

## **EFT SUPERVISION/CONSULTATION AGREEMENT**

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

As with any professional relationship, the alliance between us is extremely important. In order to develop the best collaborative and safe working relationship, it is necessary for us to agree on some guidelines for our work. Please review these guidelines and sign in the space provided if you agree to these guidelines. If you have any questions or concerns about this agreement, please wait to sign and we will discuss it as soon as possible.

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. Please check the appropriate category for you.  EFT consultation  supervision.

### **Appointments**

- Our appointments will be scheduled by mutual agreement.
- The location of our appointments will be:  at my office;  online via skype;  a combination of at my office and via skype;  \_\_\_\_\_ (other).
- The agreed upon fee for supervision is 150.00 per hour; \$100.per hour for pair supervision.
- Fees will be paid at each appointment, unless other wise specified.
- If you are participating in group supervision, fees will be paid as per agreement of the group and me.
- A 48 hour notice of cancellation is required for both individual and group appointments. If a scheduled appointment is cancelled less than 48 hours in advance, you are responsible for the agreed upon appointment fee.
- The first supervision/consultation session will be billed for two hours. The first hour, I will review a half to one hour video segment of a session to assess your level of EFT skills and provide feedback. The second hour, we will discuss the video, and develop goals for our work together. In the event we do not need this much time, the fee will be adjusted.

### **Confidentiality**

- You agree to provide client releases, which include a release for use in individual and group appointments. You agree to provide me with a copy of your release form. In the event you need help creating this form, I will help you with this at our first appointment.
- 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 a consultation 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.

### **Process of EFT Supervision/Consultation**

**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.

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

- Uphold the ethical and professional guidelines of your professional 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.

**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.

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Supervisee /Consultee Signature

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Date

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Supervisor/Consultant Signature

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Date