

Supervisee Registration

Supervisee Information

Identifying Information

Date: _____

Name: _____

Home Telephone: _____

Address: _____

Work Telephone: _____

Cell Phone: _____

Email: _____

Employment Information (List as "Employer" if you subcontract from & are supervised by another MHP.)

Employer: Are you contracting supervision of these clients with Kenny Wolford? Yes: No:

(Business) _____

Employer Phone: _____

(Address) _____

Primary Supervisor: _____

Your Work Hours: _____

List names, license type, business phone, supervision type & frequency of all site supervisors:

Name	Lic Type	Phone - If Different	Supervision Type	Frequency
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Employer: Are you contracting supervision of these clients with Kenny Wolford? Yes: No:

(Business) _____

Employer Phone: _____

(Address) _____

Primary Supervisor: _____

Your Work Hours: _____

List names, license type, business phone, supervision type & frequency of all site supervisors:

Name	Lic Type	Phone - If Different	Supervision Type	Frequency
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Private Practice: Are you contracting supervision of these clients with Kenny Wolford? Yes: No:

(Business) _____

Business Phone: _____

(Address) _____

Your Work Hours: _____

List names, license type, business phone, supervision type & frequency of all additional supervisors:

Name	Lic Type	Phone - If Different	Supervision Type	Frequency
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Supervisee Registration

Education

List all earned graduate and undergraduate degrees according to the most recent degree obtained. If you are currently a student, list this program first, filling in your expected year of graduation in the space provided.

Degree: _____ Degree Title: _____
Institution: _____ Year: _____

Degree: _____ Degree Title: _____
Institution: _____ Year: _____

Degree: _____ Degree Title: _____
Institution: _____ Year: _____

License Status & Certifications List all professional licenses and/or certifications:

Table with 5 columns: Title, License #, State or Organization, Date 1st Issued, Exp. Date

Are you currently seeking licensure? Yes: [] - License(s) seeking: _____ No: []

If you are seeking licensure, please indicate current status:
[] I am registered with the state of Oregon; and/or the state of _____
[] I am currently in the process of registering with the state of Oregon; and/or _____
[] I have not begun the registration process.
[] I am currently also being supervised by: _____ License: _____
Are these hours being submitted towards licensure: Yes: [] No: []
If so, who will have primary supervisory responsibility? _____

Indicate your progress toward completing license requirements:

- 1. Direct Client Contact Hours: _____ Total Accrued to Date _____ Total Required _____
- 2. For MFT license candidates: _____ Total # of Conjoint/Family Accrued _____ Total Required _____
- 3. Estimate when you expect to complete direct client contact hours: _____
- 4. Have you taken the written exam: Yes: []; No: [] Indicate estimated readiness: _____

Documentation: Please attach items 1 through 5, and items 6 through 7 as appropriate.

1. Proof of Liability; Indicate renewal due date: _____

2. Personal Disclosure Statement (For sites you are seeking to contract for supervision.)
 - For Private Practice:
 - For Employment Setting: _____
 - For Employment Setting: _____

Are all PDSs on file with the state licensing board? Yes: No:

If not, list which PDSs are NOT on file and the expected filing date:

3. Professional Vita

4. Intern Registration Materials (a copy of what has been filed to date, and all future submissions) OBLPC/T Form 7 details our contractual supervision arrangement based on your expected client contact hours. It is your responsibility to update this contract as client caseload changes.

5. Supervision Informed Consent & Contract (form provided by Kenny Wolford)

6. Copy of Licenses and/or Certificates

7. Nature and Limits of Collaborative Supervision Processes for MHPs Employed in Agencies or Other Settings. List employers needing to sign the attached form. One form per employer.

Legal and Ethical Commitment:

As a mental health professional, you are responsible for being aware of and abiding by the legal and ethical standards set forth by your chosen mental health profession(s). Your signature below indicates that 1) you have secured a copy of the code of ethics of your chosen profession(s); 2) you have obtained a copy of the practice standards enforced by your state’s licensing regulatory board; 3) you will keep yourself informed of all changes made to these codes and practice standards; and 4) you agree to practice in accordance with the legal and ethical principles set forth therein. Failure to comply with these expectations will result in appropriate supervisory action (documentation with the appropriate licensing board, and remedial recommendations), including possible termination of supervisory services.

As described in the above statement, I have obtained a copy of the professional standards and code(s) of ethics pertaining to the following professions - _____
_____ - and I agree to abide by the legal standards and ethical codes set forth therein.

Signature

Date

**Nature and Limits of Collaborative Supervision Processes
for MHP Supervisees Employed in Agencies or Other Settings**

MHP: _____ Site: _____

Mental Health Professionals (MHPs) employed in agencies or other settings are foremost obligated to the supervisory structure required at that site. Supervision with Kenny Wolford, LPC, LMFT is intended to supplement what is offered on site. Kenny Wolford invites dialog with all site supervisors when necessary and will defer to their wisdom for all issues other than those posing a danger to the legal and/or ethical treatment of a client. If disagreement occurs, Kenny Wolford will seek consultation with the supervisor. The signatures below acknowledge the nature and limits of this collaborative supervision process.

MHP Initials

- ___ I recognize that my primary employer/site supervisor has ultimate responsibility for the oversight of my clinical work, namely the assessment, diagnosis, and treatment of my clients at the site specified above.
- ___ I recognize that my supervision with Kenny Wolford, LPC, LMFT is intended to monitor the safe and effective treatment of my clients, and assist in the further development of my clinical skills. At no time will I interpret case reflections and recommendations as directives unless specified by Kenny Wolford.
- ___ I recognize and accept that Kenny Wolford has the right and responsibility to refuse providing supervision on cases that he deems beyond my scope of practice or competence even if my site supervisor disagrees. For such cases, if direct consult with the site supervisor does not resolve the concerns, Kenny Wolford may instruct me to discontinue providing services to the specified clients, refering them to appropriate providers or requiring my site supervisor to hold all supervisory responsibility for that client.
- ___ I recognize and accept that Kenny Wolford has the right and responsibility to require me to follow through on legal and/or ethical recommendations. He will defer to the sound recommendations of my site supervisor unless such actions appear to place client safety or effective care in jeopardy. If disagreement remains after consultation between Kenny Wolford and my site supervisor, I accept that Kenny Wolford will require me to abide by the more stringent/cautious response intended to guard the safe and/or effective care of my client(s).

Site Supervisor / Administrator Initials

- ___ I acknowledge that I have primary responsibility for monitoring the caseload of my employee as named above. Kenny Wolford recognizes this responsibility and intends for his supervision to be a supplement to the professional development of this MHP.
- ___ In situations requiring the MHP to follow a supervisory directive in response to a legal or ethical issue related to the safe and effective care of a client, Kenny Wolford will defer to my recommendations should they be more stringent and/or cautious than his recommendations.
- ___ In situations where disagreement may occur regarding the interpretation of legal and/or ethical standards regarding the safe and effective care of clients, and Kenny Wolford recommends a course of action that is more stringent and/or cautious than my recommendations, I understand that Kenny Wolford will consult with me before issuing a supervisory directive.

MHP Signature: _____ Date: _____

Site Supervisor: _____ Date: _____

Print Name: _____

License Title(s) and #: _____

Contracted Supervisor: _____ Date: _____

Kenny Wolford, LPC, LMFT
LPC: OR – C2212; LMFT: OR - T0637

Supervisor Professional Disclosure & Supervisee Contract

**SUPERVISION
INFORMED CONSENT & CONTRACT**

Kenny Wolford, LPC, LMFT (OR #C2212 / OR #T0637)

PHILOSOPHY AND APPROACH

I view the role of a supervisor to be the mentoring of mental health professionals as independent practitioners and clinical supervisors. Ultimately, the goal of supervision is to promote seasoned and responsible clinicians who contribute to the wellness of communities; practice safe and effective assessment, diagnosis, and treatment of client and client systems; enhance one's chosen profession; and work collaboratively with other professions committed to the same. Through mutual collaboration, the supervisor facilitates this process through "observation, evaluation, feedback, the facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and mutual problem solving" (Falender & Shafranske, 2004; *Clinical supervision: A competency based approach*, p. 3).

Clinical Supervision Distinctives

While the theoretical orientation and personal style that guides my clinical work with clients will be a contributing factor in our mutual dialog regarding case conceptualization and treatment planning, as your *clinical supervisor* it is my responsibility to facilitate and promote the development of your theory of therapy as you also work to discover and develop your own personal style. In addition, I will encourage us to seek additional professional viewpoints beyond what might be familiar and common to each of us.

Given our primary responsibility is to promote safe and effective client care, professional, clinical, legal and ethical competencies will be emphasized, as well as the personal growth of the therapist / supervisor. To promote these objectives, it is my goal to function as instructor, collaborator, as well as student, each as is appropriate to your professional development as we explore perceptual and conceptual underpinnings informing treatment and supervisory processes. If at any time my services are not meeting these objectives, your feedback is welcome. In addition, I support your decision to change supervisors as desired.

FEE AND MEETING STRUCTURE

1. Basic fee per 50-minute individual or group session is ~~150~~ ^{\$150}. Fees are arranged per session and are shared by group members. Group supervision can be arranged according to the following minimum session length:
- 2 interns/supervisors: 50-minute hour
 - 3 interns/supervisors: 1 ½ sessions (1 hour, 15 minutes)
 - 4 interns/supervisors: double session (1 hour, 40 minutes)
2. Payment by cash or check or Credit/Debit is due in full at the beginning of each session. The MHP is responsible for all charges and fees associated with checks returned due to insufficient funds.
3. A minimum of 24 hours notice of cancellation is required. Otherwise, MHP is obligated for the cost of the missed session. The only excusable session cancellation will be based on weather related incidences gauged by the mandatory closure of Bend/LaPine school district. After a missed session, it will be required to submit a credit/debit card for Kenny Wolford to keep on file and all future supervisory sessions will be paid in-full with such card.
4. All sessions begin and end as scheduled.

Supervisor Professional Disclosure & Supervisee Contract

5. When necessary and at the discretion of the supervisor, prearranged telephone sessions/Video sessions are available. Otherwise, supervisory issues are not discussed by phone/Video. It is preferred that all non-emergency supervisory items be discussed during pre-scheduled appointments.
6. Please schedule appointments and other communication via telephone or secure email. Text Messaging is not HIPAA compliant.
7. Meeting Location: Supervision sessions generally are scheduled at my therapy office:

Wolford Counseling Services - 220 NW Oregon Ave. - Unit B - Bend, OR 97701
 Phone: 541.728.0636 Secure Email: kenny@kennywolford.com
 Website: www.wolfordcounseling.com

RESPONSIBILITIES OF THE SUPERVISEE

A clinician is expected to demonstrate an awareness and incorporation of a) clinical knowledge and skills; and b) legal, c) ethical, and d) professional expectations of practice within one’s chosen profession. The following represents a partial list of supervisee expectations:

BASIC STRUCTURE / PAPERWORK / LEGAL-ETHICAL COMMITMENTS

- | | |
|--|---|
| * Maintain appropriate liability insurance. | * Understand the laws and statutes governing psychotherapy in general, and the specific license or license seeking in the state the license is held and/ or being sought. |
| * Manage all paperwork expectations with licensing and/or credentialing agencies and provide copies to supervisor. | * Abide by the ethics of one’s profession, in addition to understanding best legal/ethical practice strategies expected of all MHPs |
| * Provide supervisor copies of all promotional material, including PDS, business cards, brochures, etc. | * Secure proper agreements clarifying roles & responsibilities if intern or supervisor is under the supervision of an employer. |
| * Maintain all paperwork expectations of supervisor, including <i>SUPERVISEE INFORMATION FORM; INFORMED CONSENT & CONTRACT; CLIENT CASE LOAD TRACKING FORM; NEW CLIENT CASE FORMULATION FORM</i> | * Properly maintain all elements of practice if working in an agency, bringing to the site supervisor’s attention items out of compliance. |
| * Properly maintain all elements of practice if pursuing a license while working in private practice. | * Demonstrate method of tracking client hours. |
| * Transparency regarding all professional services provided. | * Provide client summary on each new client. |
| * Track monthly supervision sessions needed. | * Inform supervisor of all legal/ethical issues. |
| * Maintain updated client / supervisee tracking form. | * Self resource for new clinical issues. |
| * Provide supervisor access to all files as requested. | * Provide 24 hours notice of cancellation. |
| * Provide audio- or videotape sessions as requested. | |
| * Come to supervision focused and prepared with material. | |

Supervisor Professional Disclosure & Supervisee Contract

- * Demonstrate willingness to identify and address countertransference and personal growth issues that may hinder your capacity to practice safely and/ or effectively.
- * Other:
- * Demonstrate commitment to increasing clinical knowledge & skills, including systems of assessment, diagnosis, treatment planning, theoretical orientation and best practice strategies.

RESPONSIBILITIES OF THE SUPERVISOR

- * Abide by practice standards as detailed in PDS.
- * Maintain licenses and supervisory credentials.
- * Seek peer consultation as a regular form of professional growth and when needed due to supervisory concerns.
- * Participate in ongoing continuing education to stay current in treatment and supervisory methods.
- * Guard confidentiality. The supervisee – supervisor – mentor relationship is a matter of public record as required by licensing boards and credentialing agencies, and as required disclosure on intern and supervisor informed consent. However, items discussed in supervision remain confidential according to all limits of confidentiality as with clients.
- * Complete all evaluations required by licensing / certification processes.
- * Other:
- * Provide verbal and written feedback as to progress of intern / supervisor-in-training.
- * Monitor the power differential between supervisee / supervisor / mentor, and avoid multiple / dual roles when possible and appropriate.
- * Provide clinical / supervisory assistance if necessary due to client safety concerns.
- * Provide emergency contact services. Supervisory emergencies must be conveyed as soon as possible if not immediately resolvable. If consult is needed, we can contract for time via phone or in person.
- * Challenge the intern / supervisor to explore personal issues influencing clinical work while guarding against engaging in role of therapist.

Supervisor Professional Disclosure & Supervisee Contract

CONTRACT FOR SERVICES (IN ADDITION TO CONTRACT REQUIRED BY STATE LICENSING BOARD.)

I, _____ (MHP) am requesting to contract for:

Clinical Supervision with Kenny Wolford, LPC, LMFT at \$100 / 50 minute supervisory session.

Supervision meetings are initially expected to occur according to the following structure (check all that apply):

Individual supervision / mentoring
Approximately _____ sessions per month

Group supervision / mentoring
Approximately _____ sessions per month

Group Members in Addition to Self:

I understand that it is my responsibility to monitor the frequency of supervision / mentoring required for licenses / credentials I am seeking, and will request additional sessions as needed.

In addition to the legal / ethical commitment attested to on the Supervisee/Supervisor Information form, I understand and accept the mutual responsibilities described herein. In addition, I recognize that the above descriptions are not exhaustive but reflect general themes and basic practice issues. Specific expectations per state licensing boards and / or professional credentialing associations also apply, and are attached to this form.

MHP Signature

Date

Active Enhancement, LLC
Kenny Wolford, LPC, LMFT

Date

Client Tracking – Caseload Overview (Intern / Therapist fills this out, detailing client load.)

INTERN:

CASE LOAD TRACKING FORM

CLIENT & AGE	IND CPL GRP	START TX	STOP TX	PSYC MEDS	D/A	S/I	HLTH ISSUE	R/LT	RCNT LOSS	\$ STRESS	CPL DSTRS	SPRT/ DVRC	CSTDY ISSUE	PRNT/ CHLD CNFLCT	ABSE RPT	LGL ISSUE	OTHER	PAST D/A	PAST S/I	PAST ABSE	STRSSRS 1 TO 5	COPING 1 TO 5		
John (34) & Martha (45) D.	C	10/12/08		M-wellbutrin	J	M	J	M	M		X	S				X	Grad students	J	M	J M	J-4 M-4	J-3 M-4		

INSTRUCTIONS: (SEE TREATMENT UPDATES FOR SPECIFIC DETAILS. BRING UPDATED COPY TO EACH SUPERVISION SESSION.)

1. Use first name & last initial. For most items, use 1st name initial if charting multiple clients in a block, 1 word descriptors (i.e., meds) or check (x) if present. See sample.
2. STRESSORS: 1 = low # or severity of stressors; 3 = moderate; 5 = high # or severe stressors
3. COPING: 1 = low reactivity; good coping skills, self-regulation; 3 = moderate; 5 = high reactivity; poor coping skills &/or regulation.
4. Couples: Use 1st name initial to indicate an item, as noted in example above.
5. Families & Groups: Use multiple lines as needed, placing 2 people per line as able.

Permission granted to reproduce this form with inclusion of proper citation. Berardi, A. A. (2008). *The Contextual Model of Intern Case Management*. Form: Domain II - Intern Case Tracking Form