

Supervision Model:

I approach counselor skill development from a developmental perspective. I believe supervisees cycle through stages while growing professionally. My role as your supervisor is to assist you in working through these stages towards independence. If at any time I have serious concerns regarding your ability to work as a counselor, I will speak to you directly and frankly.

For supervision of Licensed Associate Counselors (LACs), I adhere to the Professional Counselor Regulations which state that “the Supervisor shall perform all of the following:

- i. Engage in problem-solving discussions with the LAC concerning the individual clients,
- ii. Enter into problem-solving discussions concerning the LACs own problems that affect the LACs work with clients
- iii. Offer feedback to the LAC concerning specific interventions utilized with clients
- iv. Offer feedback to the LAC concerning the LACs qualities as they affect work with clients
- v. Offer feedback to the LAC concerning the supervision experience.

Supervision Arrangements:

LACs: We will together create a written supervision plan which must be submitted and approved by the Professional Counselors Examiners Committee before the supervisee begins counseling. The supervision plan must outline the work setting and the LAC’s job description, including the nature of his or her duties and his or her qualifications and the supervisor’s responsibilities and qualifications. Supervision occurs weekly and will include a review of all of your cases. Please bring your case log which should include diagnosis, treatment plan and progress notes. Our supervision will include some form of direct observation such as video review, co-therapy or direct observation as required by the Committee. Please see Professional Counselor regulations: http://www.njconsumeraffairs.gov/proc/proc_rules.htm especially Subchapter 13 which details requirements for LAC supervision.

You are required to provide a written disclosure to all of your clients stating that services are to be rendered by an associate counselor under the supervision of a professional licensed counselor and qualified supervisor as defined in N.J.A.C. 13:34-10.2. This release must be signed by your client before you begin counseling and a copy provided to me. I am able to provide you with disclosure forms.

Play Therapists: If you are pursuing the Registered Play Therapist (RPT) credential, you must complete 500 hours of supervised play therapy including 50 hours of supervision. For supervision by a Registered Play Therapy supervisor (RPT-S) the requirement is 35 hours. APT requires that the supervisor observe your work at least once. If you contract with me for this supervision, we will meet regularly depending on your caseload and other supervision available to you.

It is most helpful for you to prepare a case presentation prior to your supervision appointment, as well as a list of specific questions. This will help us make the most effective use of supervision time.

EMDR: You must obtain 20 hours of EMDR focused consultation by an approved Consultant after your training to obtain certification in EMDR by EMDRIA. Ten of these hours may be in a group format.

Consultations: I am also available for occasional consultation for help with specific cases involving my specialty areas.

Confidentiality:

You have the right to supervision confidentiality. Information may not be released to anyone without written permission from you except when disclosures are required by law, as in the following circumstances: suspicion of child abuse, neglect, or sexual abuse, or abuse of a senior citizen; suspicion that the client presents a danger by having a plan to hurt himself or someone else; when disclosure is required pursuant to a legal proceeding. Under the NJ Uniform Enforcement Act (45:1-37) I am required to notify the Division of Consumer Affairs if I am “in possession of information which reasonably indicates that another health care professional has demonstrated an impairment, gross incompetence or unprofessional conduct which would present an imminent danger to an individual patient or to the public health, safety or welfare.”

Ethics:

I adhere to the American Counseling Association Code of Ethics (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>) The Approved Clinical Supervisor (ACS) Code of Ethics (<http://www.cce-global.org/ACS/Ethics>) and the Play Therapy Best Practices guidelines (<http://www.a4pt.org>).

Evaluation Procedures:

Ongoing review of your work will occur during our scheduled sessions. When and if a skill deficit is identified, I will provide training or make other recommendations for remedy of that skill. If at any time I believe I will not be able to recommend you for licensure, certification or registration, I will discuss this with you at the earliest appropriate time. I will also provide in writing the changes I believe are necessary for your professional growth to meet minimum requirements.

Emergency Contact Information:

I am available to you for phone consultations between sessions as needed. There is no charge for ten minutes or less on the telephone. You may call my cell phone 609-923-2032. You may also email me which is the preferred method for arranging appointment times, etc.

Fees:

My fee is \$150 per individual 50 minute session. Group rates are determined by the number of supervisees and the length of the session. There will be a charge unless your appointment is cancelled 24 business hours in advance. (There is no fee for independent contractor therapists, interns, or employees of CFCE.)

Documentation:

I will keep records of all supervision sessions. I urge you to maintain a log of supervision hours completed as well. The following items are needed to begin supervision:

- Your resume/CV
- Copy of your state license
- Copy of your malpractice insurance
- Copy of your driver’s license
- Supervision Plan (for LACs)

I understand the conditions and limitations of supervision. I also understand my fee arrangement and am clear that I need to cancel 24 hours prior to my scheduled supervision to avoid full fee charges. Additionally, I agree to all aspects of professional confidentiality while participating in individual and group supervision.

Supervisee _____ Date: _____

Supervisor _____ Date: _____

Witness: _____ Date: _____