



ISSY KLEIMAN MA, LMFT

## **SUPERVISION AGREEMENT**

Issy Kleiman, MA, LMFT

### **Supervisor Contact Information**

Issy Kleiman, MA, LMFT

Washington State LMFT License #LF60032200

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Cell: 206-579-8825

Emergency Contact, Issy Kleiman: 206-579-8825

Emergency contact, Dr. Bill Forisha: (206) 661-6918

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### **Supervision Agreement**

This agreement is intended to establish parameters of supervision, assist in supervisee professional development (whether licensure, post-licensure, or developmental supervision), and provide clarity in supervisor responsibilities, including the responsibility of the supervisor to protect the client. This agreement includes my educational background, training, licensing and counseling experience, approach to, and the parameters of, supervision. A more detailed description of my approach to supervision is presented in my Philosophy of Supervision (available upon request).

### **Supervisor's Scope of Competence**

I am a Washington State licensed marriage and family therapist (LMFT): #LF60032200. I am a clinical member of the American Association of Marriage and Family Therapy (AAMFT), and an AAMFT Approved Supervisor. I supervise couples and family therapists, MHC's, LICSW's, and mental health counselors.

### **Approach to Supervision**

My supervision model is an extension of my approach to therapy. Taking an integrative approach, I draw from some of the well known and influential masters of family therapy, and value the work of Murray Bowen, Carl Whitaker, Virginia Satir, Salvador Minuchin, Milton Erikson, Carl Rogers and Michael White in a Common-factors framework. The purpose of supervision is to facilitate the supervisee's (a) clinical and professional development, self-awareness, and cultural competence; (b) increase and strengthen skills acquisition; and (c) ensure client welfare.

## **Competencies Expectations**

Supervision occurs in a systemic, multicultural sensitive, competency-based framework. I co-collaborate with the supervisee in the assessment of clinical and professional competencies (knowledge, skills, and values/attitudes). Assessments are based on observation and report of clinical work, supervision, and competency instruments.

## **Context of Supervision**

Supervision consists of a minimum of 50-minute, face-to-face weekly or biweekly sessions. Supervision focuses on raw data from the supervisee's continuing clinical practice, which can be observed through a combination of direct live observation, co-therapy, written clinical notes, audio and video recordings, and live supervision.

Every three months, the supervisory team (supervisors and supervisee) will jointly evaluate the supervision process and the learning benchmarks as outlined in the professional development supervision contract. A decision will be made to continue, revise, or discontinue supervision at that time. Supervision fees are subject to change one year from the date of this agreement. Supervision fees are as follows:

### Group Supervision

- Non AUS Graduates (\$240. every month)
- AUS Graduates (\$200 every month)

Individual Supervision: ( Individual supervision may include up to two supervisees who split the fee)

- Non AUS Graduates (\$160 per session)
- AUS Graduates (\$140 per session)
- Clinical Supervision \$80-\$120/hr individual: (Sliding scale rates may apply for clinicians obtaining clinical license)

*MFTs: Individual supervision may include up to two supervisees at one time or when applicant receives live supervision while seeing client behind one-way mirror. Groups may consist of no more than six supervisees, regardless of the number of supervisors. Group supervision may be counted for supervisees behind the mirror with supervisor.*

## **Duties and Responsibilities of Supervisor**

As your supervisor, I am responsible for the following tasks:

1. Oversee and monitor all aspects of client case conceptualization and treatment planning.
2. Review video/audio tapes outside of supervision session.
3. Establish and sustain a positive supervisory relationship.
4. Assist in development of competency-specific goals and tasks to achieve in supervision.
5. Facilitate supervisee problem solving.
6. Explore interventions and directives for clients.
7. Encourage exploration and application of theoretical knowledge in clinical practice,

- and in so doing, establish preferred theoretical orientation(s).
8. Develop new and strengthen existing clinical skills, techniques.
  9. Model self-as-therapist including belief systems, worldview, values, culture, transference, countertransference, parallel process, and isomorphism in therapy and supervision.
  10. Sustain a high level of professionalism in all interactions.
  11. Identify and address strains or ruptures in the supervisory relationship.
  12. Establish informed consent for all aspects of supervision.
  13. Sign off on all supervisee case notes.
  14. Differentiate administrative from clinical supervision and ensure the supervisee receives optimal clinical supervision.
  15. Clearly differentiate supervision from therapy, and demonstrate how increasing differentiation may include addressing family-of-origin that may be contributing to transference and countertransference issues.
  16. Discuss and ensure understanding of all aspects of the supervisory process in this document and the underlying legal and ethical standards from the onset of supervision.

### **Duties and Responsibilities of the Supervisee**

As a supervisee, your responsibilities include the following:

1. Adhere to AAMFT/ACA ethics and guidelines.
2. Review client files, video/audio tapes before supervision.
3. Come prepared to discuss client cases and literature pertaining to evidence-based practices and/or practice management.
4. Prepare and present case conceptualizations in a systemic, multicultural and gender sensitive context.
5. Provide and receive feedback relative to transference, countertransference, and isomorphic experiences in clinical practice and supervision.
6. Communicate competency-specific goals and tasks to achieve in supervision.
7. Communicate specific needs relative to supervisor input.
8. Communicate strengths and specific needs relative to areas of future development.
9. Understand the liability (direct and vicarious) of the supervisor with respect to supervisee's practice and behavior.
10. Identify to clients his/her status as supervisee, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor.
11. Disclose errors, concerns, and clinical issues as they arise.
12. Raise issues or disagreements that arise in the supervision process to move towards resolution.
13. Provide feedback on supervision process to supervisor on a weekly basis.
14. Remain open to supervisor feedback.
15. Consult with supervisor or delegated supervisor in all cases of emergency.
16. Implement supervisor directives in subsequent therapy sessions or before as indicated.
17. Discuss with the supervisor any areas of personal or professional concern related to the supervision process, relationship or client care.

**Procedural Aspects**

1. With few legal exceptions (see #2 below), client information shared in supervision is strictly confidential. That being understood, the supervisor will treat all other supervisee disclosures with discretion.

There are limits of confidentiality for supervisee disclosures. These include ethical and

1. legal violations, and indication of harm to self or others.
2. Progress toward supervision goals will be reviewed at the end of each supervision session.
3. If the supervisor or the supervisee must cancel or miss a supervision session, the session will be rescheduled.

The supervisor must be contacted for all client emergencies, ethical dilemmas, or any best-practices issues or concerns. The supervisee may contact the supervisor at: 206-579-8825 or the on call supervisor, Dr. Bill Forisha at: (206) 661-6918

This agreement is subject to revision at any time by mutual agreement of both parties or to revocation by either party upon written notice to the other. It shall remain in effect from the date below (the first supervision session) until the end of supervision, or until it is revised or revoked.

We agree to uphold this agreement to the best of our abilities.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee

\_\_\_\_\_  
Date