

Dr. April T. Brown, Ed.D., LMHC 9682
Genesis Counseling Center
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Supervision Form for Counseling

This form serves as verification and as a description of counseling supervision between a Registered Mental Health Counselor Intern _____ IMH _____ and Dr. April T. Brown Ed.D., LMHC 9682 for supervision as outlined in Florida Statutes chapter 491 and Florida Administrative Code Rule Chapter 64B4 of the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling. In this contract, the party who is contracting to receive the services (Registered Mental Health Counselor Intern) shall be referred to as "Supervisee" and the party who will be providing the services shall be referred to as "Supervisor". Both parties agree that requirements have been met for their respective roles of Registered Mental Health Counselor Intern and Qualified Supervisor according to Florida Statute chapter 491.

This contract has valuable information about the services offered, confidentiality, and Supervisee's and Supervisor's duties and responsibilities. Please read this over and sign the last page stating that you have received this information. If you have any questions about this contract, please feel free to ask. I will address your concerns.

1. Purpose, Goals, and Objectives:

- To monitor and ensure the welfare of clients serviced by supervisee.
- To promote the professional development of the supervisee as a registered mental health intern.
- To fulfill the requirements in preparation for supervisee's pursuit of a mental health licensure.

2. Context of Services:

- One (1) clock hour of individual supervision per 15 hours of client contacts, with a minimum of 1 hour of supervision every two weeks.
- Supervision will be conducted around private practice clients.
- Individual Supervision will be held at Genesis Counseling Center at 8359 Beacon Blvd. Suite 200, Fort Myers, FL.
- Your supervision time will be on _____ (day of the week) from _____ to _____ (time).
- It is understood that the frequency of supervision may need to be adjusted to satisfy the ratio of face-to-face client hours with supervision hours (1 hour of supervision for every 15 hours of client contact).
- Person-Centered Model will be used for supervision and there will be a regular review of clinical progress notes and counseling recorded sessions.

3. Method of Evaluation

- Supervisor will provide feedback during each supervision session that will focus on the supervisee's counseling skills and clinical documentation.
- Supervisor will work with supervisee on a variety of self-reflect assessments for monitoring progress.
- Supervision notes will be share with supervisee at supervisor's discretion and at the request of the supervisee.

4. Duties and Responsibilities

- **SUPERVISOR**
 1. Assist the supervisee in monitoring clients presenting complaints and help with developing treatment plans.
 2. Review recorded sessions and case notes for supervisee's attitudes and beliefs.
 3. Communicate the professional, ethical, and legal standards of the profession to the supervisee.
 4. Facilitate conditions for self-reflection and model self-reflective attitudes and behaviors.
 5. Promote and demonstrate empathy self-reflection, self-motivation, and self-actualization skills.
 6. Encourage the use of restatement, clarification, and attention to non-verbs when working with clients.
 7. Provide assessments and feedback of the supervisee's clinical skills, strengths, and needs.
 8. Support the supervisee's development as a mental health counselor.
 9. Document the supervision through progress notes and provide written evaluations every six months.
 10. Complete and sign a *Supervised Experience Attestation Form* to document the hours of supervision provided

• **SUPERVISEE**

1. Make sure license application and supporting documents are current and filed as required.
2. Promote and respect each client's rights and welfare.
3. Obtain from all clients a signed informed consent form that explains the discussion of their cases in supervision. The original forms will be kept in the clients' files and copies will be provided to the supervisor.
4. Keep accurate and current files of all clients in a lock file cabinet while under supervision.
5. Prepare to review any case as requested by the supervisor.
6. Participate in the evaluation process, including self-evaluation.
7. Remediate any and all limitations that might impede supervisee's performance as a counselor, if such should occur during supervision. Supervisee should notify supervisor of any perceived deficits in training, specifically as it pertains to client safety.
8. Consult with supervisor in cases of emergencies and notify supervisor immediately:
 - a. If any known or suspected signs of abuse and neglect of a child or an elderly person.
 - b. If any disclosure of threat of violence, harm, or suicidal ideation.
9. Keep a log of clinical hours worked and supervision received
10. Keep supervision appointments as scheduled and notify supervisor if unable to keep any appointment at least 24 hours in advance. If supervisee arrives late for an appointment, it is understood that time may be lost from the supervision time.

5. Procedural Considerations

In case of an emergency, the supervisor can be reached at 239-565-6921 (cell), 239-938-7704 (office), and 239-489-4656 (home). If unable to reach supervisor, please call Linda Reynolds at 239-841-2568. She is a LMHC at Genesis Counseling.

6. Fees & Payments

The standard supervision fee for an appointment is _____ and the fee is due at the end of the appointment. Appointments are usually 45-60 minutes long. Fees can be paid by cash, check, MasterCard, or Visa, and you will receive a receipt.

7. Supervisor's Credentials and Scope of Competence

Dr. April T. Brown is a Mental Health Counselor who has been in the counseling field in Lee County since 2000. She has a diverse background in counseling adults, teens, couples, and families. Her work experience includes working in public schools, colleges and universities, and in private practice since 2005. She has a Bachelor's Degree in Business and a Master's and Specialist Degree in Counseling and Human Systems from Florida State University and a Doctoral of Education Degree in Counseling Psychology from Argosy University. She holds a Florida License in Mental Health Counseling and Supervision and a Certificate in Guidance and School Counseling. Currently Dr. Brown works full-time as a LMHC Counselor at Hodges University and part-time in private practice at Genesis Counseling Center. She is a member of American Counseling Association and the Vice-President of the Gulf Coast Mental Health Association.

Dr. Brown believes that counseling is helping others carry their crosses in life. Her counseling style is cognitive-behavioral because it is an effective way of developing good coping skills for many social and personal issues such as stress, depression, anxiety, anger management, addiction, relationship difficulties, and many other mental health problems. She specializes in dealing with clients who have anxiety, depression, anger management, relationship, self-esteem, abuse, decision-making, loneliness, and/or job and career issues. Dr. Brown loves empowering people to face their life's challenges, and she provides an empathetic atmosphere for her clients to realize they are not alone in their struggles, and that they have interpersonal strength to change themselves.

8. Supervision Process and Approach

Dr. Brown has used mostly techniques from a Person-Centered Supervision Model. She has an open-door policy and she wants her counselors to feel self-confident and empowered in their ability to provide counseling services. Thus, she creates an authentic, trustful, empathetic, warm, and supportive environment.

9. Terms of the Contract:

This contract is subject to revision at any time, upon the request of either the Supervisor or Supervisee. We agree to the best of our ability to uphold the directives specified in this supervision contract and to conduct our professional behavior according to the ethical principles of our professional association.

Supervisee Signature _____ Supervisor Signature _____ Date _____

This contract is effective from (Start Date) _____ to (Finish Date) _____

Date of revision or termination _____