

UTS Counseling and Consulting Services 808 W. Lake Lansing Rd Ste 200 East Lansing, MI 48823 www.utscounseling.com

# **EFT Supervision/Consultation Agreement**

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

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

# **Supervision/Consultation Designation**

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 che	eck the appropriate category for you:				
	T Supervision T Consultation				
Appointments					
• Th	ar appointments will be scheduled by mutual agreement.  ne location of our appointments will be virtual through my HIPAA-compliant Zoom  atform.				
<ul><li>Th</li><li>Fe</li></ul>	ne agreed-upon fee for supervision is per hour. (\$125 is a normal hourly fee). es will be paid at each appointment.  you are participating in group supervision, fees will be paid as per the agreement of the				

group and me.

• For both individual and group appointments, a 24-hour notice of cancellation is required. If a scheduled appointment is canceled less than 24 hours in advance, you are responsible for the agreed-upon appointment fee.

# **Confidentiality**

- You agree to provide client releases, which include a release for use in individual and group appointments and the limits of telemedicine. You agree to provide me with a copy of your release form. If needed, I will help you create this form at our first appointment.
- Once your clients sign the release, all client information will be used professionally 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, including collecting and destroying presentation forms distributed to the group. If you need help with this, we can address it at 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.
- Continue learning and refining 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 promptly and respond to your questions and concerns professionally.

# 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.
- Understand that self-of-the-therapist issues will inevitably arise in the course of this work and that discussing these issues is a very important part of the supervision/consultation process. These discussions, which may feel similar to therapy, are not to be misconstrued as personal therapy.
- Carry and maintain your 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.

#### Indemnification

- The participant shall indemnify and hold harmless Ustina Shives from any 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.
- Ustina Shives shall indemnify and hold harmless the participant from any 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 Ustina Shives.

# Handling 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 during our appointment, we will discuss the best plan to address it, and this will be documented in both our records.
- In the event we disagree 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.

### Agreement

By signing below, I confirm that I have reviewed and agree to the terms outlined in this EFT Supervision/Consultation Agreement.

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Supervisor/Consultant Signature						
	*.Q.					

Supervisee/Consultee Signature