



Robin Friedman, LCSW  
Transformational Psychotherapy

## Supervision Consent and Agreement

This is an agreement between \_\_\_\_\_ and Robin Friedman, LCSW  
Supervisee Supervisor

### Purpose

Beginning clinical supervision towards licensure in the State of Oregon is an important step in your professional development. I am pleased that you have decided to work with me as your clinical supervisor. Throughout this supervision experience, I will take on different roles at various times – teacher, consultant, facilitator and evaluator. We will further discuss these roles in our introductory meeting. The purpose of this form is to acquaint you with me as your supervisor, to describe the supervision process, to provide structure to your supervision experience, to give you the opportunity to ask questions you may have regarding supervision, and to ensure a common understanding about the supervision process and to establish an agreement for your supervision.

### Professional Disclosure

I, Robin Friedman (supervisor), earned my Masters of Social Work at the University of Utah and I am licensed both by the Oregon Board of Licensed Social Workers and the Utah Department of Licensing. I have been licensed as an LCSW since 2006 and I am a member of the National Association of Social Workers. I have completed 12+ hours of coursework in clinical supervision and have been providing supervision since 2006. I have met all requirements for supervising MSW interns and CSWA's in the state of Oregon.

My clinical experience has focused on trauma, depression, anxiety, sexual violence, substance dependence, relationship issues, LGBTQ concerns, and life transitions. I approach counseling and supervision from feminist multi-cultural perspective and integrate client-centered/humanistic and psychodynamic theories. I use mindfulness-based approaches along with expressive arts, EMDR, Acceptance and Commitment therapy, and relational approaches.

### Practical Issues

In order to fulfill the supervision requirements for MSW interns and CSWA's we will meet as follows: \_\_\_\_\_

Meet all requirements for supervision hours and documentation as stated by the Oregon Board of Licensed Social Workers

Payment of the \$\_\_\_\_\_ individual supervision fee is due at each session. If circumstances arise that makes it impossible for you to attend a scheduled session, please contact me as soon as possible in order to reschedule. If you no show or cancel with less than 24 hours notice, you will be responsible for paying full fee.

If you need to speak to me between sessions, or in case of emergency you may contact me by phone, text, or email. Unless it is urgent or in regard to scheduling, contact to discuss other supervision matters outside of our scheduled supervision times shall be

kept to a minimum. If you need to set up an additional supervision time, we can arrange for this at my usual rate.

I will complete all of the necessary documentation required by me as your supervisor by the Oregon Board of Clinical Social Workers. You will be required to keep track of your direct client hours and supervision hours, and turn a record in to me every 6 months. Please refer to your goals and the Board's evaluation form in order to keep on top of requirements.

### Supervision Process

Supervision is an interactive and collaborative process intended to monitor the quality of client care, improve clinical skills and facilitate professional and personal growth. You can expect to receive timely feedback of your clinical interventions and to have a supportive environment in which to explore client-related concerns. You will be expected to be an active participant in the supervision process, to arrive on time and be prepared for each session, and to complete all required work in a timely manner. These expectations are designed to improve your case conceptualizations, and intervention skills to increase your sense of professional identity.

The process of supervision requires that you be open to talking about yourself, your family of origin, and assumptions and biases that you bring to this work. This may create some discomfort for you arising from challenges to your clinical knowledge, abilities, assumptions and or skills. We will discuss these as they relate to clinical practice. Supervision is not intended to provide you with personal counseling or therapy. If personal issues of concerns arise, I will urge you to seek your own counseling.

The format for each session will consist of oral case presentations, role playing, interactive and expressive modalities, review audio or video segments of sessions when able (with consent from agency and client), process recordings as we decide, discussions of challenges and countertransference, cultural issues and biases, and personal challenges that arise in response to clients and or agency issues. I will also review samples of your written case notes (when possible). I invite you to ask questions, explore alternatives, address ethical concerns, and receive feedback and suggestions on your therapeutic interventions. We will collaborate on goal setting.

### Administrative Tasks and Evaluation

In my role as your supervisor, I will provide you with feedback throughout this supervision experience. Please remember that supervision is an evaluative process. I am required to evaluate your clinical skills and submit to the Oregon State Board of Clinical Social Workers (OBCSW) and evaluation every 6 months documenting your progress towards licensure in the State of Oregon and any concerns I may have which may interfere with or postpone you ability to be licensed in the State of Oregon.

Evaluation of your skills is often a subjective process and open to interpretation. All concerns will be discussed with you and you will be aware of any concerns that I may have prior to submitting my information to the OBCSW. I will be evaluating your ability to: a) engage with and establish rapport with a variety of clients; b) synthesize information that is provided to you and formulate a direction for therapy; c) working



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collaboratively with clients in the management of their care; d) evaluate the effectiveness of your interventions and approaches; e) practice from a culturally informed perspective; f) maintain position of curiosity and entertain multiple perspectives; g) use supervision and clinical consultation; f) identify ethical concerns; and; h) the use of research and clinical theory to inform your practice.

I will ask you to complete an evaluation of my supervision at the end of this supervision experience.

Termination

If you are dissatisfied with your supervision or the evaluation process, please discuss this with me. If we are unable to resolve your concerns, I will refer you to an appropriate contact. At any time you may terminate your supervision with me. Please inform me in advance of this decision so that we may discuss your reasons for discontinuing supervision with me. Remember that you need to be in supervision with me for at least 6 months in order to count the hours of supervision that we have completed toward your licensure (unless you have obtained written exemption from this by the OBCSW).

I also have the right to terminate my supervision with you. I will inform you in advance of this decision so that we are able to discuss my concerns and see if there are other options. Reasons for termination include but are not limited to: a) withholding information that may be necessary to make clinical decisions an impact the supervision that I provide; b) a violation of ethical or legal standards; c) not following through on recommendations that emerge through supervision; d) frequent and excessive cancellation of supervision appointments; and substance or emotional impairment that impacts your ability to provide clinical services.

Legal/Ethical Issues

The clients that you are bringing to supervision need to know that you are in supervision with me. The content of our sessions and evaluation is kept confidential, except when client safety is a concern. I will be in contact with your on-site supervisor as needed with your knowledge and I will ask for a meeting with them every 3-6 months, and informally as needed. Limits to confidentiality include, but are not limited to, the treatment of a client in a way that violates the ethical and legal standards set forth by professional associations and government agencies. These guidelines will be provided and discussed at our introductory meeting.

Statement of Agreement

My signature below indicates that I have read, understand, and agree to the information contained in this document.

Print Supervisee Name: \_\_\_\_\_

Supervisee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_