

Wendy Iglehart, MA, LCPC, LLC
Approved Clinical Supervisor #603
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Welcome Packet and Clinical Supervision Contract

Welcome to my practice. This document contains important information about the services and clinical supervision business policies. Please read this carefully and ask any questions you might have. When you and I sign this document, it will represent an agreement between us.

Purpose, Goals, and Objectives

- Monitor and ensure welfare of patient's seen by you
- Promote development of your own "professional counselor" identity and competence
- Fulfill academic requirements of your Practicum
- Fulfill requirements in preparation for your pursuit of counselor licensure

Mission of Supervision

- Create and facilitate our professional relationship
- Help conceptualize and explore individual cases
- Teach differential diagnosis
- Guide counseling techniques and application of theoretical orientation
- Review case notes and documentation
- Model and ensure practice of legal, ethical, and professional conduct
- Provide ongoing feedback
- Evaluate

Context of Services

- One (1) clock hour of individual supervision weekly
- Individual supervision will be conducted in my office -- 10 Warren Road, Suite 120, Cockeysville.
- Digital video or audio recordings of your counseling sessions will be viewed on my laptop computer.
- Regular review of your counseling video or audio recordings and clinical documentation in weekly individual supervision.
- Including but not limited to, a motivational interviewing style, collaborative case conceptualization, interpersonal process recall, and role plays will be used in supervision.
- Group supervision meetings, if available

Method of Evaluation

- Formal and informal feedback will be provided by me during each session
- Specific feedback provided by me will focus on your demonstrated counseling skills and clinical documentation, which will be based on my regular observation of your counseling sessions (via digital video or audio recordings), as well as clinical documentation
- Challenge you to justify approach and techniques used
- Provide a written evaluation of your progress every 3 months

Duties and Responsibilities of Supervisor

- Ensure that you are practicing within the scope of your license and my license
- Determine the skill level at which you may practice
- Examine patient's clinical information (e.g. assessment) and determine appropriate services
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of supervisory sessions
- Ensure that you have read and are knowledgeable about Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and state and federal laws related to reporting requirements and emergency procedures for high risk or abused patients, as well as confidentiality and privileged communication
- Be responsible for your clinical professional practices
- Intervene when patient welfare is at risk
- Provide emergency supervision and directions to you by a board approved supervisor
- Within a reasonable period of time before termination of supervision, provide you and employer with a notice of termination to avoid or minimize any harmful effect on your patients
- When deemed appropriate and necessary, give recommendation for you to seek own individual psychotherapy/counseling
- Maintain professional liability insurance

Responsibilities of Supervisee

- Verify that I have been approved by the Board
- Establish and execute written contract for supervision before beginning to practice clinical professional counseling
- Attend and participate in supervision as agreed in the written contract for supervision
- Prepare for supervision using case materials related to your clinical counseling practice
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of supervision, to be available for verification to the Board, on request by the Board or the authorized agent of the Board.
- Refrain from engaging in practice of clinical professional counseling independent of supervision, (e.g. solo practice)
- Provide each patient with a copy of a professional disclosure statement as described in Health Occupational Article, 17-507, Annotated Code of Maryland and COMAR 10.57.12 clearly stating that counseling services are provided under clinical supervision, and provide name of supervisor with address and contact information

- Obtain a signed release of information and informed consent for treatment form from the patient which indicates that the patient: 1) is aware that counseling services are being provided under clinical supervision; 2) consents to the recording of counseling sessions with the knowledge that the recording may be share with and be limited to the supervisor; and 3) consents to the sharing of patient information between the licensed graduate professional counselor and the named/identified supervisors
- Uphold ACA 2005 Code of Ethics
- Maintain professional liability insurance and provide copy of certification to me prior to beginning supervision
- View or review counseling sessions video/audio recordings in preparation for weekly supervision
- Be prepared to discuss all patient cases -- have any patient's files, current or completed patient case notes, counseling sessions recordings ready to review in weekly supervision sessions
- Record notes/comments/recommendations of meetings, which I'll review end of each meeting and sign.
- Bring DSM to meetings
- Complete patient case notes in a timely fashion
- Complete and prepare supervision notes in a timely fashion
- Consult with staff and Supervisor in cases of emergency
- Implement supervisory directives in subsequent sessions
- Practice working from appropriate counseling theories and skill set
- Demonstrate willingness to discuss in supervision experiences of professional development

Procedural Considerations

- Your written case notes, treatment plans, and video/audio recordings will be reviewed and evaluated in each session
- Issues related to your professional development will be discussed in each supervision session
- Issues related to our relationship will be discussed in supervision session when necessary by either party
- Sessions will be used to discuss issues of conflict and failure of either party to abide by directives outlined in contract. If concerns of either party are not resolved in supervision, _____ will be consulted
- In event of emergency, you contact me on my cell (443-824-0222) or home number

Terms of Contract

This contract for supervision is meant to formalize the professional relationship and responsibilities between Wendy Iglehart, LCPC, Clinical Supervisor and _____, Supervisee, in which the supervision directs, guides, monitors, instructs, and evaluates the supervisee's knowledge, skills, and abilities to provide clinical professional counseling in an ethical and competent manner in compliance with Health Occupation, Title 17, Annotated Code of Maryland, and related COMAR regulations.

This supervision contract is subject to revision at any time, upon request of either the Supervisor or Supervisee. A formal review of the contract will be made at the mid-point of supervision completion requirements, and revisions will be made only with consent of Supervisor and Supervisee.

We agree to uphold the directives and provisions outlines in this contract to the best of our abilities, and conduct our professional behavior according to ethical principles and standards of conduct of our professional association.

Supervisee's Expressed Learning Objectives

- 1.
- 2.
- 3.
- 4.
- 5.

Supervisor Signature/Date

Supervisor (Printed)

Supervisee Signature/Date

Supervisee (Printed)

This contract is effective from _____ (start date) to _____ (finish date)

(Date of revision or termination) _____