



William L. Buchanan, Ph.D., ABPP
*AAMFT Approved Supervisor,
 American Association for Marital and Family Therapy
 Board Certified in Clinical Psychology,
 American Board of Professional Psychology (ABPP)
 Licensed Psychologist, GA #1251*

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Marriage and Family Therapy Supervision Contract

Supervisee: _____ **Date:** _____
Address: _____

Cell#: _____ **Office #:** _____
Office name: _____
Office address: _____
email: _____

We have agreed for Dr. Buchanan to provide AAMFT Supervision to help you meet State of Georgia requirements for you to become a Licensed Marital and Family Therapist (LMFT). Dr. Buchanan is a Licensed Psychologist (GA# 1251) and has the Approved Supervisor designation by the American Association for Marriage and Family Therapy (AAMFT).

The focus of the Supervision is to enhance your therapy skills and help you become an effective agent of change for couples, families, parents, and children. Furthermore, there is a focus on maintaining appropriate boundaries and providing therapeutic services in an ethical manner that manages legal risk, especially when working with divorced or divorcing families. Individual Supervision is defined as one Supervisor with one or two Supervisees. Group Supervision is defined as one Supervisor with three to six Supervisees.

My Supervision style includes reviewing clinical cases, helping you make accurate diagnoses, helping you assess and understand the family system and other systems that impact the family unit, coaching and providing instruction in implementing therapeutic interventions, assessing the

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effectiveness of the interventions, and enhancing self-care of the therapist. However, Supervision is not therapy for the Supervisee. Supervision will most likely use video and/or audio recordings of your therapy with patients and review progress notes.

Dr. Buchanan will provide suggestions in Supervision, but it is understood that the Supervisee is the frontline service provider. Therefore, it is imperative the Supervisee speak up when there is a consideration that makes the suggestion difficult, impractical or uncomfortable to implement. Both Dr. Buchanan and the Supervisee are adults and both have wisdom to bring to the situation. Furthermore, the Supervisor is not infallible; disagreement, discussion and effective communication are extremely important for both therapy and Supervision. Dr. Buchanan welcomes and highly values your thoughts, opinions and experience, even (especially!!) when it differs from his thoughts, opinions and experience. Nevertheless, in the case of a difference of opinion than is not resolved effectively to your satisfaction, we agreed to use a mediator to help resolve the dispute. Often, your Supervisor at your work or school can serve this role, but it doesn't have to be him or her. Given the above, we agree to use _____ (name) to mediate any disagreement.

We have committed to meeting every _____ (frequency) beginning (date) _____ until (date) _____.

It is expected that you will receive _____ hours of Supervision that will be counted for licensure. It is understood that some weeks can be skipped due to vacations, holidays and illness. Supervision will be scheduled at times that is convenient for both parties. However, if a scheduled Supervision session needs to be cancelled or rescheduled, Dr. Buchanan asks that we provide each other a minimum of 24 hours notice if possible. We agree to meet face-to-face in Dr. Buchanan's office and/or online. The cost of the Supervision is \$ _____ per session. Supervision can end at any time after any number of sessions regardless of cause.

In case of a clinical emergency, you can call Dr. Buchanan on his cell phone or page him at (770) 217-5909. However, if you think you, a client, or another individual is in imminent danger and you can not immediately reach Dr. Buchanan or your employment/school Supervisor, please call the police department or sheriff's office of the local jurisdiction *where the danger exists* (e.g., if the patient is in danger of harming him- or herself and the patient is in Cobb County, call the Cobb County Sheriff's Department *regardless of your location*).

Of course, all patient information is confidential and should not be shared with anyone without a signed written Authorization for Release of Information. Thus, each client 18 years and older should sign an Informed Consent acknowledging that you are under Supervision to meet Licensing requirements (a parent should sign for each child). Also the Inform Consent should include that sessions may be recorded for the purpose of Supervision, training and quality control. Furthermore, the Inform Consent should also include an Authorization for Release of Information for the purposes of Supervision with this AAMFT Approved Supervisor. If you do not have an appropriate Informed Consent form, Dr. Buchanan will help you develop one for your agency.

Initials: _____

