

## Professional Disclosure Statement & Counseling Supervision/Mentoring/Consulting Contract

This serves as verification and a description of the counseling supervision provided by Leilani Cullen, M.A. LMFT (“Supervisor”), to \_\_\_\_\_ (“Supervisee/Trainee”).

As with any professional relationship, the alliance between us is extremely important. In order to develop the best collaborative and safe working relationship, it is necessary for us to agree on some guidelines for our work. Please review these guidelines and sign in the space provided if you agree to these guidelines. If you have any questions or concerns about this agreement, please wait to sign and we will discuss it as soon as possible.

If you are a licensed professional, I am considered a consultant and not legally responsible or liable for your clients. If you are not yet licensed then this relationship will be considered one of clinical supervision. Please check the appropriate category for you.  Supervision  Mentoring (supervision of supervision)  Consultation

As your supervisor/mentor/consultant I am responsible for the individual supervision mentoring/consulting you receive. My purpose in presenting this is to provide you with a process overview, and to outline some of the conditions under which we both must operate.

### I. Supervisor’s Scope of Competence:

Leilani Cullen received her M.A. in Professional Counseling, with emphasis in Marriage and Family Therapy in 2000. She attended a doctoral program in Counseling Psychology which included formal academic training in clinical supervision. She obtained MFT licensure by the state of Hawaii (inactive), Colorado (active), and Wyoming (active) and is an AAMFT Approved Supervisor since 2018. She has read and implements Supervision Essentials for Accelerated Experiential Dynamic Psychotherapy by Natasha C. N. Prenn and Diana Fosha. She began her private practice at All Inclusive Counseling, Inc. since May 2010.

If you need my supervision qualifications please look up my CV on my website. I adhere to the AAMFT Code of Ethics and to the Supervision Ethics Codes.

### II. Clinical Supervision Purpose, Goals, and Objectives

- a. Monitor and ensure welfare of clients seen by Supervisee
- b. Promote development of Supervisee’s professional counselor identity, competence, differentiation, emotional maturity, and counseling skills

These always operate simultaneously when supervision is occurring. Most of the time, it will seem that primary attention is being paid to your developing skills because of a judgment that your client(s) is receiving adequate counseling services. When there is any question about the adequacy of the counseling that your client(s) is receiving, supervision will become more active and perhaps, more directive.

### III. Risks and Benefits

- a. Risks: Difficult conversations, gatekeeping, transference, countertransference, confidentiality loss, death of supervisor
- b. Benefits: Constructive Criticism, growth, client protection, licensed supervision

I cannot guarantee confidentiality of information gained in supervision if it is relevant to your overall progress. I do, however, commit to honoring and respecting all information I receive in supervision about you and/or your clients and keeping all such information confidential to the degree possible. Occasionally, there are situations that occur that make confidentiality impossible. These include: 1. Threats to harm self or others; 2. Reasonable suspicion of abuse of a child or other vulnerable person; 3. When ordered by the court. Confidentiality may also be broken in one’s defense against a legal action before a court.

### IV. Context of Services

- c. Frequency of clinical supervision sessions: One hour of clinical supervision will occur for every 20 hours of client counseling or as frequently as required/requested.

- d. Individual/triadic supervision will be scheduled in my office/on Zoom with recorded sessions as permitted. Jordyn Serfoss 719-632-5033 ([jordyn.serfoss.aic@gmail.com](mailto:jordyn.serfoss.aic@gmail.com)) schedules appointments.
- e. One and ½ to two (2) or \_\_\_\_\_ hours of group supervision as available and scheduled in my office/on Zoom.
- f. In compliance with state statutes and ethical provisions, the duty of the clinical supervisor will be to direct the therapy process and to assist the supervisee in complying with all legal and ethical standards.
- g. Supervision will revolve around counseling conducted with individuals (children, adolescents or adults), couples and families.
- h. Supervision style will be active, directive and collaborative with the goal of discerning therapeutic and nontherapeutic information in counseling sessions and AEDP-infused.
- i. The Supervisor's role will flexibly flow between teacher, counselor or consultant based on the Supervisee's needs and level of development.
- j. The Discrimination Model, Systemic Model, EFT, client records of progress notes and treatment plans, journals and self-report will be used in supervision.
- k. You may request my Philosophy of Supervision.
- l. We may attend trainings and webinars together if both parties find it beneficial.

You will have weekly hour-long individual/triadic sessions with me (see contract). This weekly session will occur at our mutual convenience. I would like to observe one 10 minute clip of one of your videotaped client sessions weekly. Triadic allows you to learn from your peers as well as from your supervisor.

V. Duties and Responsibilities of Supervisor and Supervisee:

m. Supervisor:

- i. Ensure a safe working relationship to foster optimal learning experience
- ii. Examine client presenting complaints and treatment plans
- iii. Challenge Supervisee to justify approach and techniques used
- iv. Monitor Supervisee's basic attending, responsiveness and emotional engagement skills
- v. Present and model appropriate directives
- vi. Intervene when client welfare is at risk, or when client asks to see a different provider
- vii. Ensure Supervision and ACA, AAMFT or NASW Code of Ethics are upheld
- viii. Maintain supervision case notes concerning case consultations, issues discussed in clinical supervision, and training provided in supervision.
- ix. Verification and approval of hours of supervisees
- x. Inform trainee of any recommended therapy or assessment for medical, mental, or substance issues that affect work with clients.
- xi. Inform appropriate parties of concerns (schools for students) after supervision discussion
- xii. Strive to model the EFT principles of attunement, engagement, transparency and presence in our relationship.
- xiii. Communicate with you in a timely manner and respond to your questions and concerns in a professional manner.
- xiv. Your notes and records of all individual supervision sessions will be maintained for seven years.

n. Supervisee:

- i. Uphold ACA, AAMFT or NASW Code of Ethics and professional conduct of excellence

- ii. Comply with rules adopted by Colorado Board of Licensed Professional Counselor (or LMFT) Examiners posted on the Board's website.
- iii. Comply with Prohibited Activities Statutes, CRS 12-43-222, and the other mental health statutes posted on the DORA website for the Mental Health Boards.
- iv. Provide each counseling client disclosure statement at the very start of each first client session in compliance with CRS 12-43-214 and to name Leilani Cullen MA LMFT as clinical supervisor in disclosure statement, including graduate students who are not required to do so.
  - v. Agrees not to engage in any dual relationship with a counseling client in violation of CRS 12-43-222(1(I and j)).
  - vi. Maintain a policy of professional liability insurance during the clinical supervision process and provide a copy of Certificate of Insurance to Supervisor.
  - vii. As a part of the supervision process, provide treatment records and billing statements to the clinical supervisor upon request. Supervisee agrees to maintain treatment records in compliance with the Board's record-keeping rule.
  - viii. Be prepared to discuss all client cases—have client files, current and completed client case notes, and a 10 minute recorded session clip ready to review in weekly supervision sessions.
  - ix. Justify client case conceptualizations made and approach and techniques used
  - x. Complete supervision case notes and place paper documents in appropriate client files
  - xi. Consult with Supervisor in cases of emergency, clinical errors, high risk situations (suicidal/homicidal/abuse reporting/higher level of care needed) and ethical dilemmas.
  - xii. Inform Supervisor of threats of a complaint or lawsuit or deviation from expectations
  - xiii. Discuss impasses in therapy with supervisor as soon as possible
  - xiv. Implement supervisory directives in subsequent sessions
  - xv. Dress professionally and trauma-informed (non-revealing clothing that respects clients, not distracts from therapeutic process)
  - xvi. Obtain written consent from any counseling clients whose treatment session is to be videotaped, recorded or observed.
  - xvii. When billing for counseling services, accurately reflect the amount of time spent in counseling sessions, start time, end time, and duration.
  - xviii. You agree to provide client releases, which include a release for use in individual and group appointments and the limits of telemedicine. You agree to provide me with a copy of your release form. In the event you need help creating this form, I will help you with this at our first appointment.
  - xix. Once your clients sign the release, all client information will continue to be used in a professional manner in order to respect their identity and clinical information. Please feel free to change first names and identifying information when presenting your cases.
  - xx. You are responsible for securely transporting, presenting and managing your case information in a professional and organized manner which includes collecting and destroying presentation forms distributed to the group. If you need help with this, we can address this in our first appointment.
  - xxi. In the event a client is recognized personally by a group member or me, we will not continue the discussion about this particular client.
- o. Both:
  - i. Schedule supervision appointments
  - ii. Document clinical and supervisory hours and notes.

- iii. Track our process on AEDP Change Triangle
- iv. Comply with CRS 12-43-218, HIPAA Standards and Ethical Provisions that clinical supervision is a confidential process. Limitations on confidentiality include: 1) waiver of confidentiality by counseling client; 2) reporting of suspected child abuse or neglect; 3) duty to warn and protect (see CRS 13-21-117); 4) duty to initiate 72 hour hold pursuant to CRS 27-10-101; and 5) compliance with any court order for disclosure of treatment records.
- p. Supervisee's Learning Objectives (completed together on separate SMART Supervision Plan using Basic Skills Evaluation Device)

You will be encouraged to consider your thoughts, your behaviors, and your feelings as you conduct counseling sessions. Your supervisor will draw from the roles of teacher, consultant, and counselor to assist you in doing this. The supervision you will be offered will be developmentally appropriate (that is, the supervision will be matched to your level of experience and your relative ability). The supervision you receive will include discussions about cultural context, your own, the supervisor's, and the clients, and how these affect the counseling and supervision relationships of which you are a part. The supervision you receive will be sensitive to your personal goals for yourself as a counselor and will be consistent with how you conceptualize client issues theoretically. You will be challenged and supported throughout supervision with respect.

Although your supervisor may draw on a counselor role, it is important for you to understand that this is only to help you understand any personal reactions you may be having that are effecting your positive effect as a counselor. The resolution of personal difficulties cannot be attained through supervision. A referral list of counseling services is available and can be obtained. It is not unusual for a supervisee to seek personal counseling.

#### VI. Procedural Considerations:

- q. Supervisee's written case notes, Treatment Plans, Intervention, Conceptualization, and Perceptualization skills, and countertransference issues will be reviewed and evaluated in each session.
- r. Issues related to Supervisee's professional development will be discussed. In the event we have a disagreement about your development, we will discuss this together and redefine our goals collaboratively.
- s. In the event of a conflict between Supervisor and Supervisee, Supervisee is to contact Supervisor for a face to face appointment. Sessions will be used to discuss issues of conflict and failure of either party to abide by directives outlined in this contract. **EVERY** effort will be made to resolve them at this level. If this difficulty cannot be resolved in our appointment, we will discuss the best plan to address these difficulties and this will be documented in both our records.
- t. In the event of a client or Supervisee emergency, Supervisee is to contact Supervisor at the office, (719) 632-5033 or Supervisor's cell: 719-964-0833. If you, a client, or another individual is in imminent danger, first call the police then call me.
- u. Supervisor or trainee may terminate supervision at any time for any reason. Any ethical, legal, or contractual violations will result in immediate termination. This will be communicated so that a final appointment is scheduled for final evaluations.
- v. Under certain circumstances, I may report the reasons for terminating supervision to subsequent supervisors or licensing boards.
- w. In the case of Supervisor's death, there is a Professional Will with instructions on procedures. To be safe, it is advised to have Supervisor sign off on hours monthly to minimize any potential loss should this occur.
- x. We do not use our email and cell phones during supervision or in therapy unless it's part of the therapeutic or supervisory process.

- y. Supervision contact may be made via phone calls, email, Zoom, or in person. Supervision texts and emails are for scheduling purposes only.
- z. I may record supervision for AEDP supervision certification in the future at which time we will review a consent form.

VII. Method of Evaluation

- aa. Feedback will be provided by the Supervisor during each session, and a formal evaluation, using the Core Competencies, will be conducted at the end of each evaluation period and upon conclusion of supervision.
- bb. Specific feedback provided by Supervisor will focus on Supervisee’s demonstrated counseling skills and clinical documentation using the Basic Skills Evaluation Device based on AAMFT Core Competencies and AEDP Fidelity Scale.
- cc. Supervisor will ask Supervisee for feedback during each session. Supervisee may complete a formal evaluation at six month intervals, and will be highly encouraged to complete one at the end of supervision, using the adapted Approved Supervisor’s Evaluation (page 41). A narrative evaluation may also accompany the objective evaluations.
- dd. Supervision notes or summary may be shared with Supervisee at Supervisor’s discretion at the request of the Supervisee.
- ee. Evaluative information will be placed in supervisor’s file of supervisee and stored in a locked cabinet. It will not be shared without consent unless required by law.

If I have any serious concerns about your progress at work, I will inform you of these concerns as soon as possible, preferably at the first formal feedback session and will preface difficult conversations.

Please save concerns for clients for supervision appointments unless there’s an urgent matter. For regular communications, please call me or e-mail me. In case of emergency or when I am out of town, you will be able to leave a message and I will return your call as soon as possible.

Although it is rare, occasionally a supervisee does not feel that he or she has received adequate supervision or a fair evaluation. If this should occur, your first step is to attempt to resolve the issue with me. If you believe that I have acted unethically in any way, you may report your complaint to: AAMFT Phone Number: 703-838-9808

VIII. Financial matters

- ff. Students do not pay for supervision. It is part of the unpaid practicum and internship experience. Monies collected from clients by students are applied to the costs of practicum such as rent, administrative support, my liability insurance, and supplies.
- gg. Licensed and licensure candidates pay for supervision as negotiated below. Payment is due at the time of service payable by (in order of preference): 1) Venmo, 2) card via Simple Practice, 3) Square.
- hh. A 24 hour notice of cancellation is required for both individual and group appointments. If a scheduled appointment is cancelled less than 24 hours in advance, you are responsible for the agreed upon appointment fee.

My individual/triadic/group rates are (increases 5% each year on January 1<sup>st</sup> rounded up to higher dollar):

\$27	15 minutes individual/consult
\$37	30 minutes individual/triadic
\$53	45 minutes individual/triadic
\$69	60 minutes individual/triadic
\$58	1-2 hours group (3/> participants)
\$105	1 hour mentoring/consulting for licensed clinicians

I look forward to working with you and to celebrating your progress as you take the next step in your goal of entering a noble profession. Please sign, date, and return one copy of this form.

The terms of this contract are subject to revision at any time, upon the request of either the Supervisor or Supervisee. A formal review of the contract may be made at six months, and revisions will be made only with consent of Supervisee and approval of the Supervisor.

We agree, to the best of our ability, to uphold the directives specified in this supervision contract and to conduct our professional behavior according to the ethical principles of our professional association.

Supervisee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisee Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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This contract is effective from \_\_\_\_\_ (start date) to \_\_\_\_\_ (finish date).

(Date of revision or termination): \_\_\_\_\_

Adapted from Osborn & Davis, 1996\*

\*Osborn, C. J., & Davis, T. E. (1996). The supervision contract: Making it perfectly clear. *The Clinical Supervisor*, 14(2), 121-134.

Adapted from Bernard, J. M., & Goodyear, R. K. (2004)