



## Consent and Supervision Agreement for the Institute for Relational Well-Being

This is a contract between \_\_\_\_\_ (supervisee) and Shawn R Neel MS, LMFT (Supervisor) for the purposes of clinical supervision outside of the confines of the place wherein the supervisee practices. Supervision will take place at 1619 Dayton Avenue in Saint Paul, MN or at 1919 University Avenue in Saint Paul. Supervision at the 1619 Dayton Avenue office is not in any way affiliated with Centered Practice. Centered Practice is void of any responsibility for supervision obtained within their therapy space as the Institute for Relational Well-Being/Shawn R Neel provides rent for the space outside of the duties of his position within Centered Practice. By signing this contract, I recognize and understand that my agreement is with Institute for Relational Well-Being/Shawn R Neel and indemnify and hold harmless Centered Practice from any and all activities provided within their office space.

**Supervisor Background:** MS of Counseling and Counselor Education from Indiana University-Bloomington in 1996. Certificate of Marriage and Family Therapy from St. Mary's University of Minnesota in 2002. Fully licensed marriage and family therapist in 2005 (MN license #1260). MN state approved MFT supervisor since 2008. AAMFT approved supervisor since 2016.

**Purpose:** Beginning clinical supervision towards licensure in the State of Minnesota is an important step in your professional development. I am pleased that you have decided to work with me as your clinical supervisor. Throughout this supervision experience, I will take on different roles at various times – teacher, consultant, facilitator and evaluator. We will further discuss these roles in our introductory meeting. The purpose of this form is to acquaint you with me as your supervisor, to describe the supervision process, to provide structure to your supervision experience, to give you the opportunity to ask questions you may have regarding supervision, and to ensure a common understanding about the supervision process and to establish an agreement for your supervision.

**Supervision Process:** Supervision is an interactive and collaborative process intended to monitor the quality of client care, improve clinical skills and facilitate professional and personal growth. You can expect to receive timely feedback of your clinical 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 supervision process, to arrive on time and be prepared for each session, and to complete all required work in a timely manner. These expectations are designed to improve your case conceptualizations, and intervention skills to increase your sense of professional identity. The process of supervision requires that you be open to talking about yourself, your family of origin, and assumptions and biases that you bring to this work. This may create some discomfort for you arising from challenges to your clinical knowledge, abilities, assumptions and or skills. We will discuss these as they relate to clinical practice. Supervision is not intended to provide you with personal counseling or therapy. If personal issues of concerns arise, I will urge you to seek your own



counseling. The format for each session will consist of oral case presentations, role playing, interactive and expressive modalities, review audio or video segments of sessions when able (with consent from agency and client), process recordings as we decide, discussions of challenges and countertransference, cultural issues and biases, and personal challenges that arise in response to clients and or agency issues. I will also review samples of your written case notes (when possible). I invite you to ask questions, explore alternatives, address ethical concerns, and receive feedback and suggestions on your therapeutic interventions. We will collaborate on goal setting.

**Termination:** If you are dissatisfied with your supervision or the evaluation process, please discuss this with me. If we are unable to resolve your concerns, I will refer you to an appropriate contact. At any time you may terminate your supervision with me. Please inform me in advance of this decision so that we may discuss your reasons for discontinuing supervision with me. If you choose to terminate supervision, I would request 30 days notice. I also have the right to terminate my supervision with you. I will inform you in advance of this decision so that we are able to discuss my concerns and see if there are other options. Reasons for termination include but are not limited to: a) withholding information that may be necessary to make clinical decisions an impact the supervision that I provide; b) a violation of ethical or legal standards; c) not following through on recommendations that emerge through supervision; d) frequent and excessive cancellation of supervision appointments; and e) substance or emotional impairment that impacts your ability to provide clinical services and/or unwillingness to seek out personal assistance related to these issues when advised by this clinical supervisor or another on-site supervisor at your place of employment.

**Supervisor Responsibilities:**

1. To uphold ethical guidelines and professional standards.
2. To make sure supervision sessions happen as agreed and to keep a record of the meeting.
3. To create a supervision file containing supervision records and other documents relating to development and training.
4. To ensure that Supervisee is clear about his/her role and responsibilities.
5. To record the supervision session and to store their copy in the supervision file.
6. To monitor the progression of the supervisee.
7. To set standards and assess the Supervisee against these.
8. To know what Supervisee is doing and how it is being done.
9. To deal with problems as they impact the supervisee's performance.
10. To support the supervisee and the agreed personal development plan.
11. To complete all forms as requested by the State of Minnesota Marriage and Family Therapist Board.



### Supervisee Rights:

1. To uninterrupted time in a private venue.
2. To supervisor's ideas, attention, and guidance.
3. To receive feedback.
4. To set part of the agenda.
5. To ask questions.
6. To expect Supervisor to carry out agreed action or provide an appropriate explanation, within an agreed time frame.
7. To have his/her development/training needs met.
8. To challenge ideas and guidance in a constructive way.

### Supervisee Responsibilities:

1. To uphold ethical guidelines and professional standards.
2. To be prepared to discuss client cases with the aid of written case notes and / or video / audio tapes.
3. To validate diagnoses, interventions, approaches and techniques used.
4. To be open to change and use alternate methods of practice if required.
5. To consult supervisor or designated contact person in cases of emergency.
6. Maintain a documentation system that takes note of supervision meetings, suggestions for cases, and reporting on implementation of supervisor directives in subsequent sessions.
7. Maintain a commitment to on-going MFT/counselor education and the MFT/counseling profession.

Confidentiality: The supervisee/consultee agrees to provide client releases, which include a release for taped sessions to be used during individual and group appointments. The supervisee/consultee agrees to provide the supervisor/consultant with a copy of client release forms. Templates of such forms can be available through the supervisor/consultant. Once client releases are obtained, all client information will continue to be used in a professional manner in order to respect their identity and clinical information. It is suggested that client names and identifying information be changed for case presentation purposes. The supervisee/consultee is responsible for transporting, presenting and managing your case information in a professional and organized manner which includes collecting and destroying presentation forms distributed to the group. When a client is recognized personally by the supervisor/consultant or a fellow group member, the case review on this particular client will not be continued.

Evaluation: Supervisors have a "gatekeeping" responsibility to our profession, which mandates that we monitor the quality of therapists serving the public and our profession. Accordingly, evaluation will be an ongoing process throughout our supervisory relationship, implemented verbally and through written forms. The evaluation process will be collaboratively co-constructed with your goals and expectations considered by both of us. Focus will be on improvement and mastery of skills for you, the supervisee. I will work to be consistent, objective, and utilize measurable and behavioral terms for the evaluative process. I invite your evaluation of my supervision, both



informally and with a written supervisor rating scale. Additionally, we will periodically evaluate the quality of our supervisory relationship.

**Financial:** Cost of supervision is \$30/per hour for group supervision. Group supervision is typically scheduled for two-hour blocks at a time with up to six participants. Individual supervision is \$150/per hour. This can be split between two individuals. A supervision hour is 50 minutes, but the supervisor may offer 60 minutes at no extra charge. If you cannot attend group supervision you previously committed to and the reason for your absence is not emergent, you will be required to pay a \$50 cancellation fee for the two-hour session. If you cannot attend individual supervision you previously committed to and the reason for your absence is not emergent, you will be required to pay a \$50 cancellation fee. If you cancel individual supervision with more than 24 hours notice, the fee can be waived. This procedure is not applicable to group supervision.

**Agreement:** This contract is subject to revision at any time, upon the request of either the supervisee or the supervisor. A formal review, however, will be conducted every six months and revisions to the contract will be made only with consent of the supervisee and approval of supervisor. We agree, to the best of our ability, to uphold the guidelines specified in this supervision contract and to manage the supervisory relationship and supervisory process according to the ethical principles of AAMFT and MAMFT.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Supervisee

This contract is in effect from DATE \_\_\_\_\_

Type of Supervision: \_\_\_ Group; \_\_\_ Individual; \_\_\_ combination of both

Date of revision or termination: DATE \_\_\_\_\_

**SUPERVISION GOALS :**

- 1.
- 2.
- 3.
- 4.