

Supervision Consent Form and Agreement Magdalena

Karlick, ATR – BC, LPCC

917-626-5360

mkarlick36@gmail.com LPCC License #:

0146971

ATR-BC #: **11-125**

I am pleased to have the opportunity to serve as your off-site clinical supervisor. The purpose of this consent form is to familiarize you with me as your supervisor and to explain what you can expect from your relationship with me.

Education / Credentials

I have a bachelor's degree in Community Learning and Development from New York University, and a master's degree in Art Therapy and Counseling with a certificate in Interpersonal Neurobiology and Action Methods from Southwestern College. I have a post-graduate certificate in Expressive Arts from the European Graduate School, and I am a doctoral student at EGS. I am an independently licensed counselor in New Mexico and nationally credentialed art therapist. I have extensive training certification in Expressive Arts, Sandplay, and in Somatic Experiencing.

I have worked in community mental health centers such as Youth Shelters and Southwestern Counseling Center as an Individual, Couple, and Family counselor. I have also worked in Santa Fe and Pecos schools with Youth Works and Ride to Pride with individuals and groups. I held the founding position of school counselor at the Santa Fe School for the Arts and Sciences, predominantly working with students aged 9-14, their families and teachers.

I am full-time faculty and advisor at Southwestern College in the Art Therapy / Counseling program, and I am the director of the Masters of Art Therapy for Clinical Professionals. I am also the Art Director at Creativity for Peace Camp, working with teenage girls from Palestine and Israel, in cross-cultural dialogue and peace building.

My theoretical orientation for counseling integrates client-centered and relational perspectives. I use techniques from these orientations as well as from Intermodal Art Therapy, Sandplay therapy, and I implement Somatic Experiencing, Psychodrama, and Gestalt techniques.

It is my belief that as Art Therapists and Counselors, we are in service to our communities and our clients. This means that one's personal values and perceptions regarding "health", "normal", "creativity", "family", "boundaries" and "care" need to be unpacked within the cultural contexts of our clients and communities.

Approach to Supervision

Supervision is designed to assist you in improving counseling skills, case conceptualization skills, personal growth and professional identity. It is also my ethical responsibility to monitor client care. As your supervisor, I will function in four roles during our sessions: teacher, consultant, counselor and evaluator. I will support your theoretical orientation and expose you to additional approaches when appropriate.

You are expected to come to sessions prepared with your case conceptualizations, documentation of goals and progress, personal experience as therapist, requests for help, and client artwork if applicable and available. It is important that you keep names and identifiable contextual information about your clients confidential, and if it turns out that I know a client you are working with, you will need to find outside supervision for that client.

I often ask questions regarding the perspective you have about your client, and inquire

about your own projections and assumptions. It is important that I understand client history, to help evaluate safety. If I ask questions that you don't know the answer to, that's ok. If it seems that it may be necessary to find out this information, please do so before our next meeting.

Sometimes I am wrong, please let me know if something I have said feels incorrect or if a suggestion I have made won't be implementable. I am not an expert on your interactions or work with your clients!

Sometimes in supervision we will use art or symbols to explore some of the issues that are arising with your clients, or in regards to your experience of your clients.

Supervision has both benefits and risks. The benefits include personal and professional growth and increased comfort and skills in counseling and case conceptualization. The risks include experiencing discomfort due to challenge, anxiety, frustration or confusion. I believe that discomfort is part of the growth process. Please discuss with me any feelings you experience during this process. I can be reached at the numbers below if you should need to contact me between sessions or in an emergency.

Art

If you are an Art Therapist in training, and are using our supervision towards Art Therapy certification, ideally client art is a part of the supervision! It's preferable that originals or pictures of artwork made are brought to supervision, however some agencies / clients do not allow this. Please be prepared to describe the process of creating the art (material choice, implementation of materials), the product, how it was discussed in session, and the client's attitude towards it.

If possible, please have the clients who you will be discussing in supervision sign an appropriate release form so that you can share their work in supervision. This will also need to be discussed with your on-site supervisor.

Evaluation

Evaluation is an ongoing process. Both formative and summative methods will be used. We will create supervision goals that reflect your learning edge and objectives. We will review these goals and I will provide a verbal summative evaluation every 4-6 meetings. If you would like a written evaluation, please let me know.

If you have any concerns or are dissatisfied with your supervision or the evaluation process, please discuss them with me. As miscommunication and misunderstanding can often breed dissatisfaction and resentment, clarification and direct communication can offer resolution and a recommitment. And, if it turns out that I am not a good fit for the work that you are doing, please let me know, and find a supervisor who will support your growth as an Art Therapist and/or Counselor!

Cost

For licensed therapists I charge \$90 per hour of supervision. If a check-in phone call lasts longer than 10 minutes, you will be expected to pay for the percentage of the hour used. For students in internship I charge \$60 per hour of supervision. Group supervision is provided monthly, 3 hours a session at \$90 per session. These are closed groups with 5 members. Each member gets about 30 minutes dedicated to their professional work.

Cancellations

We all get sick! Sometimes last minute. Please keep open communication with me regarding illness or inability to make it to a supervision session. My policy is that half of the hourly charge is required if an individual does not show up to our meeting without contacting me. If there seems to be a pattern of cancellations, we will address it.

Legal / Ethical Issues

As your supervisor, it is my independent license that you will be practicing under. Any boundary transgressions or crossings will affect both of our licenses. With that said, it is important to understand that I am the gatekeeper to the profession, and it is my responsibility to communicate directly and take notes about your work with your clients, including any ethical concerns that I may have.

The information that you share during our sessions will remain confidential, except where I am released to discuss information provided. I will not reveal information about our Supervisor/Supervisee relationship without your knowledge. My services will be offered in a professional manner and will be consistent with the Ethical Guidelines for Counseling Supervisors. Review ethical guidelines at: <http://164.64.110.134/parts/title16/16.027.0019.html>

Supervision is not intended to provide therapy for the supervisee, however it is my belief that it is of utmost importance to pay attention to how your perspective and personal experience relates to and affects the therapeutic relationships, in benefit of your growth as a therapist and in benefit of seeing your clients clearly. If personal concerns arise that interfere in your functioning as an intern / therapist, and/or if you are consistently unable to use our time as professional supervision, I will encourage you to seek further counseling, with your therapist.

Statement of Agreement

By signing below, both parties indicate that they have read and understand this document and agree to participate in supervision according to the guidelines set forth in this contract.

Supervisee _____ Date _____

Supervisor _____ Date _____

Supervisee information

Phone number:

Email address:

Home address:

Agency(s) at which you are employed:

Name and contact information for on-site supervisor:

