



Melissa Smith MSC, LMFT, EMDR, CFRC
Kentucky License # 252098
Melissa.Smith@LifeInMotionKentucky.com
www.LifeInMotionKentucky.com
502.444.Life (5433) Ext 300

MFT Associate Supervision Contract

The purpose of supervision is to work towards post graduate licensure requirements, and to promote development of marriage and family therapy associate's professional identity and competence.

The content of supervision will focus on the acquisition of knowledge, conceptualization, and skills within the defined scope of practice. The context will ensure understanding of ethics, codes, rules, regulations, standards, guidelines including consent, confidentiality/privacy, and all relevant legislation.

The below contract informs us of the policies, expectations, guidelines, and context for the supervision experience that we are entering into together.

Supervisor's Background: I am a Licensed Marriage and Family Therapist and Board Certified Telemental Health Provider. I graduated from Campbellsville University (CU) MFT program in 2012.

My work history includes, working with juvenile offenders for 2 years, adult offenders for 20 years, providing therapy in a private practice setting, assistant teaching Counseling Skills at Campbellsville University, providing supervision to CU students, an Associate Supervisor for the State of Kentucky and an AAMFT Supervisor candidate under mentorship.

I work with individuals, couples and families, with a specialization in working with first responders and veterans. I am a Certified First Responder Counselor with Academy Hour.

I am the founder and co-owner of Life In Motion where I grow and build on our group practice.

Supervision Style: I love to teach and assist my associates with their professional development. I give instruction, feedback, guidance, support, collaboration, and professional development. I love to focus on ethical and legal issues that therapists may face with their clients.



Supervision

Though we may discuss personal factors that impact your professional development or work as a counselor, this is not a counseling relationship and referrals will be provided for more personal counseling needs if appropriate.

Along with these roles I will focus on AAMFT core competency domains of (1) Admission to Treatment, (2) Clinical Assessment and Diagnosis, (3) Treatment Planning and Case Management, (4) Therapeutic Interventions, (5) Legal Issues, Ethics and Standards, and (6) Research and Program Evaluation; amongst which we will focus on your evaluative, conceptual, perceptual, executive, and professional skills.

Supervision shall be equally distributed throughout the qualifying period and shall average at least four (4) hours per month as specified in the supervision contract per regulatory requirements found under 201 KAR 32:035 Supervision of marriage and family therapist associates.

Supervisory Methods: Supervision is held in individual (1 associate), tandem (2 associates but counts and individual supervision), and group formats (3+ associates). Supervision is offered through telehealth. You are required to sign the telehealth consent form.

Individual supervision sessions (No less than 100 hours) will be used to focus on processing associate's concerns, addressing confidential areas which you may not feel comfortable addressing in the group setting, incorporating live supervision where I can observe your sessions and provide direct and personalized feedback, reviewing progress notes, completing and reviewing evaluations, and providing more site-specific support since my associates are at diverse sites.

Supervision will require raw data to evaluate your clinical skills. You must provide a minimum of fifty (50) hours of the 200 hours of required supervision

Group Supervision sessions (No more than 100 hours) will be used to process cases via associate's reports, help associates learn ways to apply interventions, to strengthen treatment planning, to reinforce systems approaches, and to review and discuss ethical and legal considerations.



Financial Policies

Payment can be made via PayPal, Cash App, or Venmo. Payment is due at the beginning of the month for the entire month. If you miss supervision sessions there will be no refund given.

Interns (all supervision formats) = \$0

Employees (all supervision formats) = \$0

Individual Supervision (one-on-one) = \$100.00

Tandem Supervision (2 associates) = \$50.00 per person

Group Supervision (3+ associates) = \$100.00 per session divided by the number of associates up to 6

Late Cancellation (<24 hours notice) \$20.00 per occurrence

Supervisor's Responsibilities

- 1) Provide an atmosphere of trust, support and encouragement so professional growth may be experienced
- 2) Respect for the associate's chosen theoretical orientation
- 3) Provide clinical expertise and skills in a way that the associate's use of self in the therapeutic process is enhanced
- 4) Provide supervision in an ethical and professional manner
- 5) Assist the associate with examining interpersonal issues that impact therapy
- 6) Seek collegial consultation when issues emerge that impede the supervisory experience
- 7) Maintain confidentiality of associate and their clients
- 8) In the event of an emergency, be available to the supervisee or provide other arrangements for supervisory alternatives
- 9) Model behaviors that enhance the supervisory process
- 10) To uphold ethical guidelines and professional standards as set forth by Kentucky state law and AAMFT
- 11) To make sure supervision sessions happen as agreed and to keep a record of the meeting
- 12) Adhere to 24 hour cancellation policy for scheduled supervision sessions
- 13) Consult with other supervisors with whom the supervisee may work with
- 14) Discuss supervision with mentor in the process of becoming an approved supervisor in the state of Kentucky
- 15) Report unethical behavior of the associate to the Kentucky Board of licensure or other applicable parties such as law enforcement
- 16) Use Evaluation Procedures: Evaluation and feedback is an ongoing process of the clinical supervision process. The B.S.E.D. will be utilized throughout the contract period.



- 17) Gatekeeping: To provide remediation, increased support, accurate reflection of associate's skills and areas of growth, reporting to applicable boards/other supervisors, and/or referrals and recommendations necessary to fulfill the supervisor's ethical responsibilities to the public

Associate's Responsibilities

- 1) Report to supervisor any past, current, or future personal concerns that may impede the ethical or legal delivery of services to clients or create issues of countertransference with clients. Such existence of any issues of legal, ethical, or issues that may create countertransference will not end the supervisory relationship and do not need to be in detail but should be brought up as an opportunity to work on personal and professional development for the interest of the clients
- 2) Attend supervision sessions prepared and on time. Per regulation supervision must be one hour
- 3) Associate will maintain active permit status throughout the period of this contract and is required to inform supervisor of any change to permit status
- 4) Associate will maintain individual liability/malpractice insurance and provide the supervisor with a copy for his/her records
- 5) Maintain an active membership with the American Association of Marriage and Family Therapy (AAMFT)
- 6) Be aware and secure confidentiality within the ethical and legal statutes
- 7) Have knowledge of your state and licensure requirements, including knowledge of AAMFT Code of Ethics
- 8) Uphold ethical standards of practice, as outlined by the state of Kentucky and the AAMFT
- 9) Associates will not provide telehealth services outside of the state the associate is licensed in nor see clients located in other state other than the client's state of residency unless approved by your supervisor
- 10) Obtain written permission from clients, within agency/site's policy and procedures, for use of information from treatment for the purpose of supervision
- 11) Provide each client with a professional disclosure statement that will include current education, license/permit status, credentials and supervisory information. The supervisory information must include my name, credentials, phone number, and email address. Statement must be brought to the first supervisory meeting for approval
- 12) Contact supervisor by phone during a critical incident
- 13) The associate must consult with the supervisor prior to accepting a client in his/ her practice if presenting symptoms are beyond the associate's scope of competency



- 14) Provide supervisor with case conference form on each client presented. For confidentiality only use the first name of the client. Only one per client needs to be completed and turned in. I will keep these on file
- 15) Accurately track hours throughout supervision and complete necessary paperwork in a timely manner
- 16) Maintain case documentation in a timely manner
- 17) Openly explore clinical strengths and areas for clinical growth
- 18) Be open to feedback and to different techniques and models
- 19) Be receptive to personal therapy outside the supervisory process, on your own volition or upon the recommendation of the supervisor
- 20) To cancel supervision sessions with 24 hours notice
- 21) To pay on time

Confidentiality Policies: I am a supervisor in training and therefore I am receiving mentorship as I complete my hours. Information about our supervision sessions will be shared with my mentor.

I agree to uphold the confidentiality of you and your clients when working with my mentor. You are required to uphold the confidentiality of your clients in supervision. All efforts to abide by the AAMFT code of ethics will be made when they are not in direct conflict with Federal Law/Status. If necessary, information from supervision may be shared with subsequent supervisors and licensing boards.

Emergency Plan

In case of an emergency we will call, text and/or email one another for personal emergencies.

For emergencies involving clients where there is a possibility of reporting abuse, please contact me via phone at 502.438.6460

If you think you, a client, or another individual is in imminent danger, call 9-1-1 or the local police department.

In the event that emergency responders have been contacted, please inform me immediately and we will arrange appropriate supervision/support.

If I am unavailable and you need immediate supervision you may contact Cheryl Gilbert at 502.608.8581



Informed Consent for Telehealth Supervision

Benefits and risks: When using technology, there is always the risk of security issues, as well as technical issues (poor internet connection, computer or software not working, etc.). Below you will find information, a plan, and recommendations in order to minimize risks. In addition to identified risks, there are several benefits that come from using technology. For instance, it allows supervisors to connect with trainees who may be located throughout the state/at a distance. Furthermore, there is an opportunity for more flexibility in scheduling, and there is convenience in being able to connect from a space of your choosing.

Confidentiality: The supervisor will take all precautions to ensure online supervision is confidential, but the trainee is informed that transmission could possibly be disturbed or distorted by technical failures, or interrupted or accessed by unauthorized persons. In order to protect your/your client's confidentiality and to facilitate the security of information as much as possible, you are required to conduct your supervisory session in a private location where you cannot be heard by others (i.e. friends, family, co-workers, etc.). Furthermore, you agree to password protect any technology you will be interacting with your supervisor on, and you must always log out or hang up once sessions are complete.

Connection: Firewall protection and connection to a private internet server are required in order to prevent a breach of confidentiality. Do not use a public server as there are high vulnerabilities of being breached.

We will use a HIPAA secure video conferencing platform in order to provide confidential services. The technology platform I use is Doxy.Me, Phone.Com, and Google Meet for supervision. All are HIPAA and PHI compliant platforms as a BAA agreement has been signed.

We will first use Doxy.Me. If that fails we will move to Phone.Com, and if that fails we will move to Google Meet.

If the internet is completely unavailable we will do supervision by phone on a one time only emergency basis and then make arrangements for in person supervision moving forward until the internet is available.

I agree to abide by the telehealth conditions above and I acknowledge the risks and benefits of conducting supervision via telehealth

Signature of Associate

Date



What Theoretical model have you chosen or most identify with?

Where do you see yourself in five years?

Please list 3 goals you would like to work on with your supervisor.

- 1) _____
- 2) _____
- 3) _____

I agree to the terms and conditions of this agreement and I agree to abide by these terms. This agreement will remain in effect until the associate applies and receives full state licensure by the state of Kentucky licensure board or by mutual agreement of both parties with a 60 day written notice.

Should the associate not make monetary payments as agreed the supervision will be terminated and the Kentucky state licensure board will be notified.

Associate's Signature

Date

Supervisor's Signature

Date

Supervisor's Permit Number