

Elsbeth Martindale, Psy.D.

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TRAINING/SUPERVISION GROUP

CONTACT INFORMATION

Full Name _____ Today's Date _____

Address _____

City _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Fax _____ Age _____ Birth Date _____

Email (please print clearly) _____

Highest Degree: _____ School: _____ Year of graduation: _____

Job Title _____

Number of hours worked each week _____ Current license _____

Are you acquiring hours for licensure ___yes ___no (If yes, please fill out this section)

Which license are you pursuing? _____

Employer/Agency _____

Number of hours worked each week _____

Individual Supervisor name: _____

Supervisor Email: _____ Supervisor Phone: _____

I _____(name) give my consent for Elsbeth Martindale to contact my
current supervisor at any time during the course of group supervision. ___yes ___no _____
initials

Who suggested you contact me? _____

May I thank them? _____

What skills are you hoping to build during this group supervision or training?

What is your experience with group therapy, both personally and professionally?

What are your areas of clinical expertise or interest? _____

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 made 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.

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 will request you provide me with an update of your professional liability coverage.

I have attached this document. ____yes ____no

My Supervision Style

Group supervision is **collaborative approach**. I will providing structure, training and guidance. You will offer input, information, and a willingness to experiment. Because we will be working as a group, the process of supervision requires a great deal of listening, reflecting, and feedback. I will aim to make the group experience one of support, empathy, and encouragement. You may get your feathers ruffled and it will be important that you speak up about any concerns, both with me as well as with other group members. Your input, interests, skills, and knowledge will be respected and integrated into the group experience and ultimately transferred to your clients.

I will need a regularly **updated list of your current client case load**, including first names, ages, and relevant clinical information. If you are under supervision by an individual supervisor you will need to make it clear with them you are in group supervision. The individual supervisor and I will share responsibility for you providing ethical and professional care for your current clients. Since I bear 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.

Evaluation is a necessary part of the process of supervision. I will ask you to share openly about both your successes and your areas of weakness. I may ask that you bring in examples of your work to share with the group. Work samples could include video, audio, or written and oral summaries of sessions. You will receive regular feedback from me as well as other group members. 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. I will share the tools, handouts, and books that I have found effective in helping people grow and change. Written feedback may be requested or required from your licensing body. 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.

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.

Confidentiality and Professional Conduct

Supervision and training are offered with the expectation of confidentiality. I will keep the client information you share with me confidential and you will be required to offer this confidentiality to the information that is shared in group supervision by your colleagues.

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

- 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.

What I Offer

I can offer a variety of things in group supervision and training. Please rank your top three interests.

___ I'm interested in offering process groups.

___ I'm interested in offering psycho-educational groups.

___ I'm interested in public speaking and community workshop development.

___ I'm interested in group supervision to cover my licensing requirements.

___ I'm interested in running groups in collaboration with others.

___ I'm interested in getting feedback from supervisors and peers about my skills.

___ I'm interested in tools/strategies for group and individual therapy.

___ I'm interested in learning more about self-care as a professional.

___ I'm interested in understanding ethics as it relates to group and individual work.

___ I'm interested in understanding the law as it relates to group and individual work___

_____.

My Responsibilities

My obligations in this training include:

- I will review legal and ethical issues pertinent to group and individual therapy.
- I will discuss issues of billing practices, record keeping, protection of records, and professional relationships and referrals, as it relates to therapy.
- I will keep notes of our sessions and make them available to others if necessary, and with your consent.
- I will evaluate you and give you feedback on your performance.
- I will document your supervision and training hours and submit this information to others if requested by you. I will communicate with you regularly about your progress.
- I will work to create a safe and welcoming environment for you to learn and grow as a professional.

Your Responsibilities - if you are wanting supervision hours you will have several obligations.

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.
- 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).
- 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.
- You must maintain case records for each of your clients. You must give me a periodic list of all your clients, including ages, diagnosis, number of sessions, and treatment progress.
- 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 the board, and will be responsible for keeping a log of supervision sessions to be signed off by me.

Cost of 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/trainer and supervisee/trainee. In signing we agree to fulfill our responsibilities, as outlined above.

A copy of this contract will be provided.

Signature of Supervisee/Trainee	Date
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Printed Name

Signature of Supervisor/Trainer	Date
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Elsbeth Martindale, Psy.D.
Clinical Psychologist