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Contract for Clinical Supervision

This supervision contract between Elizabeth Warson (hereinafter “Supervisor”) and _____ (hereinafter “Therapist”) is intended to facilitate our work together by insuring: a clear understanding of our commitments to each other, reasonable management of our professional liability, and consistent growth of your clients, yourself, and me. By signing this contract, we acknowledge that we have read, discussed, and amended (if needed) and agreed to its contents.

Background and Philosophy

Some degree of match between therapist and supervisor is important for a professionally beneficial relationship. My training is in Counseling Education and Art Therapy. I am currently a Clinical Member of the American Counseling Association and a licensed Professional Counselor (CO license #2199 and VA license #0701004649).

My clinical training in an AATA-approved graduate program taught a variety of systemic approaches to art therapy and emphasized the purposeful and knowledgeable use of theory and assessment in a clinical setting. In addition, my clinical and research training in a CACREP-approved graduate program taught a variety of multicultural, diagnostic, and methodological approaches in counseling. As such, I am not a purist to any one model, but believe a therapist should know at any time what theory s/he is organizing from, why that theory is being chosen given the client dynamics, and how therapy may differ if the therapist were to consider another orientation. Additionally, based on the isomorphic nature of supervision and therapy, I will tend to approach the supervisory relationship in a manner, which supports the theoretical orientation of the work being done in the therapy room.

Within the models of art therapy, counseling, and social and behavioral research, I have some bias toward Constructivist, Narrative, and Critical Race Theory.

Fees and Logistics

Fees: My fee for one hour of individual clinical supervision is \$65 for one therapist and \$50 each for two therapists sharing individual clinical supervision. My fee for consultation supervision (not supervising clinical cases) is \$50. Group supervision (2-hour session) is \$40, for three therapists, \$35 for three therapists, and \$30 for six therapists sharing group time.

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The fee for this therapist is _____ per hour for individual supervision and _____ per session for group supervision. Because schedules are difficult to arrange for all involved, meetings canceled less than one week in advance will be billed at this rate. This makes it fiscally and temporally reliable for therapists sharing time. If more than one session in six is canceled, it is probably a time to reassess your supervision needs and renegotiate this contract.

Frequency/Duration

Depending on the therapist's level of experience and type of supervision desired, weekly, biweekly or monthly meetings may be appropriate; however, meetings must be consistent to insure the continuity of our work as well as that we are up to date with cases. We agree to meet _____ (frequency) beginning _____ and ending _____ at the above stated fee. Initial here _____

Or, professional consultation, which does not require signing off on clinical hours but does keep a record of LPC supervision hours. Initial here _____

If unlicensed and requesting supervision, name of clinical supervisor _____.

Evaluation

Evaluation of therapist and supervisor will take place on both a formal and an informal basis. Formal evaluations typically take place on a 6-month or annual basis as well as at the termination of the supervisory relationship. More frequent formal evaluations can be scheduled at the therapist's request. The format of the formal therapist evaluation will consist of both therapist and supervisee filling out an identical evaluation form separately and then using the forms in a discussion to negotiate and create a joint version of the evaluation for the file. Informal evaluations will occur on an ongoing basis and will include feedback on therapist/supervisor strengths as well as areas for improvement. Please feel free to approach me at any time to discuss our working relationship. We agree to schedule formal evaluations on a _____ (frequency) basis.

Record Keeping

It is your responsibility to locate (or create) the appropriate tracking form for client contact and supervision hours. Both therapist and supervisor will sign the form each month and the form will be the record for reporting your total hours at the end of the supervisory relationship.

This contract will remain in effect for the duration specified hereon. Should one of the other party find need to terminate or extend this contract, such termination or extension can be brought about by the discussion and agreement of both parties and signing the termination or extension agreement below.

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Name_____

Address_____

Phone_____

Employer_____

Degree_____ Credentials_____

Therapist_____ Date_____

Supervisor_____ Date_____

If contract is terminated early—date of termination is _____.

If contract is extended—date of new termination is _____.

Signature of the therapist and supervisor agreeing to (an early termination) (an extension) of this contract.

Therapist_____ Date_____

Supervisor_____ Date_____