H. Edward Stone, Ph.D.

Tennessee Licensed Professional Counselor (#0833)

AAMFT Clinical Member & Approved Supervisor (#28753)

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SUPERVISION AGREEMENT

This Supervision Agreement is between the undersigned and H. Edward Stone, Ph.D. It outlines the terms of providing supervision as designated in the subheadings below. It is understood that we have previously met and determined that this supervision relationship is appropriate.

Purpose of Supervision:

. To meet state licensing requirements for MFT and/or LPC supervision.

. To meet the American Association of Marriage and Family therapist’s

requirements for Clinical Membership or Supervision Training.

. To develop and further the competencies of the MFT Intern

Frequency:

Supervision sessions shall occur on the following basis:

\_\_\_\_\_ Monthly for \_\_\_\_\_ hour(s) for approximately \_\_\_\_\_\_\_\_\_ sessions.

\_\_\_\_\_\_\_Weekly for \_\_\_\_\_ hour(s) for approximately \_\_\_\_\_\_\_\_\_\_ sessions.

In accordance with AAMFT and/or state regulations, supervision will maintain a ratio of \_\_\_\_\_\_\_ hours of supervision per \_\_\_\_\_\_\_\_\_\_\_\_ hours of counseling practice.

Intern Initial \_\_\_\_\_\_\_\_\_

Content:

Supervision will occur in my office, unless prior arrangements have been made

for a live supervision.

Systemic Supervision:

I come from a very strong systemic/relational training process and it is my

premise that if you are working toward becoming a licensed marriage and family

therapist you will also be working from a systemic perspective. Beyond the

systemic/relational perspective, I am open to working with you from many

different marriage and family theories. I work with the following theories

primarily; Narrative, Emotionally Focused, Solution-Focused and more equipped to

help you grow in these theories. I will also address issues of cultural diversity,

gender, and spirituality as they affect cases or your developmental process as a

therapist. Ethical issues will always be held to a high standard and considered

and reviewed as needed.

Supervision Modes:

For your growth as a therapist it is beneficial for you to have a variety of

supervision experiences and to the degree possible supervision shall include the

following: case consultation and review of records, audio or video tape is

strongly suggested.

Supervision Style:

It is the supervisee’s responsibility to be prepared for supervision by identifying

which cases and issues he/she wants to discuss. At times, I may choose to bring

up issues that are relevant to the supervision process.

Expectation of Case Review:

As your primary supervisor I have the following expectations in reference to case

management:

. I will be notified of all intakes (first name basis). Together we will decide

if the case matches your level of skill and my ability to supervise.

. Each case must be supervised with me a minimum of one time during

your course of treatment.

. I will be notified of all termination of cases.

. In addition, I need to be notified of cases that fall under the procedural

and professional standards of this agreement.

Use of self and triggers:

A part of the supervision process is to help you grow in being self-reflective as a

therapist and to understand your influence on the client from a variety of levels.

This will be a continual review process throughout your supervision time with

me. However, supervision is not intended to be personal therapy and should this

be needed I will suggest you pursue professional counseling.

Other areas to cover as needed:

. Assessment and treatment planning, including DSM V issues

. Relational skills including individual, couples, & families

. Application of multiple theoretical frameworks to particular cases to help

supervisee expand the practical applications of a variety of therapy

theories

. Case management, documentation, risk management, and other “paper”

based practice issues

. The art of being a business person; marketing, networking, collection of

fees, & business boundaries with clients (such as cancellation policies and

in between session phone calls), etc.

. Developing familiarity with community resources for referral purposes

. Ethical decision making skills

Intern Initial \_\_\_\_\_\_\_\_\_

Fees and cancellations:

Supervision time is billed in 50 minutes increments:

Following are the rates if I am your primary supervisor:

. Individual supervision is

\_\_\_\_ per supervision during regular supervision hours

\_\_\_\_ per supervision during late afternoon and evening hours

. Dyad supervision (which still counts as individual supervision) is

\_\_\_\_\_ during regular supervision hours

\_\_\_\_\_ during late afternoon or evening hours

. Group Supervision (three or more persons) is

\_\_\_\_\_ per supervision during regular supervision hours

\_\_\_\_\_ during late afternoon or evening hours

Intern Initial \_\_\_\_\_\_\_\_\_

Following are the rates if I am your secondary supervisor:

. Individual supervision is

\_\_\_\_\_ per supervision during regular supervision hours

\_\_\_\_\_ per supervision during late afternoon and evening hours

. Triadic supervision (which still counts as individual supervision) is

\_\_\_\_\_ during regular supervision hours

\_\_\_\_\_ during late afternoon and evening hours

. Group Supervision (three or more persons) is

\_\_\_\_\_ per fifty minutes

Intern Initial \_\_\_\_\_\_\_\_\_

Supervision will be scheduled during my non-peak times of private practice. I will be

available for regular supervision Monday thru Thursday from 9:00 a.m. to 2:00 p.m., any supervision outside of those times will be considered late afternoon and evening hours.

All supervision requires a 24 hour notice or fees will still apply.

I reserve the right to raise these fees with a 30 day written notices. My rates are

determined by my business costs (i.e. if my rent increases, I raise all my hourly rates). Rates will not change more than one time a year.

Intern Initial \_\_\_\_\_\_\_\_\_

Disclosure Statement and Proper Paperwork:

Supervisee will provide supervisor with a copy of his or her disclosure statement that must be provided to all clients, including groups. The supervisor will review the

disclosure statement to make sure all necessary information is included to inform the client of his or her rights. Supervisee agrees to make any changes the supervisor deem necessary.

. Client must be informed in writing of my name and phone number and that their

case is supervised by me.

. In addition, if you are joining any group supervision, you client must be notified

in your disclosure of a signed release. This is also the case for any secondary

supervisors you have and for any time you record your sessions for supervision.

. Included within your disclosure statement is a statement about technology and dual relationships (below is an example)…

Dual Relationships:

My professional code of AAMFT ethics and the state statutes are very

strict in terms of dual relationships. Every consideration is taking to avoid

such relationships. Due to this ethical code, all social networking sights

would be considered a dual relationship.

Technology:

All communication with my clients is either done in the therapy room,

except for communication that needs to take place in reference to

appointment scheduling. Please note that my phone number is a cellular

phone with a voice mail. My number is private as is my voice mail;

however, I cannot guarantee the confidentiality of technology beyond my

control.

Intern Initial \_\_\_\_\_\_\_\_\_

Appropriateness of Clients:

Any clients taken on in therapy by supervisee shall be appropriate for your skill level and degree of expertise. The supervisor reserves the right to declare when a client is beyond the scope of the supervisee’s skill level and will request that the supervisee refer the client to a more appropriate treatment resource. However, such cases may be kept if supervisee is ready to take them on as a learning opportunity.

If the case is beyond the scope of the supervisor practice, either a secondary supervisor will need to be attained or the case will need to be referred.

Intern Initial \_\_\_\_\_\_\_\_\_

Dual Supervision:

If the supervisee is being supervised simultaneously, clinically and/or administratively, by another person at their place of it is the supervisee responsibility to notify all the parties of who is who in the supervision roles. This includes any paperwork or release of information. It also includes policies and procedures that may affect the handling of cases.

If the place of practice is also the supervisee’s place of employment, an addendum

contract is attached to this contract.

Addendum: \_\_\_\_\_Yes \_\_\_\_\_No

Concerns such as client safety, liability, confidentiality, ethical practice, fraud must be manageable in a way that minimizes the likelihood of conflict or contradictory

supervisory input, and litigation.

In additional, other pieces of paperwork will be also proved to the supervisor, such as release of information, custody, intake forms, etc.

Intern Initial \_\_\_\_\_\_\_\_\_

Evaluation:

Hours will be reviewed by both the supervisor’s and supervisee’s records for accuracy. It is understood that part of the reporting process to the state includes an evaluation of your work. I will provide you with a copy of my report. In addition, you are responsible for providing me with copies of your paperwork that you turn into the state.

In the event that a significant issue arises that has implications for progress, a mutually agreed-upon remediation plan will be developed. In the event the supervisee acquires a new or subsequent supervisor, information from this supervision experience with me will be available to the new supervisor.

Intern Initial \_\_\_\_\_\_\_\_\_

Procedural and Professional Safeguards:

I hold myself to the standards set forth in the AAMFT Code of Ethics. If unethical

behavior occurs, in accordance with the AAMFT Code of Ethics, I will report to the necessary professional bodies. I will also address these issues in

supervision.

Please note: I will hold this same standard in regards to other supervisors or

any outsourced work you may be doing through an agency. I reserve the right

to contact them for clarification. If I deem necessary, I will report any

unethical behavior.

. If personal issues of the supervisee appear to be significant enough to negatively

affect his/her ability to provide quality services, personal therapy may be

required.

. The supervisee must inform me of any situations in which a client is in crisis and

may become an issue of duty-to-warn or report abuse. If at all feasible, these

duty-to-warn issues should be discussed with me prior to action. However, since

I am in practice and may be in sessions with my own clients, I may not be able to

immediately respond. If a situation presents eminent threat, you are to follow the

expected course of action needed and report your steps to me.

. The supervisee is expected to carry and keep current malpractice insurance. If

your insurance copy provides an indemnification policy, I request that you

indemnify me as your supervisor. A copy of the supervisee’s malpractice

insurance shall be provided to me if requested.

Intern Initial \_\_\_\_\_\_\_\_\_

This contract is subject to revision at the request of either party.

Type of Supervision to be Provided:

\_\_\_\_\_Primary Supervision

\_\_\_\_\_Secondary Supervision

If secondary, what is the name and contact number of the primary

Supervisor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Primary Supervisor Name Phone

It is understood that primary and secondary supervisor will be in contact

with one another in terms of your supervision and that by signing this

release you are waiving your rights to confidentiality with other assigned

supervisors.

Agreement:

It is agreed that we both, supervisor and supervisee, agree to the terms of this agreement. The supervisee in addition, agrees that he/she has been fully informed of the terms of this agreement, has had time to review the agreement, and ask any questions for clarification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Supervisee’s Signature Printed Name , Date

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H. Edward Stone, Supervisor’s Signature, Date