**Clinical Supervision and ‘Money Gouging’**

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**The Basics of *Clinical* Supervision**

Lately, I’ve found myself in a lot of conversations about *clinical supervision*. If you’re getting ready to graduate from your clinical program in one of the mental health professions, it’s time to start thinking about your own clinical supervision.

Prior to obtaining your license as a professional counselor, social worker, or psychologist, you will be required to obtain 1500-4000 hours under clinical supervision. If you are fortunate enough to work in an agency, hospital, or school, it is likely that your employer will provide clinical supervision for you on site at no expense to you. If that’s the case, consider it a benefit of the job.

However, if following graduate school you attempt to go directly into private practice (as is the option in *some* states) or end up working for an employer that does not provide your clinical supervision, then you will need to find a supervisor and pay for supervision on your own. *(Look for* ***10 Questions You Must Ask Your Potential Supervisor*** *next week to learn more about how to find a great supervisor.*)

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"Money Jar" by Automania / Mike

**Supervision and Money**

I’m not sure why but not one of my professors in graduate school ever thought to talk with us about those additional costs that we would incur following graduation. So . . . let me break the news to you. . . .

One of the *many* reasons you may want to start out working for an agency that provides your clinical supervision is that it can be *expensive* if you have to pay for it on your own*.* If you are paying out of pocket, you should expect to pay whatever a typical *clinical hour* costs in your geographic area.

I charge the UCR – usual and customary rates – for those working on the Front Range in Colorado**. My fees are $100 – $125 / hour for individual counseling and $60 / hour for group counseling. I charge the *same rates / hour f*or clinical supervision and you will find that *most reputable supervisors* charge based on their hourly clinical rate as well.**

**Too Expensive**

If you find those rates to be objectionable, *y*ou have a right to understand *why* these are actually reasonable fees and that *good* supervisors are not simply gouging you for “easy money” (as one new graduate noted this week on a discussion list). Here are some things to consider . . . .

* **The professional standard for clinical supervision has shifted in recent years. Your clinical supervisor is now expected (and in many cases, *required*) to obtain formal training in clinical supervision at *her own expense*.** In the State of Texas, that requirement is a minimum of 40 hours plus ongoing continuing education in the area of supervision.
* **Your clinical supervisor is legally and ethically responsible for each and every client that you come in contact with.** S/he is also responsible for every decision that you do / do not make and every action that you do / do not take. That’s a LOT of additional responsibility.
* Your supervisor is responsible for reading every bit of your initial client assessments, progress notes, all correspondence, and termination paperwork and providing feedback as needed. That’s a LOT of time.
* Your clinical supervisor will typically meet with you on a weekly basis for 1-2 years. That’s additional time out of her schedule every week s/he could be using to see a client and earn her hourly fee.
* During your weekly meeting with your clinical supervisor, s/he is required to essentially develop your abilities as a mental health professional. **Her roles will alternate between teacher, mentor, consultant and evaluator.**
* For every hour that your clinical supervisor spends with you, s/he is most likely spending another hour in preparation — completing paperwork, refining a plan to help develop you as a counselor, gathering materials, reviewing literature to meet your unique needs and interests. That’s MORE TIME.
* Your clinical supervisor remains on call for you 24 hours / day.
* And, long after you have completed your hours of clinical supervision, s/he remains liable for all those decisions you made while under supervision. Assuming *you* are seeing 20-30 clients / week while your supervisor is also seeing that many clients / week, her choice to supervise you, in effect, ***doubles her risk* of being sued.**