled. In Individual, we set your professional goals for supervision and discuss the supervision process. Sessions will be spent in review of individual cases and issues. I will provide feedback and evaluation to trainee, and we will have a quarterly review of progress. I will also ask for feedback and information on your entire caseload, even we have not reviewed them formally. As part of this process, you will make tape recordings of sessions and turn them in for me to review. We will then go over these in individual sessions.

#### Group

Group supervision will occur once to twice a month. 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.

**Bryan G. Stephens, MA, LPC, MBA**  
**404-969-5247**

**EVALUATION**

The supervision process acts as a gatekeeper for the profession. I will provide ongoing feedback to you in individual session on your progress. This will include discussion with your Director to review your work. If I do not think you are progressing adequately, I will inform you.

If at any time you are dissatisfied with your supervision/evaluation, please let me know.

**LEGAL/ETHICAL**

Supervision is not the same as counseling. If at any time I feel that there is an issue of that significance, I will encourage you to seek out counseling. The content of our sessions and my evaluations of your development will be kept confidential. Specific notes about topics will be filed with Human Resources each month. Limits to confidentiality include, but are not limited to, treatment of a client that violates the legal or ethical standard set forth by agency policy, state or federal laws, and professional associations.

As Supervisor, I have a legal responsibility for the care of all of your clients as if they were my own. As such, I will ask you for information regarding the care of all of your clients from time to time.

Supervision is contracted for a minimum of one year. If you leave before one year is past, I may not sign off on your hours.

**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
- Email me or call my cell (for last minute) at 404-969-5247 if you cannot make a meeting
- I will email you or call your designated phone number if I cancel.

**STATEMENT OF AGREEMENT**

I have read and understand this information contained in this agreement:

\_\_\_\_\_  
Supervisee/Trainee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date