

Supervision Consent Form and Agreement
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I am pleased to have the opportunity to serve as your 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 am an independently licensed counselor in New Mexico and nationally credentialed art therapist. I am working towards further certification in 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 am currently the school counselor for the Santa Fe School for the Arts and Sciences, predominantly working with students aged 9-14.

I am a current adjunct faculty member and advisor at Southwestern College in the Art Therapy / Counseling program.

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

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 choice of counseling theory 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. It is important that you keep names 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. I am not the expert on your interactions with your clients. 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.

Sometimes in supervision we will use art or symbols to explore some of the issues that are arising with 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, art must be 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.

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.

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 summative evaluation every 4-6 meetings.

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.

Cost

For licensed therapists I charge \$80 + tax 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 \$50 + tax per hour of supervision.

Cancellations

We all get sick! Sometimes, last minute. Please keep open communication with me regarding illness or inability to make it to a consultation. At least 2 hour notification for cancellation is needed. 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 effect 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.

As I am an off-site supervisor, it is necessary that I have access to some clinical information, such as: *a signed release form with your onsite supervisor, original / images of the artwork created in session, audio taped sessions with a client, and / or client notes and treatment goals.*

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://www.nmcpr.state.nm.us/nmac/parts/title16/16.027.0019.htm>.

Supervision is not intended to provide personal counseling for the supervisee, however it is my belief that it is of utmost importance to pay attention to your personal experience of the therapeutic relationship, in benefit of your growth as a therapist and in benefit of seeing your client 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 Signature

Date

Supervisor Signature

Date

Supervisee information

Phone number:

Email address:

Home address:

Agency(s) at which you are employed:

Name and contact information for on-site supervisor:

Supervision Release Form

This release form acts as a bridge between on-site supervision for

_____ (supervisee) at _____ (site),

and off-site supervision with Magdalena Karlick, ATR-BC, LPCC.

This supervisee has pursued off-site supervision for these reasons:

_____.

To be an effective off-site supervisor it is essential that I am able to see artwork that clients create, client treatment goals, and examples of notes that my supervisee is submitting. I realize that confidentiality is our ethical responsibility to our clients, and all identifying information should be removed from these documents. Similarly a release form regarding supervision for artwork and documentation is necessary for clients to sign.

I am willing to come for a site visit if the on-site supervisor is willing to host this visit.

I would like to be in communication with the on-site supervisor in case of boundary crossings or violations that our shared supervisee may be involved in, as well as cases that involve lethality so that I can document the ethical steps taken.

I understand that the on-site supervisor _____ will have agency boundaries around client confidentiality and an ethical responsibility to uphold these boundaries. I will not ask to receive identifying information about clients.

By signing below, the supervisee allows Magdalena Karlick, ATR-BC, LPCC and

_____. To speak about the progress of the supervisee, including their goals and learning edges, to support their growth as a professional.

Supervisee Signature

Date

On-Site Supervisor Signature, Date, Phone number and/or email address

Magdalena Karlick, ATR-BC, LPCC
917-626-5360
mkarlick36@gmail.com

Date