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Supervision Consent Form

Purpose

The purpose of this form is to describe the supervision process, inform you about myself, provide structure to your supervision experience, give you the opportunity to ask questions you may have regarding supervision, and ensure a common understanding about the supervision.

Professional Disclosure

I earned a Doctor of Psychology degree in Clinical Psychology from the Washington School of Professional Psychology at Argosy University/Seattle in January 2005. I earned my Masters of Arts degree in Counseling Psychology from Gonzaga University in 1991. I am licensed with the state of Washington as a Licensed Mental Health Counselor and am a professional member of the American Counseling Association, American Psychological Association, and the Washington Mental Health Counselors Association. I have recently become an Adjunct Professor at Argosy University/Seattle in their BA in psychology completion program.

I have worked in a variety of settings including; residential group care, intensive therapeutic preschool in community mental health, intensive day treatment in community mental health, medical clinics, the Department of Corrections, and private practice. I began working with children, adolescents and their families in 1988 but have limited my practice to adults and couples since 1999. On occasion I will still see older adolescents. My theoretical orientation for psychotherapy combines feminist, attachment and psychodynamic theories with the learning tools/skills of cognitive-behavioral and emotionally focused therapies. My primary focus in my most recent work has been on adults recovering from the long-term effects of childhood trauma, issues of individuation in relationships, values/goals identification and clarification, weathering life transitions (e.g., becoming parents, separation/divorce, empty nest), and adults in early substance abuse recovery. Clinical diagnoses I commonly work with include major depression, anxiety/panic, PTSD, bereavement, adjustment disorders. While working with DOC I gained extensive experience working with severe mental illness and Axis II disorders; in private practice I do not see severely mentally ill and only see high functioning Axis II individuals. I also have a specialty area addressing mood disorders relating to female reproduction (e.g., postpartum mood disorders, fertility concerns, miscarriage, stillbirths/early infant death).

I became a state Approved Supervisor in October 2005 and look forward to building this part of my practice. My theoretical orientation for clinical supervision combines feminist, developmental and psychodynamic theories with cognitive-behavioral practicalities. I enjoy watching clinicians gain confidence in their skills, grapple with the never-ending

process of clarifying their clinical orientation and understanding of a client, and discover new things about themselves and the field in which we work. Helping clinicians new to private practice also often entails assisting them in the development of the business aspects of their practice, something we are not taught in school. Finally, I have decided to add supervision to my practice offerings because I value what I learn in return by being involved in this process.

Practical Issues

To adequately work on your professional development, we need to meet on a regular basis at my office. I would like to meet with you on a weekly basis for an hour unless we have made other arrangements. My hourly fee is \$_____ and is due at each session. If you cancel supervision with less than 24 hours notice you will still be responsible for the full fee. If I cancel with less than 24 hours, your next meeting will be at no charge. If you need to speak to me between sessions, or in case of a client emergency, you may call me at my office. If I am not in my office, the call will automatically forward to my cell phone. I will get back to you as soon as I am able. If I am out of town, you will be provided with the name of a licensed clinician who will be available to you in my absence.

Supervision Process

My goal is for your supervision to be a rewarding and caring experience. It is an interactive process that improves the quality of client care, increases your clinical skills, and nurtures your professional growth. You can expect to receive timely feedback about your interventions and to have a supportive environment in which to explore client-related concerns. You will be expected to be an active participant in the process, to arrive on-time, to be prepared for each session, and to complete all required work in a timely manner. You may be asked to do additional readings, attend certain classes/trainings, or participate in additional supervision hours if additional education is needed for you to adequately practice as a therapist. You may be asked to bring in audio or video tapes of your work. I may also require you to seek personal therapy if your personal issues seem to be negatively affecting your clinical practice. These expectations are designed to improve your counseling competencies and support your professional identity. I invite you to ask questions, explore alternative, address ethical concerns and receive feedback and suggestions on your therapeutic interventions. This may seem like a lot of work, but it is a measure of the importance and investment that we are both making in your professional development. Your growth is something that deserves our thoughtfulness and focus.

Administrative Tasks and Evaluation

In my role as your supervisor, I will provide you with feedback throughout our time together. Just as this form serves as an informed consent form for supervision, you must notify your clients that you are receiving supervision from me. I expect that all of your clients will have signed an agreement permitting you to receive off-site supervision either as part of your client disclosure form or in a separate document. Thus, all parties are informed about our supervision relationship. I will do a formal evaluation of you as part of your licensure application documenting our supervision hours. Please note that in the event I give you a negative evaluation, I still have a duty to inform the Department of Health regardless of whether you dissolve our working relationship prior to me

completing the attestation form. If this happens we will both have an opportunity to explain our respective views.

Legal and Ethical Issues

Supervision is not intended to provide you with personal counseling or therapy. If personal issues or concerns arise that may interfere with your professional life, I urge you to seek counseling. The content of our sessions and evaluations are confidential with certain exceptions. Limits to confidentiality include but are not limited to, treatment of a client which violates the legal or ethical standards set forth by professional associations and government agencies. I also have the ethical responsibility to require additional supervision if necessary to bring your practice up to minimal standards. While I don't anticipate needing to do any of these things, it is in the interest of good supervision to be clear about our respective responsibilities.

Statement of Agreement

I have read and understand the information contained in this document. I have had my questions answered to my satisfaction and have received a copy of this form. Like all Consent forms we can review and update this at any time to create a document that informs our collaborative work together.

Supervisee Signature

Date

Supervisor Signature

Date