

1732 SE Ash Street Portland, Oregon 97214 503-816-4064

# <u>Trauma-informed Group Clinical Supervision</u> Agreement to Work

This document outlines agreements related to your participation in the clinical supervision group.

## **APPROACH**

The foundation for the group is the Trauma-informed Care and Practice framework. We will actively integrate research from interpersonal neurobiology and trauma into our discussions. There will an honoring of the parallel process between how the group proceeds and the ways you incorporate the tenets of trauma-informed care into your own practice with clients. For example,

- ✓ We will integrate body- and brain-friendly strategies into the group process;
- ✓ We will be mindful of "triggers" and other activation points for fellow group members and buffer against their impact;
- ✓ As facilitator, I will emphasis collaborative decision-making and empowerment in working with all of you.

#### **SCHEDULE**

The group will run for six months, from June 13, 2016 to December 12, 2016. The group is bimonthly (second and fourth Mondays, 4:00 - 5:20 pm). We will meet in my office at the address listed above.

# **PUNCTUALITY**

The group incorporates several mindfulness-based approaches and it will be important, to protect the group from the noise of an interruption, to arrive on time. Because of my client schedule, we always start and end on time.

#### CONFIDENTIALITY

We will be discussing confidential client material as part of case presentations. Group members should disguise client identities to the greatest extent possible, while also understanding that all members of the group are bound to the NASW Code of Ethics standards regarding client privacy and confidentiality.

# FINANCIAL AGREEMENT

The cost for each participant is \$35 a session. Unless we mutually agree on another method, generally I invoice monthly and expect payment by check within ten days.



Generally I don't charge for completion of paperwork; however, if we need to meet regarding an issue connected to a six-month or final evaluation, there will be a \$35 charge.

#### **CANCELLATIONS**

The Board of Social Work limits the number in supervision groups to five participants. My expectation is that every participant will be present for every scheduled meeting; however, life happens. Each participant is permitted one "free pass" (missing a session without having to pay for it). For any other cancelled sessions, you will be expected to pay for the session.

As a consideration to group members, if you need to miss group, please text or email me to let us know.

## YOUR RESPONSIBILITIES AS SUPERVISEE

Because this is your group, I will be inviting all participants to participate actively, bringing in materials (such as meditations, music, case presentations, etc.) and case material.

As a supervisee, you will faithfully and honestly track your supervision and client contact hours. You will submit six-month reports for the Board of Social Work to me at least a week before they are due, so that I have time to complete my portion.

## MY RESPONSIBILITIES AS SUPERVISOR

My commitment to you includes:

- ✓ Coming to group meetings prepared with materials and readings;
- ✓ Being fully present;
- ✓ Being responsive to your feedback and needs as the group evolves;
- ✓ Responsibly completing paperwork as you file reports to the Board; and
- ✓ Staying current on my own continuing education related to clinical supervision (a requirement for the Board).

With our signatures below, we affirm that we agree to abide by these commitments.

Supervisee's name	Date
Supervisor's name	Date