

Erin L. Ballard, MS, LMFT

Licensed Marriage and Family Therapist (#1572)

AAMFT Clinical Fellow (#136538)

LCMHC Qualified Supervisor (QS124035)

AAMFT Approved Supervisor

erin@familysolutionsandwellness.com

Supervision Contract

The purpose of supervision is to work towards graduate degree requirements / post graduate licensure requirements, and to promote development of trainee's professional identity and competence. The content of supervision will focus on the acquisition of knowledge, conceptualization, and skills within the defined scope of practice. The context will ensure understanding of ethics, codes, rules, regulations, standards, guidelines including consent, confidentiality/privacy, and all relevant legislation. The below contract informs us of the policies, expectations, guidelines, and context for the supervision experience that we are entering in to together.

Supervisor's Background: I am a Licensed Marriage and Family Therapist in the state of North Carolina. I graduated from ECU's MFT program in 2012. My work history includes interning in a hospital setting, providing intensive-in-home (I/H) services, providing outpatient therapy at a community agency, providing therapy in a private practice setting, starting my own private practice, and growing a group private practice. I work with individuals, couples and families, with a specialization in working with couples. I am certified in Prepare-Enrich.

Supervision Style: I divide my time (not necessary equally) between the supervisory roles of coach, teacher and mentor. These roles include a mix of instruction/feedback, guidance, support, collaboration, and professional development. Though we may discuss personal factors that impact your professional development or work as a counselor, this is not a counseling relationship and referrals will be provided for more personal counseling needs. Along with these roles I will focus on AAMFT core competency domains of (1) Admission to Treatment, (2) Clinical Assessment and Diagnosis, (3) Treatment Planning and Case Management, (4) Therapeutic Interventions, (5) Legal Issues, Ethics and Standards, and (6) Research and Program Evaluation; amongst which we will focus on your evaluative, conceptual, perceptual, executive, and professional skills.

Supervisory Methods: Supervision is held in individual (1), joint (2), and group formats (3+trainees). Supervision is offered through telehealth or in-office. If using telehealth, you are required to sign the telehealth consent*. Individual supervision sessions will be used to focus on processing self of therapist concerns, addressing confidential areas which you may not feel comfortable addressing in the group setting, incorporating live supervision where I can observe your sessions and provide direct and personalized feedback, reviewing progress notes, completing and reviewing evaluations, and providing more site-specific support since my trainees are at diverse sites. Supervision will require raw data to evaluate your clinical skills. I also offer joint and group supervision, and this format is used to process cases via trainee report, help trainees learn ways to apply interventions, to strengthen treatment planning, to reinforce systems approaches, and to review and discuss ethical and legal considerations. Regardless of format, supervision sessions will be 55 minutes in duration.

Financial Policies: Financial policies are set whether supervision is held in person or via telehealth. Payment can be made by check, cash, or credit card. Payment is due at the time of service.

Interns (all supervision formats)	\$0.00
Individual Supervision (one-on-one)	\$100.00
Joint Supervision (2 trainees)	\$65.00 per person
Group Supervision (3+ trainees)	\$45.00 per person
Late Cancellation (<24 hours notice)	\$50.00

Supervisor's Responsibilities:

1. Provide an atmosphere of trust, support and encouragement so professional growth may be experienced.
2. Respect for the supervisee's chosen theoretical orientation.
3. Provide clinical expertise and skills in a way that the supervisee's use of self in the therapeutic process is enhanced.
4. Provide supervision in an ethical and professional manner.
5. Assist the supervisee with examining interpersonal issues that impact therapy.
6. Seek collegial consultation when issues emerge that impede the supervisory experience.
7. Maintain confidentiality of trainee and their clients
8. In the event of an emergency, be available to the supervisee or provide other arrangements for supervisory alternatives.
9. Model behaviors that enhance the supervisory process.
10. To uphold ethical guidelines and professional standards.
11. To make sure supervision sessions happen as agreed and to keep a record of the meeting.
12. Adhere to 24 hour cancellation policy for scheduled supervision sessions
13. Consult with other supervisors with whom the supervisee may work
14. Engage in ongoing training and supervision-of-supervision in order to maintain and advance my supervisory skills
15. Report unethical behavior of the trainee to the Board or other applicable parties
16. Provide evaluation regarding goals and competencies with an agency provided evaluation form (if applicable) and the Basic Skills Evaluation Device (Nelson & Johnson, 1999)
17. To complete all forms as requested by the State of North Carolina licensing Board
18. Gatekeeping: To provide remediation, increased support, accurate reflection of supervisee's skills and areas of growth, reporting to applicable boards/other supervisors, and/or referrals and recommendations necessary to fulfill supervisor's ethical responsibilities to the public.
19. Other: _____

Trainee's Rights and Responsibilities:

1. Attend supervision sessions prepared and on time
2. Have knowledge of your state and licensure requirements, including knowledge of AAMFT/ACA code of ethics
3. Accurately track hours throughout supervision and complete necessary paperwork in a timely manner
4. Openly explore clinical strengths and areas for clinical growth.
5. Be open to feedback and to different techniques and models.
6. Secure confidentiality within the ethical and legal statutes.
7. Obtain written permission from clients, within agency/site's policy and procedures, for use of information from treatment for the purpose of supervision. Identify the supervisor, by name and credentials to clients.
8. To follow agreed upon emergency procedures as outlined in this contract
9. Be receptive to personal therapy outside the supervisory process, on your own volition or upon the recommendation of the supervisor.
10. Maintain case documentation in a timely manner.
11. Uphold ethical standards of practice, as outlined by the state of North Carolina, the AAMFT and other relevant professional organizations.
12. To receive Supervisor's attention, ideas and guidance; and to have uninterrupted and private supervision sessions.
13. To ask questions
14. To openly discuss concerns/disagreements.
15. To carry out agreed action or provide an appropriate and timely explanations. To expect Supervisor to carry out agreed action or provide an appropriate explanation, within an agreed time frame.
16. To have his/her development/training needs met.
17. To challenge ideas and guidance in a constructive way.
18. To cancel supervision sessions with 24 hours notice or uphold associated fee (see fees section)

19. To maintain malpractice insurance (attach in Appendix G) throughout the duration of supervision.

20. Other: _____

Documentation Requirements: I am required to keep record of our supervision meetings, including date, duration, type (individual/group), and relevant supervision notes. **You are required** to keep accurate record of all supervision hours, including date, duration, and type (individual/group), as well as accurate record of your clinical hours and clinical notes.

Confidentiality Policies: I engage in supervision-of-supervision at time and thus may share information about our work together. I agree to uphold the confidentiality of you and your clients when obtaining supervision-of-supervision. You are required to uphold the confidentiality of your clients in supervision. All efforts to abide by the AAMFT code of ethics will be made when they are not in direct conflict with Federal Law/Status. If necessary, information from supervision may be shared with subsequent supervisors and licensing boards (see below policies).

Risks and Benefits: Supervision is thought to be primarily beneficial as it promotes professional development and is an opportunity for support, guidance, learning, and growing. Risks include discomfort surrounding receiving feedback, potential disagreements in the supervisory relationship, or difficult group dynamics. Benefits and limitations vary across individual/group supervision, in-person/telehealth supervision, and live/retroactive supervision. These should be discussed with your supervisor in order to develop the most satisfactory supervision relationship.

Professional Development Goals: An important aspect of supervision is to set and work towards goals that will advance you in the counseling field. Please complete the Supervisions Goals form* and bring to your second supervision meeting. Mutually agreed upon goals will be developed and can be revised/edited throughout the supervision process. We will assess and evaluate goals every 6 months.

Evaluation: I will use the AAMFT Core Competencies to evaluate you throughout supervision. This includes Conceptual Skills, Perceptual Skills, Executive Skills, Professional Skills, and Evaluation Skills. When appropriate, I will use the Basic Skills Evaluation Device (BSED; Nelson, 1999) to evaluate these skills and identify growth areas. Items that are “below expectation” will be a focus of our supervision and may require a remediation plan to adequately address. A favorable evaluation is not guaranteed, however, every effort will be made to provide training and remedial training to ensure acquisition of needed skills.

Endorsement: Supervision usually results in a report to either a state agency or to an academic body. Therefore, the trainee should expect that the overall progress and fitness for MFT/LCMHC will be provided to interested parties. To the best of my ability I will work to provide a safe environment to promote honesty and growth. I will only provide the essential information that is required either by law, or in accordance with the AAMFT/ACA code of ethics. I will verify your hours and complete forms necessary for the NC Licensure Board (if applicable). It is my responsibility to inform others of concerns.

Supervisor’s Accessibility: It is expected that most of our discussions will take place during our scheduled supervision time. My accessibility can vary as I am at times out of the office or in back-to-back appointments with my clients or other trainees. In case of emergency, please follow our emergency plan. Otherwise, I can be contacted by phone (919-348-9396) or email (erin@familysolutionsandwellness.com) for questions or assistance needed that cannot wait until our next scheduled supervision meeting.

Informing Supervisor: It is your responsibility to keep me informed about the following situations: (1) disputes with clients or impasses in therapy; (2) allegations of unethical behavior by colleagues, clients, or others; (3) threats of a complaint or lawsuit; (4) mental health emergencies requiring immediate action; (5) High risk situations and cases in which clients evidence suicidal thoughts, gestures, attempts, or a significant history of attempts, or those presenting with a history of or propensity for threats/violence; (6) contemplated departures from standards of practice, policies or general rules; (7) suspected or known clinical or ethical errors; (8) contact with clients outside of treatment; and (9) legal

issues such as possible reporting obligations related to suspected abuse or neglect, or ethical violations by other professionals.

Ethical Considerations: The AAMFT and ACA Codes of Ethics will govern supervision. North Carolina state laws will influence ethical decision making. As a trainee, it is your ethical duty to inform your clients that you are under supervision, and that client privacy will be upheld throughout supervision.

Supplementary Requirements: If personal issues arise that impact your delivery of services, I may request for you to receive medical evaluation or mental health / substance abuse treatment.

Discontinuing Supervision: Supervision will end (a) once you have received your independent license, or (b) once you have completed your graduate hours AND once you have completed your final semester requirements. If it is determined that this supervisory relationship is no longer a good fit, the supervision contract may be terminated with 30 days notice. Under the event where unethical behaviors warrant the supervisor to end the supervisory relationship, the supervisor will first attempt to remediate the issues, and then will provide immediate termination if violations persist. In this event, it may be necessary for the supervisor to report the reasons for termination to subsequent supervisors or licensing boards.

Complaint Procedure and Due Process: If disagreements arise, it is the expectation that we will openly discuss these one-on-one as the first step. If unresolved, involving a third party may be appropriate.

Subsequent Supervisors: If you have another supervisor, it may be necessary for me to collaborate with them to ensure we can support you in a congruent and beneficial manner. In some cases, this may mean that our scope of supervision is narrowed to just couple/family dynamics, or certain cases of yours. It is important that I understand the policies, expectations, and rules of your program/site when providing supervision. A Release of Information should be completed for all subsequent supervisors in order for effective collaboration to take place.

Emergency Plan: In case of an emergency we will call, text and/or email one another for personal emergencies. For emergencies involving possibly reporting abuse, please contact me via phone, and leave a voice message if I am unable to answer. I will contact you at my earliest convenience. **If you think you, a client, or another individual is in imminent danger, call 9-1-1 or the local police department.** In the event that emergency responders have been contacted, please inform me immediately and we will arrange appropriate supervision/support.

Revision: This contract is subject to revision at any time, upon the request of either the supervisee or the supervisor. Revisions to the contract will be made only with consent of the supervisee and approval of supervisor.

Informed Consent for TeleHealth Supervision

The following information is provided to trainees who are seeking telehealth supervision. This document covers your rights, risks and benefits associated with receiving services, my policies, and your authorization. Please read this document carefully and note any question you would like to discuss.

Benefits and risks: When using technology, there is always the risk of security issues, as well as technical issues (poor internet connection, computer or software not working, etc.). Below you will find information, a plan, and recommendations in order to minimize risks. In addition to identified risks, there are several benefits that come from using technology. For instance, it allows supervisors to connect with trainees who may be located throughout the state/at a distance. Furthermore, there is an opportunity for more flexibility in scheduling, and there is convenience in being able to connect from a space of your choosing.

Confidentiality: The supervisor will take all precautions to ensure online supervision is confidential, but the trainee is informed that transmission could possibly be disturbed or distorted by technical failures, or interrupted or accessed by unauthorized persons. In order to protect your/your clients' confidentiality and to facilitate the security of information as much as possible, we recommend that you engage in your session in a private location where you cannot be heard by others (i.e. friends, family, co-workers, etc.). Furthermore, you should password protect any technology you will be interacting with your supervisor on, and you should always log out or hang up once sessions are complete. Firewall protection and connection to a private internet server are highly encouraged in order to prevent a breach of confidentiality. We will use a HIPPA secure videoconferencing platform in order to provide confidential services.

Technology Platform: Erin Ballard, MS, LMFT uses Google Meet to conduct TeleMental Health Services. She has a Business Associates Agreement (BAA) which protects personal health information (PHI) in accordance with HIPAA guidelines. To get started, you will use the provided information to enter my secure waiting room. Please connect a few minutes prior to the start of supervision.

Expectations: Online supervision carries similar expectations to in-person supervision, including attending sessions on time, appropriate dress/attire, and actively engaging in the session discussion. It is not appropriate to be driving during your telehealth session, laying in bed, or multitasking. With online supervision, it is expected that both the supervisor and the trainee are in uninterrupted, confidential environments, just as the office provides for in-person sessions.

Plan: Please use the provided login information to enter my secure waiting room a few minutes prior to your session time in order for our appointment to start on time. As with in-person sessions, it is inevitable that our appointment may start a few minutes late due to delays for the trainee and/or the supervisor. It is expected, however, that we will start our session within the first 5 minutes of our scheduled meeting/appointment time. If you are not available to connect within the first 5 minutes, I will contact you via the phone number you have provided. If we have not connected after 10 minutes, your appointment will be considered a no-show, and associated fees will apply.

Handling Technology Issues: It is understood that when communicating by internet or other electronic means, disruptions in service or other technical difficulties will likely occur from time to time. If we are to experience technology issues, we will work to resolve those issues as quickly as possible. Sometimes we might become frozen on video but still be able to hear one another through audio. Other times, we may see each other visually, but have difficulty hearing one another. When these issues arise, we will work to resolve them as quickly as possible. If we can no longer hear one another, please remain on video and I will contact you via the phone number you provided. If our visual image becomes frozen but we can still hear one another, we will verbally discuss how to proceed with the session. If we get disconnected from videoconferencing, please use the provided link to reconnect with me. In the event that this does not resolve the issue, I will call you via phone. Technology issues can best be prevented by knowing your device, using a headset to

communicate, and by ensuring you are connected to a secure internet source (wireless connections are discouraged).

Limitations: TeleHealth involves limitations that are not typically experienced during in-person sessions. For instance, it may be more difficult for me to read or notice certain visual or auditory cues. This may include elements of body language and nonverbal communication of which I could more easily pick up on if you were in my office. There may also be a disruption to the service (i.e. video drops), which can be frustrating and interrupt the normal flow of personal interaction. If audio quality is poor or there is background noise, I may have to ask you to repeat yourself more often than I would if we were in my office. I strongly encourage you to let me know if there are any limitations that are impacting your satisfaction with services, and to keep our communication open at all times in order for me to provide the best quality of care. If limitations are impacting services, we may determine that TeleHealth is not appropriate. We will discuss alternate supervision options if this occurs. *If the supervisor assesses that in-person therapy is more appropriate, an appointment will be suggested or referrals will be provided.*

Charges for Services: The financial agreement included in our contract paperwork applies to TeleHealth meetings as well as in-person meetings. This includes the 24 hour late cancelation policy. Payment for TeleHealth is accepted via credit card only. An invoice will be sent to you or you can save a card on file. In the event that the supervisor experiences technology issues that prevent the meeting from occurring on the primary AND backup means of communicating, I will not charge you for that session and we will need to reschedule. Otherwise, you are consenting to the known risks and benefits of using TeleHealth services, and hereby assume the financial responsibility of all scheduled sessions.

By signing this form:

1. I recognize and fully understand the potential risks and limitations of both secure technology (i.e. zoom) and unsecure technology (i.e. phone, e-mail, text)
2. I will comply with the above plans set up to address the potential risks of TeleHealth supervision and discuss any aspects that require my participation in the planning.
3. I have read, understood and comply with the agreed upon policies. I have had ample opportunity to ask questions and receive clarification about TeleHealth options and this policy.
4. I agree to proceed with TeleHealth supervision. I understand that either myself or my therapist can communicate at any time if online supervision is no longer an appropriate fit, and that arrangements can be made for in-person sessions.

Supervision Agreement

Trainee's Name: _____ Start Date: _____

Email: _____ Phone: _____

Location of Supervision: 1513 Walnut Street, Suite 215, Cary NC 27511 OR Telehealth (GoogleMeet)

Direct Hours Needed: _____

Supervision Requirements:

- Total supervision hours needed: _____
- Based on your licensure requirements, we will meet for supervision a minimum of _____ times per week/month/40 hours worked (circle one)
- Please specify requirements for group and individual supervision: _____

Please identify 3-5 supervision goals

Goal 1:

Goal 2:

Goal 3:

Goal 4:

Goal 5:

My signature below certifies that:

I (trainee) have reviewed the supervision contract in its entirety and have been given the opportunity to ask questions. We agree, to the best of our ability, to uphold the guidelines specified in this supervision contract.

I (trainee) have reviewed the telehealth consent and (1) fully recognize the discussed risks, (2) will comply with the plans identified to reduce potential risks, (3) have read, understood and comply with the agreed upon policies, (4) I understand that either myself or my supervisor can communicate at any time if online supervision is no longer an appropriate fit, and that arrangements can be made for in-person sessions.

Trainee Name

Trainee Signature

Date

Supervisor Name

Supervisor Signature

Date