

## Clinical Supervision Agreement, Informed Consent, Policies and Procedures

### **Purpose**

The purpose of this agreement is to acquaint you with the structure of your post-graduate clinical supervision toward licensure. It includes a description of the process, your rights and responsibilities, ensures a common understanding about the supervision process, and gives you an opportunity to ask questions for clarification and understanding.

### **Professional Disclosure- About Jacqueline Cohen**

I obtained a B.A. in English from the University of Georgia in 1993. After a career in business, in 2008, I obtained a Master's of Science in Professional Counseling from Georgia State University. During my graduate work, most of my research focused on Perinatal Mood and Anxiety Disorders (PMADS). My practicum/internship experience was at Ridgeview Institute's Women's Center working with girls and women struggling with eating disorders, psychiatric disorders and trauma. I continued postgraduate work at Ridgeview's Women's Center as a PRN case manager until October 2010. I started my private practice work in 2009 and started Therapy Mama in 2011.

I work with individuals ages 14 years and older providing, individual, couples, and group therapy. My specialties include reproductive and maternal mental health, eating disorders, ADD/ADHD, substance abuse, codependency, depression, anxiety disorders, adjustment to life disorders and related issues. I also work with couples who want pre-marital counseling, couples transitioning into parenthood as well as couples dealing with addiction, infidelity, unhealthy communication and getting stuck in vicious cycles of communication that create breakdown and disconnection in the relationship. I provide supervision to postgraduate therapists as a part of their requirements for Licensure as an LPC and consultation to other clinicians who need guidance in working with reproductive and maternal mental health or any other of my specialties.

As an advocate for women suffering from PMADS, I have worked with non-profit organizations volunteering as warm-line support and promoting awareness as a fundraiser event participant. I currently work with Mental Health of America's Project Healthy Mom's program training community agencies and programs on Perinatal Mood and Anxiety Disorders. In my practice, I provide continuing education workshops for clinicians who wish to work with mothers and families struggling with PMADS.

I am a member of the American Counseling Association (ACA), Postpartum Support International (PSI), Attention Deficit Disorder Association (ADDA), International Association of Eating Disorder Professionals (iaedp), and Licensed Professional Counselor Association of Georgia (LPCGA). I am a Nationally Certified Counselor (NCC), a Certified Professional Counselor Supervisor (CPCS), and a Nationally Board Certified Clinical Hypnotherapist (NBCCH).

### **My theoretical processes include:**

- Counseling/clinical- interpersonal, relational, experiential, CBT and DBT
- Supervision- integrative with interpersonal, relational and experiential.

During the supervision experience, I will take on different roles at different times including educator, consultant, counselor, and evaluator.

## Supervision Process

### A. Participation:

1. During the introductory meeting and during the first 90 days of supervision you will need to provide the following documents for your supervision record:
  - a. A copy of your graduate diploma(s) related to counseling or psychology.
  - b. A copy of your graduate transcript
  - c. A copy of the face sheet of your liability insurance
  - d. A signed copy of your statement of understanding regarding the "No Right to Private Practice" statement.
2. Supervision is an interactive process intended to monitor the quality of client care, improve clinical skills, and facilitate professional growth.
3. You can expect to receive timely feedback of your clinical interventions and to have a supportive environment in which to explore client-related concerns.
4. You will be expected to be an active participant in the supervision process, to arrive within five minutes of start time and be prepared for each meeting. (*being prepared means bringing a topic for discussion*)
5. When you plan to discuss a case in supervision, please be prepared to share information about the presenting problem, demographic information (first name, age, sex, racial/cultural identity, brief history of the symptoms, and a general description of treatment goals.
6. **Clinical Emergencies-** Discussions of clients will be confined to supervision time except for emergencies (ex. client hospitalization, suicidal ideation). **If you need to reach me you may call me on my mobile phone (404) 822-1026 and I will get back to you as soon as I can.** Additional fees may be applied depending on time. There is no charge for 10 minute consultation. It is your responsibility to have another emergency contact in case I am not available in time. We will discuss and include in supervisee paperwork suitable options.

### B. Setting the Agenda

1. At the beginning of each supervision group I will ask for agenda items. This means that at that time you can indicate whether there are cases you want to discuss, professional development concerns, topics related to ethics etc...
2. I will take the lead in providing feedback and exploring clinical process with supervisees; however, based on the available time in the meeting, the topic of discussion and other factors- I will encourage feedback and dialogue among supervisees.
3. I will encourage you to ask questions, explore alternatives, address ethical concerns and receive feedback and suggestions on your therapeutic interventions.
4. We will also explore counseling theories in our process of case conceptualization.
5. The benefits of these requirements will serve to improve/support your counseling conceptualization and intervention skills and to increase your sense of professional identity.
6. Possible risks include discomfort arising from challenges to your counseling knowledge, abilities, and/or skills.
7. Occasionally, I will provide an article or resource that we will read and discuss in supervision. If I send this information via e-mail please print it out or download it to a device that allows you to read the information and bring it to our meeting(s).
8. Supervisees are encouraged to keep some type of folder or binder that allow you to track our supervision discussions and to keep up with resources provided in supervision (this is not a requirement- it is merely a suggestion).

## Administrative Tasks and Evaluation

### A. Supervision Log & Notes:

The Georgia Composite Board has adopted rules that require the Supervisee and the Supervisor to keep a supervision log.

1. This log must indicate the dates we met, the length of time on those dates and the topics discussed on those dates.
2. In addition to a supervision log, I keep supervision notes. I will provide you with copies of these forms that you can duplicate to use for your own record keeping during our meetings.
3. In the event that the board asks to see these notes we must both produce them.

## **B. Evaluation:**

*The purpose of clinical and professional evaluation is to qualify, monitor and support your progress in your counselor development. You will be provided with a copy of my evaluation form at the beginning of our supervisory work.*

1. During our twice a year evaluation meetings, it is my preference that at least one if not both of those meetings involve you providing an audio recording of a session between you and one of your clients.
2. If that is not an option, I have a session observation form can be used It should be completed by qualified clinician at your worksite. You should have a discussion and take notes regarding the feedback and bring both the form and the discussion notes to our supervision meeting.
3. You must obtain written consent with regard to audio recording and/or live observation. I have a form that you can use. Please request it from me when the time comes for you to complete an evaluation process.
4. If you bring a recording for our evaluation meeting please consider what if any topics you would like to discuss related to the case so that we can discuss it during our meeting.
5. Please bring a sample of your clinical writing to our evaluation meeting. This can be a case note, a treatment plan, and an assessment etc... the sample writing needs to be related to the case we are discussing.
  - a. The sample clinical writing should protect the identity of your client (s). Please change identifying information accordingly.
7. At the conclusion of our supervisory work together I will provide you with a form for you to use to evaluate my services as a supervisor. This will be an anonymous form (please do not put your name of it).
  - a. You will be provided with an addressed stamped envelop to return the form to me.

## **C. Documentation:**

### Colorado Department of Regulatory Agencies- LPC

1. At the end of your required time interval, 1-4 years depending upon graduate degree and the amount of time needed by the Supervisee to complete the supervised experience hours; I will complete the forms provided by the licensing board that are necessary to verify supervision and report on performance; however there are several exceptions:
  - a. In the event that your evaluations have reflected a lack of satisfactory required skills then I can not ethically endorse you for credentialing and licensure.
  - b. Additionally, if you have not sufficiently participated by allowing me an opportunity to observe your clinical skill set then it might result in my not completing your paperwork.
2. In either event, you will receive opportunities to address any concerns by an action plan that we co-create as a result of our individual and group supervision meeting discussions. I will provide you with continuous feedback if I have these concerns.

### Colorado Department of Regulatory Agencies- Registered Psychotherapist or Provisional License

1. If you need forms completed for your application, specifically the "contract affidavit" form, we will make arrangements to meet with a Notary to complete the forms and have the signatures notarized.
2. It will be your responsibility to bring the required forms.
  - a. I do charge a fee of \$50 for my time for this service.
3. If supervision terminates prior to your completing independent licensure under my supervision you are required to update your "contract affidavit" with the DORA within two

4. Changes in employment (direction) also need to be updated within two weeks with regard to your contract affidavit with the DORA.

## Structure & Fees

**A. Individual meetings-** A one hour introductory meeting is required to determine “goodness of fit” to pursue a supervisory relationship as it relates to your supervision needs, clinical experience, goals and my clinical background, experience etc... At the conclusion of our supervisory work together we will hold a 1 hour termination meeting.

1. The fee is \$125.00. If it is determined that we will not work together, then consultation and referrals will be provided upon request.
2. At least twice a year we will have an individual evaluation meeting. The fee for those one hour meetings is \$125.00 per meeting.
3. Every six month(s) **you will responsible for paying the fee for this individual evaluation meeting, whether you have completed the meeting with me or not.**
4. You have six weeks within the date of that payment, to schedule the individual meeting with me, otherwise you forfeit that payment.

## C. Regarding payment:

1. Payment is due at the time of service.
2. Cash, credit, or check payments will be accepted.
3. Make checks payable to Jacqueline Cohen.
4. **Bounced checks-** If you write a check and there are not sufficient funds in your account for my bank to complete the deposit. You will be charged a fee of \$25.00 fee in addition to the amount owed. This fee will cover the cost to me in both time and fees charged by my bank for depositing a check with insufficient funds.
5. **Late Payments-** Payment at the time of each service. Any payments made late, will accrue at \$15.00 per each week that payment is late. So if payment is one day late the fee is \$15.00 up to 7 days late. If your payment is 8-14 days late the late fee is \$30.00 and so on.
  - a. After three months/ incidents of late payments the supervisory relationship may be terminated by the supervisor.
  - b. Documentation for the licensure application will only be provided if sufficient and satisfactory clinical evaluation occurred over the course of the supervisory relationship.
  - c. Additionally, all supervision fee balances must be paid before documentation will be provided for the licensing board.
6. At each meeting you will be asked to complete a log that will represent your payment record. This payment record document will be a part of your supervision folder. You are welcome to keep a duplicate record for yourself. I will hand it to you at the beginning of each meeting and you can return it to me anytime during that meeting. This form/folder will be used for us to communicate the following:
  - a. Submission of payment (cash or check) if you are paying that day;
  - b. or authorization to process a payment;
  - c. or a date indicating when payment can be processed;
  1. This document will allow you to identify whether you are paying that day (and if not, indicate the date).
  2. It will also allow you to indicate if you have already paid for supervision fees that month.
  3. You will also be able to collect receipts for cash payments from this (folder)

4. This document will also track our anticipated individual supervision meetings every 6 months.
5. This folder with forms will also be used to track other requirements including:
  - Individual evaluation meeting schedule & fees
  - Late payment & fees
  - Renewal of liability insurance
  - 5 hour ethics workshop attendance

#### **D. Attendance:**

1. I will record supervision hours obtained in direct relationship to the time you spent in supervision. If you are excessively late for a meetings then that will be reflected in the time recorded.
2. If for any reason I am unable to attend a supervision meeting I will make every provision to provide you with an alternate time for group or individual supervision at your convenience within a week of the missed meeting.
3. Additionally, twice a year you are responsible for scheduling an individual evaluation meeting.

#### **Legal and Ethical Issues**

1. Supervision is not intended to provide you with personal counseling or therapy.
2. If personal issues or concerns arise repeatedly and in a way that does not seeming to be resolving in a healthy way, I urge you to seek counseling.
3. If I recommend personal counseling and you do not pursue it, this could contribute to the dissolution of our supervisory relationship.
4. The content of supervision meetings and evaluations are confidential except what I share with my supervisor or consultant(s).
5. Information provided by other Therapists during supervision is confidential.
6. Limits to confidentiality include, but are not limited to treatment of a client that violates the legal or ethical standards as set forth by professional associations and government agencies.
7. You must attend a 5- hour workshop on ethics at least every 2 years.
8. You are required to report child abuse/elder abuse, suicidal threats, and homicidal ideation to the proper authorities as well as to me immediately if there is a crisis or at our next supervision meeting if the matter has been addressed sufficiently with out my involvement and with the aid of an experienced clinician in your work setting.
9. As an independent clinical supervisor, I am not responsible for your (Supervisee's) job performance, for the number of cases assigned to you or for any other aspect of your job duties or employment agreement with \_\_\_\_\_.  
 (Please print the name of your employer(s))
10. With the assistance of your Employer/Director you are to become familiar with and comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
11. You are also required to become familiar with the ethical guidelines of DORA for Professional Counselors and relevant Professional Associations such as the American Counseling Association or the National Board of Certified Counselors.
12. In school settings you need to become familiar with the Family Education and Rights to Privacy Act (FERPA).
13. You must inform your Director and your Administrative supervisor if there is one that you are in clinical supervision. Additionally, you should inform them of my name and contact information.
14. You are required to have your own individual liability insurance. The policy should be cover 1 million per individual claim/ 3 million aggregate per policy year.
15. Liability insurance can be obtained from a number of agencies, below are two that I recommend for their ease of use, affordability, and easy search-ability online:
  - A. CPH & Associates
  - B. HPSO

16. You must provide a copy of your liability insurance face sheet for your supervision record.
17. You ethical responsibilities include but are not limited to the following:
- a. To protect client's from harm.
  - b. To actively participate in supervision to promote skill development.
  - c. To be honest, open, share deficits, and report mistakes.
  - d. Become the best professional possible.
  - e. Provide services to clients in an ethical manner and adhere to ethical standards of profession.
  - f. Work always within the limits of competency, skill and training.
  - g. Understand the importance of clearness, objectivity and need for self awareness as part of ethical practice. Failure to do so impacts the effectiveness of your work with clients.
  - h. Provide supervisor with honest feedback about supervision and the supervisory process.
  - i. Inform your clients that they are being supervised.
  - j. Identify client's problems and symptoms to the best of your ability.
  - k. Understand the rules and regulations in your work setting.

### **Licensure**

It is your responsibility to know and understand the licensing law. I am willing to discuss the law with you and give you my understanding, but the ultimate responsibility of knowing and complying with the licensing law rests with you.

### **Statement of Agreement**

- I have read and understand the information contained in this document. Signature acknowledges agreement to terms of supervisory relationship with Jacqueline V. Cohen, owner at Therapy Mama. This agreement can be terminated within 2 weeks notice at anytime by either the Supervisee or by the Supervisor, based on verbal or written communication: including e-mail; voicemail; telephone conversation; an in person meeting or letter.
- If termination is necessary (by either party) all due care will be given to ensure proper client, student, or patient care (including closing files, changing supervisor information on your Associate Professional Counselor application etc...).

Please initial next to the bullet points below acknowledging your understanding of the agreement:

\_\_\_\_\_ I understand that supervision payments are due at the time services are rendered. That late payment constitutes payments made on or after the 1<sup>st</sup> day of the following month. That late fees are assessed at \$15.00 per week until the payment is made.

\_\_\_\_\_ I understand that three late supervision payments could result in termination of supervision services.

\_\_\_\_\_ I understand that it is my responsibility to keep a log of my supervision and to keep supervision notes as required by DORA.

\_\_\_\_\_ I understand that it is my responsibility to get 5 continuing education credits in the area of ethics every 2 years.

\_\_\_\_\_ I know that I am required to obtain 40 additional hours of continuing education credits in order to renew and maintain my credential (at least 15 of those hours must be core).

\_\_\_\_\_ If a credential is required by my employer, I agree to be honest with both my employer and my supervisor regarding my licensure status.

\_\_\_\_\_ I understand that it is my responsibility to schedule my two individual evaluation meeting(s) per year with my clinical Supervisor Jacqueline V. Cohen, NCC, LPC, NCC, CPCS, NBCCH.

\_\_\_\_\_ I recognize that I am responsible for the individual evaluation meeting fee of \$125.00 every 6 months (from the date that I began supervision) whether I have scheduled and completed the meetings as tentatively scheduled or not.

\_\_\_\_\_ I acknowledge that I have 6 weeks from the date of the supervision payment to complete the individual meeting with out forfeiting the fee.

\_\_\_\_\_ I understand that I must provide a sample of my clinical writing in the individual evaluation meeting.

\_\_\_\_\_ I understand that it is my responsibility to review the Colorado licensing laws and the American Counseling Association guidelines whether I am a member or not.

\_\_\_\_\_ I understand what constitutes a clinical emergency and my various options for clinical support in the event of a clinical emergency (particularly if I determine that I need guidance beyond what I am able to receive at my work site).

\_\_\_\_\_ I know that I am responsible for my own understanding of the Colorado licensing laws.

\_\_\_\_\_ I know that it is my responsibility to understand the HIPAA and/or FERPA regulations at my work site.

\_\_\_\_\_ I understand that I must inform my clients that I am practicing under clinical supervision and tell them who my supervisor is and how she can be contacted.

\_\_\_\_\_ I understand that if I elect to record a session for supervision that I must provide my client with informed consent and authorization.

\_\_\_\_\_ I understand that it is my responsibility to obtain professional liability insurance, separate from what is provided by my employer.

\_\_\_\_\_  
***Supervisee Signature***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Supervises Name (Printed)***

**Supervisor Signature** (*Jacqueline V. Cohen, NCC, LPC, CPCS, NBCCH*)      **Date**