

***Elsbeth Martindale, Psy.D.***

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**LPC/MFT SUPERVISEE INFORMATION FORM**

**CONTACT INFORMATION**

Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Job Title where currently acquiring hours \_\_\_\_\_

Employer \_\_\_\_\_

Number of hours worked each week \_\_\_\_\_

Highest Degree: \_\_\_\_\_ School: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Internship \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Who suggested you contact me? \_\_\_\_\_

May I thank them? \_\_\_\_\_

Contact information: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

What skills are you hoping to build during your supervision?: \_\_\_\_\_

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What are your fears or concerns about supervision?: \_\_\_\_\_

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Have you ever had a **complaint** of any kind filed against you by anyone, including but not limited to clients, colleagues or the lay public? This complaint may have been to a supervisor, administrator, licensing board or professional organization.                    \_\_\_yes   \_\_\_no

If yes, what was the outcome of the complaint? Were you disciplined? Please elaborate using an extra sheet if necessary.

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**Malpractice** insurance is a requirement for supervision and coverage must be maintained throughout our work together. Please provide a copy of your current coverage including the name of the carrier, limits and dates of coverage. In the event you change insurers, have your insurance cancelled and/or have a claim made against your professional insurance, you must disclose these changes or events immediately. If our agreement lasts over time, I may request you provide me with an update of your professional liability coverage.

## **My Supervision Style**

I use both an Existential/Humanistic and a Constructivist model in supervision. These approaches allow us to look for the meaning and purpose of client's behavior. This perspective presumes that the client is the expert in their own lives and that the therapist is a paid objective consultant hired to help the client explore, understand, and create the steps and methods necessary to make their lives more satisfying. This approach requires the therapist to be deeply empathic, attentive to strengths, listening for intention, focused on the client's goals, and engaged and instructive in the process of change. I will encourage you to use this model in viewing your clients and we will use this approach in our work together in supervision. Your input, interests, skills, and knowledge will be respected and integrated into discussions of your work with clients.

Evaluation is a necessary part of the process of supervision. I would like to see work samples and review these with you. Work samples could include video, audio, or written and oral summaries of sessions.

Reviewing chart notes will also allow for feedback. Practical feedback about client forms and chart management will also be available. I will give you constructive feedback to help develop your skills. I will point out areas where skill improvement could be useful as well as areas where awareness and attentiveness may be overlooked. I will invite open communication, two-way feedback, and will focus on an exploration of values, beliefs, biases, and conflicts as they relate to your clinical work.

Since I bear all liability for your work, it is imperative that you share complete information regarding your clients and abide by my final decisions, as the welfare of your client is tantamount. I invite and expect you to express disagreement and difference of opinion with me. It is important that we discuss any conflicts that might arise in the supervisory relationship.

Supervision is different from therapy. As your supervisor I will not provide therapy or delve into areas where healing is needed in your own life. I may identify these areas, if they are interfering with your work, and encourage you to seek therapeutic growth and support as needed.

I will provide you with feedback on your work with clients. I will suggest tools and strategies that might be valuable to your clients. I will support you in building your client base by offering practice development ideas at your request. I will share the tools, handouts, and books that I have found effective in helping people grow and change.

There are several areas where I am either not skillful or up to date on current psychological literature. These areas include: Eating Disorders, Alcohol and Drug Addiction, Psychological Testing, and Forensic Psychology. Should you need assistance or guidance in these areas, I would help refer you to appropriate resources and may encourage additional supervision.

### **Confidentiality**

Our supervision relationship and the work that takes place are considered confidential with the following exceptions:

- If you work at an agency we will need to discuss communications with your supervisor at the agency. We will need to establish frequency and type of contact between myself and your supervisor, responsibilities of your agency, me and you for communication about professional activities and evaluations. All clients need to know you are in supervision and that they will be discussed confidentially. Please have clients sign permission to audio/video tape sessions after discussion with them and before you tape. This should be considered part of informed consent.
- If you are working towards licensure or are presently licensed you are expected to abide by the Code of Ethics of your professional board. If I believe you are endangering clients by unethical practices, I will need to report those practices to the appropriate board.
- If you are a student, evaluations will be shared with your school. We will also need to follow their requirements for standards and practice.

## **What I Offer**

I can offer a variety of things in supervision. Please rank your top five interests.

- \_\_\_ Private practice development
- \_\_\_ Tools/strategies for therapy
- \_\_\_ Therapy resources - books, groups, services in town
- \_\_\_ Forms for clients at intake
- \_\_\_ Understanding ethics as it relates to the practice of psychology
- \_\_\_ Understanding the law as it relates to the practice of psychology
- \_\_\_ Group therapy - running groups or developing groups
- \_\_\_ Diagnosing clients
- \_\_\_ Clinical records
- \_\_\_ Using creativity in your own practice
- \_\_\_ Public speaking and community workshop development
- \_\_\_ \_\_\_\_\_

## **My Responsibilities, as your Supervisor**

- Review the legal guidelines and expectations, including the mandated reporting laws
- Review the Ethical Principles and integrate these into clinical practice
- Identify and review expected hours of clinical contact
- Keep accurate notes of our supervision
- Identify and review emergency coverage plans for clients
- Management of HIPPA compliant clinical records
- Process for client termination, referral, and consultation
- Develop a plan for continuing education, including identifying areas for training and growth
- Discuss billing practices, record keeping, report writing, and expectations for professional relationships
- Evaluate you and advise your board or school about your strengths, skills, weaknesses, and my concerns. I will provide you ongoing feedback on your performance
- Abide by the requirements set before me by your licensing board or school

## **Your Responsibilities**

During the course of supervision you will have several obligations as specified by your licensing board. These obligations include:

- You must inform your clients that you are in supervision with me, orally and in writing. The client must know that I will have access to all material relevant to their treatment.
- I must sign all correspondence and reports produced by you as a therapist outside the supervision of an employer.
- You must inform me of any emergency situation that affects your practice or clients. I expect to be contacted for consultation in any and all cases involving risk management issues. My cell number may be used for such emergencies (503-234-6577) If I am not immediately available you may call Susan Rosenzweig, Psy.D. (503-206-8337) for guidance.
- You must discuss all your clients with me and inform me of any potential risk factors.
- You must inform me of any anticipated ethical or legal violations that may occur in your practice.
- You must maintain case records for each of your clients and review these with me.
- You must bill your own clients in a timely manner.
- You must gain and maintain malpractice coverage of 1,000,000/incident and 3,000,000/aggregate for your work and give me a copy of your face sheet upon each renewal date.
- You will be responsible for providing me with a copy of the approved contract with your professional licensing board, and will be responsible for keeping a log of supervision sessions to be signed off by me.

## **My Professional Background**

I am a licensed psychologist, licensed in the state of Oregon since 1991. I was licensed as a Marriage, Family, and Child Counselor in California since 1996. I have provided supervision since my internship in 1985. I am not an AAMFT Approved Supervisor but I meet the requirements to provide MFT and LPC supervision in the state of Oregon. I am qualified to supervise psychologist residents as well as MSW graduates.

I have taken several supervision courses to keep on top of the requirements and skills of supervision. These include:

Ethical Issues in Supervision	4/19/98	1.25 hrs	Oregon Psych. Association
Clinical Supervision Skills in Beh. Health	12/2/03	6 hrs	Cross Country University
Clinical Supervision	10/29/05	30 hrs.	Portland State University
Orientation to Residency Supervision	4/9/10	3 hrs.	Board of Psych. Examiners

### Cost of Supervision

**Individual:** I charge \$150/session for individual supervision (45 min.) Late cancelations, without 24 hour notice, and missed appointments will be charged at full rate. I am often willing to adjust this cost of supervision, in the beginning, as you build your practice. The scale below is a typical arrangement. Whatever arrangement we make would need to be negotiated and put in writing. Please advocate well for your needs and I will do the same for mine.

Suggested gradual scale for payment:

Number of Clients	Cost for Supervision
0-3	\$75
4-7	\$100
8-11	\$125
12 and above	\$150

### Group Supervision/Training

I charge \$60/session for group supervision/training (90 min). Because effectiveness is dependent on your regular participation, you are discouraged from missing group meetings. Only one absence will be allowed, every 4 months, without charge.

Sliding Fee Option: I want to help client's build their client base and am willing to adjust my fee to assist. The scale below suggests a fee reduction related to the number of clients in your practice. As your practice grows please increase your payment accordingly. I will to trust you to be honest in this regard.

Suggested gradual scale for payment:

Number of Clients	Cost for Supervision
0-3	\$30
4-7	\$40
8-11	\$50
12 and above	\$60

By signing this we are entering into a contractual agreement as supervisor and supervisee. The purpose of supervision is to meet the requirements of supervised practice in Oregon. In signing we agree to fulfill our responsibilities, as outlined above.

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Signature of Supervisee

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Date

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Signature of Supervisor

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Date

Elsbeth Martindale, Psy.D.  
Clinical Psychologist