**Lindsay Edwards, PhD LMFT**

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**SUPERVISION AGREEMENT**

*This superivision agreement is between Lindsay Edwards, PhD LMFT*

*AND*

(*Name*)

(*Phone*)

(*Email*)

(*Address*)

*The following information is provided to you so that you can fully understand your rights as a supervisee. This information is essential for helping to establish the understanding and trust essential for an effective supervisory relationship. Please read this document carefully, as it includes important information regarding my work as a supervisor, my policies, and my expectations for you as the supervisee. You may discuss any questions or concerns you have with me at any point, but know that after you have signed this agreement, it will constitute a binding contract between us that you have read, understood, and agreed to the following information.*

**Background Information and EXPLANATION OF Supervision:**

* I am a registered Marriage and Family Therapists in the state of Colorado (MFT.0001208) and an AAMFT Approved Supervisor. My clinical training includes a Master’s degree in Family Studies and Human Services with a specialization in Marriage and Family Therapy from Kansas State University and a PhD in Human Development and Family Studies with a specialization in Marriage and Family Therapy from the University of Connecticut.
* My approach to supervision is one that emphasizes collaboration and equity. What this means to me in terms of our work together, is that we will collectively move toward defining and developing your professional identity as a systemically oriented clinician. I am interested in knowing who you are, what you believe your strengths are, where you see your areas for growth, and how you think about the mechanisms of change. My intent is to privilege your experience of this journey in a way that you feel supported in your professional growth and development. Although my hope is that this process feels primarily collaborative, it is important to remember that, as a supervisor, I also function as an evaluator of your work. Furthermore, I am responsible for ensuring that no harm comes to your clients. By virtue of these important responsibilities, our relationship is inherently hierarchical. Rather than overlooking this fundamental imbalance, I would like us to have an open and continuous conversation about our interpersonal dynamics of power. Know that I have your very best interest at heart and that my intent is to teach you all that I can related to working as an ethical, culturally competent, and sound clinician. So, while my feedback about your work may at times be hard to hear, it is important that you remember it is offered in the interest of helping you enter this profession as best prepared as possible. Finally, it is important that you know that, as a supervisor, I also function as a “gatekeeper” to the profession of Marriage and Family Therapy. This means that it is my job to ensure the clinicians I supervise are ready to work as independently licensed professionals. If I have concerns about your ability to do this, I will inform you as early as possible and provide supportive remedial steps.

**Supervisee RIghts:**

* You are entitled to a safe and respectful atmosphere that fundamentally values diversity, nondiscrimination, and the promotion of justice where concerns about clients, therapy or the therapists/client/supervisor system can be fully discussed.
* You are entitled to a supervisory relationship where you feel comfortable raising concerns, disagreeing with my intervention suggestions, holding alternative perspectives and highlighting any misuse of power on my part.
* You are entitled to sufficient notice (the morning of) if I need to cancel a supervision meeting.
* You are entitled to a confidential space where our discussions remain private and exclusive to our interactions. If an issue arises where I need to consult with another Licensed Marriage and Family Therapist supervisor, I will speak in generalities and not use any identifying information for you or your clients.
* You are entitled to my written endorsement of your supervision hours upon their completion.

**Supervisee Responsibilities:**

* You are expected to comply with the AAMFT Code of Ethics and HIPAA. By signing this contract, you are indicating that you will follow both.
* You are expected to keep me informed about potential impasses in therapy or disputes with clients, any allegations of unethical behavior by clients, colleagues, or others, threats of lawsuit or formal grievance, any difficulties you are experiencing that disrupt your ability to work with clients, legal issues such as reporting child abuse, and suspected or known ethical violations.
* You are responsible for tracking your clinical experience hours and bringing them to be for signature at each supervision appointment. These hours should reflect the total number of client contact hours and supervision hours that have occurred since the proceeding supervision appointment.

**DISAGREEMENTS, CONCERNS, AND IMPASSES:**

My hope is that supervision will be a generally positive and helpful experience for you. As a supervisor, I will work very hard to support your development while at times providing feedback on what adjustments you must make to reach your goal of becoming an effective Marriage and Family Therapist. If you are uncomfortable with supervision or have a concern, I ask that you first come to me to discuss your grievance. I also ask that you do so as soon as possible so that we can address the issue while it is still minor and has not evolved into something more difficult to resolve. Know that I want to attend to any concerns you have and I may simply not be aware that there is a problem. If you feel that a disagreement, concern or impasse you have shared with me has still not been handled satisfactorily, I will support you in trying to find alternative supervision for your work. If I have expressed a concern to you regarding your practice and it is not sufficiently resolved, I reserve the right to notify others, including the Colorado Department of Regulatory Agencies (DORA) Marriage and Family Therapy licensing board if needed.

**HANDLING EMERGENCY SITUATIONS:**

Your scheduled supervision sessions will, for the most part, provide adequate opportunities to discuss your clinical caseload. With this said, there may be circumstances in which you require supervision outside of your regular time for handling emergencies and mandated-reporting situations. In an emergency situation, you will first need to follow emergency procedures that maintain client safety and comply with legal requirements for duty to warn and mandated reporting. After handling the situation in the immediate moment, it will be important that you call me within 24 hours to let me know what occurred.

**FEES AND PAYMENTS:**

My supervision services are provided for a fee of ­­­\_\_\_\_\_\_\_\_ for each hour (\_\_\_\_\_ minutes). These fees are subject to change with appropriate notice. Additional fees will be charged for services provided outside of regularly scheduled supervision meetings (i.e. supervision phone calls lasting over 30 minutes). I accept cash and payment through the VENMO, PayPal, or Zelle as forms of payment.

**CANCELATION OF SUPERVISION MEETING:**

The time for your supervision is set aside specifically for you, so late cancellation or not showing up to a meeting prevents me from scheduling something else at that time. In the event that you cannot attend a supervision meeting, please notify me no later than the morning of. If you fail to appear for a scheduled appointment or you do not cancel the morning of, you will be charged the standard fee for that appointment. If you have had an extenuating circumstance that led to your missed appointment, you will be given one free missed appointment. After using this one free missed appointment, you will be charged the standard fee for any subsequent missed appointments regardless of extenuating circumstances. Please contact me within a week to reschedule. Thank you for providing advanced notice when you need to change an appointment.

**PROFESSIONAL DEVELOPMENT AND CLINICAL GOAL(s):**

We will determine initial professional development and clinical goals for our work together. These goals can be revised as needed, but I will ask that we will revisit and revise (if necessary) them on an annual basis at a minimum.

**We have gone over this document, and I have been given an opportunity**

*(Please Print Name)*

**to discuss concerns and ask questions.By signing below, we indicate our willingness to enter into this**

**supervisory agreement as described in this document.**

Supervisee Signature: Date:

Supervisor Signature: Date: