

Contract for Supervision of Psychotherapy

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This agreement has been created to address the legal, ethical, practical, and clinical issues of the supervisory relationship. This agreement is intended to articulate and clarify the mutual responsibilities of the parties involved and the procedures and standards for effective supervision.

Qualifications

I have been a Licensed Marriage and Family Therapist in Washington State since 2010. My license number is LF60124554. Licensure indicates that a practitioner has met basic education, competency, and supervision standards. If more information is needed, contact the Department of Health, PO Box 47890, Olympia, Washington 98504-7890, (360) 236-4030.

In 2005, I received a Masters in Psychology, emphasis in Child, Couple and Family Therapy from Antioch University Seattle. I worked steadily since 2006 in Community Mental Health, first as a Clinician then as a Clinical Supervisor. I currently have a diverse private practice in West Seattle. I work with children, teens, adults and families.

I have been supervising clinicians in their work with clients since 2008 and am an AAMFT Approved Supervisor. I am a clinical member of the American Association for Marriage and Family Therapy and a Registered Play Therapy Supervisor.

Responsibilities of the Supervisee:

1. Prepare for the supervisory sessions as negotiated by supervisor and supervisee.
2. Openly explore clinical strengths and areas for clinical growth.
3. Be open to feedback and to different techniques and models.
4. Secure confidentiality within the ethical and legal statutes.
5. Obtain written permission from clients, within agency policy and procedures, for use of information from treatment for the purpose of supervision. Identify the supervisor, by name and credentials to clients.
6. Accept only cases within the scope of your practice and skill level.
7. Contact the supervisor in the event of a client/therapeutic emergency.
8. Be receptive to personal therapy outside the supervisory process, on your own volition or upon the recommendation of the supervisor.
9. Maintain case documentation in a timely manner.
10. To give Supervisor 24hr notice when canceling an appointment. Failure to do so will result in the Supervisee owing the full fee for the missed appointment.
11. Uphold ethical standards of practice, as outlined by AAMFT and other relevant professional organizations.

12. To call the Crisis Clinic at (206) 461-3222 or 911 in an emergency

Responsibilities of Supervisor:

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 regarding supervision.
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.

If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Department of Health, PO Box 47890, Olympia, Washington 98504-7890, (360) 236-4030.

Supervisee Profile:

The following information is requested of you and will be treated as confidential information and is intended to familiarize the supervisor if your academic and clinical background:

1. Resume
2. Job description or description of professional setting and activities
3. Name and title of other supervisors (if any), with a request for a written consent for exchange of information between this and other supervisors
4. Copy of malpractice insurance

Goals for Supervision:

Requests of supervision at this time (check all that apply):

- _____ AAMFT Clinical Membership
- _____ Licensure as Marriage and Family Therapist
- _____ Other professional licensure – specify:

Please answer these questions on separate pages.

1. What is your personal model of therapy (i.e., Structural, Behavioral, Contextual, etc.)?
2. What are your goals for this supervisory experience?

Cost:

My fees for Clinical Supervision are as follows:

100.00 for Individual Supervision

60.00 for Group Supervision

Payments are due at the time of the appointment

Agreement:

I, Jill Forsberg MA LMFT, agree to provide supervision in accordance with the terms outlined in this contract and any additional documents hereto and appended and signed by myself and the supervisee named in the document.

I, _____, agree to the terms outlined in this contract and any additional documents hereto and appended and signed by myself and the supervisor named in this document.

The supervisor or the supervisee has the right to terminate this agreement by providing the other with a 30-day written notice of intent to terminate.

Supervisee's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____