

Informed Consent for Supervision with _____

Professional Disclosure: I earned my doctorate in Psychology/Counseling from Southwestern Baptist Theological Seminary and two Master's degrees, one in Marriage and Family Counseling and one in Christian Education. I am an LPC, LMFT, RPT, NCC, and a CEAP in the state of Texas. I have been in private practice since 1999 and worked in the mental health field in hospital, agency, and nursing home settings from 1997-2001. The focus of my private practice work has been with a variety of ages including: children in play therapy, adolescents, pre-marital, couples, and individual counseling. I have specializations in TBRI with foster care and adopted children and am a Seminar Director for Prepare Enrich. I am currently an adjunct professor for counseling classes at BH Carroll Seminary. In counseling, I practice a model that has a foundation of a systems perspective with cognitive-behavioral techniques. I have been a supervisor since 2007 for Interns within my private practice. In 2011, I began supervising Interns outside of my practice.

State Requirements: In order to fulfill the supervision requirements for the Texas LPC or LMFT Code, we will meet for one hour each week at my practice location. If rescheduling needs to occur, please contact my office 24 hours in advance. For emergencies, please call 817-232-9400 during office hours and for after hours call _____. I also respond quickly to e-mails.

Supervisor Responsibilities: My role is to assist you in mastering skills to gain confidence as a counselor, to challenge you to grow in your areas of interest, and to hold yourself to the highest ethical standards. While we are working together, I have the ethical and legal responsibility for all of your actions with clients. Because of this, supervision depends on a foundation of a trusting relationship with mutual goals, a common purpose, a willingness to be open regarding work with clients, and being willing to accept positive and negative feedback in order for you to be able to challenge yourself and improve as a counselor. I will take responsibility for being available to you, being supportive, and challenging you with timely feedback.

Supervisee Responsibilities: As a supervisee, I ask for you to be prepared for supervision, to be open to feedback, to be honest and share mistakes/concerns, to take responsibility for providing ethical care to clients, to be on time for sessions, to keep accurate documentation, to keep a record of your supervision hours, and to complete any assignments given in supervision.

Supervision Concerns: I am also dependent on you to provide any feedback about supervision including: concerns, statements I have made, or any disagreements over feedback that would have a negative affect on our supervisory relationship. I will try for us to be able to resolve any issues that arise through open discussions. Outside consultation can be sought to resolve any concerns if necessary.

Evaluation Procedures: I will be evaluating you with formal and informal feedback throughout supervision and will also be asking you to evaluate supervision in order for supervision to continue to be helpful for you. I will give a formal evaluation every _____, and will give a final evaluation at the completion of your hours for licensure.

Evaluation will be based on:

_____ **Individual Supervision**

_____ **Group Supervision**

_____ **Video Recordings of Sessions every _____**

_____ **Case Presentations**
_____ **Feedback from Site Supervisor/Employer**

Ethical Standard/Code: It is very important that you agree to hold to the highest standards of ethics as outlined in the Texas LPC or LMFT Code by not engaging in dual relationships and maintaining confidentiality. I also agree to hold myself as your supervisor to the highest ethical standard of the Texas LPC or LMFT Code.

Ethical Issues: I also want to address that supervision will not be used to provide personal counseling, but will focus on any personal concerns that are affecting a client's care. Should personal concerns arise, I will request that counseling be sought in order for you to continue to grow personally and to keep these concerns from affecting your work with clients.

I have read and understand the information contained in this document and agree to participate in supervision according to these guidelines.

Supervisee Signature: _____ Date:

Supervisor Signature: _____ Date: