



## Kathryn de Bruin

FAMILY THERAPY + TRAINING

### SUPERVISION/CONSULTATION CONTRACT

Initial Contact Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Would you like to be added to my mailing list: Yes / No

The goal of our work together is to support you in learning/teaching the model of Emotionally Focused Therapy (EFT) and to help you grow and develop as an EFT Therapist/Supervisor.

If you are a licensed professional, I am considered a consultant and not legally responsible or liable for your clients. If you are not yet licensed then the relationship will be considered one of clinical supervision.

#### Appointments

- This group meets once a month, and the commitment will be for 6 meetings.
- The cost of each meeting is \$75, if you cannot make a meeting, you are required to pay but are welcome to send someone else in your place, unless you arranged differently before the series started.
- The location of our appointments will be at my office unless otherwise specified.
- Fees will be paid at each appointment.

#### Confidentiality

- You agree to provide client releases, when you show video tape or bring in live cases. You agree to provide me with a copy of your release form.
- Any clients attending a live consultation session will be fully informed of the process and all clients must give written authorization before participating.
- Once your clients sign the release, all client information will continue to be used in a professional manner in order to respect their identity and clinical information. Please feel free to change first names and identifying information when presenting your cases.
- You are responsible for transporting, presenting and managing your case information in a professional and organized manner which includes collecting and destroying presentation forms distributed to the group. If you need help with this, we can address this in our first appointment.

- In the event a client is recognized personally by a group member or me, we will not continue the discussion about this particular client.

#### **You as the Supervisee/Consultee agree to:**

- Uphold the ethical and professional guidelines of your national organization as well as those outlined by ICEEFT.
- Handle all crises and legal reporting situations independent of our supervision/consultation relationship.
- It is understood that the self-of-the-therapist issues will inevitably arise in the course of this work. You understand that discussing these issues is a very important part of the supervision/consultation process. These discussions, which at times may feel similar to, are not to be misconstrued as personal therapy.
- Carry and maintain your own malpractice insurance.
- Be responsible for keeping track of all EFT supervision/consultation hours.

#### **Interns/Trainees**

- If you are an intern or trainee, you will need to continue working with your primary clinical supervisor. Our relationship is considered secondary to your primary clinical supervisor. For example, if you get differing feedback from your clinical supervisor and me, you would defer to your clinical supervisor at all times.

#### **I as the EFT Supervisor/Consultant commit to:**

- Uphold the guidelines for supervision/consultation as outlined by ICEEFT.
- Continued learning and refinement of the EFT model and my EFT supervision/consultation skills.
- Strive to model the EFT principles of attunement, engagement, transparency and presence in our relationship.
- Communicate with you in a timely manner and respond to your questions and concerns in a professional manner.

#### **Indemnification**

The participant shall indemnify and hold harmless Kathryn de Bruin, from any and all claims, losses, liabilities, costs, and expenses, including attorney's fees, established by judgment or alternative dispute resolution award, to have arisen in whole or in part, out of any grossly negligent act or omission of the participant. Kathryn de Bruin shall indemnify and hold harmless the participant from any and all claims, losses, liabilities, costs, and expenses, including attorney's fees, established by judgment or alternative dispute resolution award, to have arisen in whole or in part, out of any grossly negligent act or omission of Kathryn de Bruin.

#### **How we will handle difficulties in our relationship:**

- If difficulties between us arise, those difficulties will be discussed first in the context of our appointment. EVERY effort will be made to resolve them at this level. If this difficulty cannot be resolved in our appointment, we will discuss the best plan to address these difficulties and this will be documented in both our records.



- In the event we have a disagreement about your development in EFT, we will discuss this together and redefine our goals collaboratively.
- This relationship will continue for as long as both of us agree.

**Credit Card Authorization Form**

I authorize \_\_\_\_\_ to keep my signature on file and to charge my credit card account for recurring charges (on-going treatment) of \$\_\_\_\_\_ every session from \_\_\_\_\_ to \_\_\_\_\_.

I understand this form is valid for one year unless I cancel the authorization through written notice to the health care provider.

Client's Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

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

Credit Card Type (VISA, MC, Amex) \_\_\_\_\_

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_ V-Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

\_\_\_\_\_  
SUPERVISEE/CONSULTEE Signature Date

\_\_\_\_\_  
SUPERVISOR/CONSULTANT Signature Date

