

## AASECT SUPERVISION AGREEMENT

Date:

Supervisee:

Supervisor: Tina Schermer Sellers, PhD, LMFT, AASECT Certified Supervisor, AAMFT Approved Supervisor

I, \_\_\_\_\_, agree to meet with Tina Schermer Sellers, PhD, LMFT for the purpose of individual \_\_\_\_\_ or group \_\_\_\_\_ supervision beginning on \_\_\_\_\_. The purpose of this supervision is skill enhancement, hours toward AASECT sex therapy certification and/or state licensure. I will \_\_\_\_\_, I will not \_\_\_\_\_ be utilizing Dr. Sellers as my primary AASECT individual supervisor.

I am currently in the following professional setting (name, address, phone, email, website):

I currently carry (or plan to carry) as clinical caseload of \_\_\_\_\_ clients per week in this professional setting. If in practice, my fee is \$\_\_\_\_\_/hour.

I presently carry professional liability insurance with \_\_\_\_\_ in the amount of \_\_\_\_\_ from \_\_\_\_\_ insurance company. (please provide a copy of your insurance face sheet).

I have a license to practice as a \_\_\_\_\_ in the state of Washington with a start date of \_\_\_\_\_. (please provide a copy of your license.)

This document is to clarify the agreement for supervision requested by the above supervisee, for the purpose of improving clinical skills in the diagnosis and treatment of sexual dysfunction, disorders and concerns, along with the general improvement of clinical skills as a systems oriented psychotherapist. Upon completion of the agreed upon hours of supervision, those supervisory hours accrued will be submitted for consideration toward certification as a sex therapist by the American Association of Sexuality Educators, Counselors, and Therapists. This agreement for supervision is not a guarantee or assurance of certification. The supervisee is responsible for identifying and meeting any additional certification requirements. The supervisor is available to assist in this process. These hours may also be submitted toward state licensure as well.

### Responsibilities of Supervision

“Supervision”, as opposed to consultation, implies that I share some liability for your practice with clients. I can be held legally liable for your actions performed under my supervision.

WA state law requires that: *The approved supervisor must attest to having thorough knowledge of the supervisee's practice activities including: (a) Practice setting; (b) Recordkeeping; (c) Financial management; (d) Ethics of clinical practice; and (e) A backup plan for coverage.*

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2017 WAMFT Supervisor of the Year

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Your responsibilities:

The supervisee will present to the supervisor appropriate documents verifying academic credentials, state licensure and a copy of current liability insurance and proof of membership in AASECT.

Supervision will consist of face-to-face meetings either individually or in group supervision no less than 1 hour per month for 1 hour for a case load of less than 5 clients per week. If more than 4 clients per week, supervision must occur a minimum of twice a month for 1 hour each. For group supervision, group will meet for 3 hours in groups of up to 4 people. We will also utilize consultation via V-see (HIPPA compliant) when necessary. The supervision consists of case discussion and review, reading appropriate materials, and some didactic teaching by the supervisor. AASECT requires that no more than 50% of supervision be conducted in a group setting.

The supervisee will see clients in his/her/hir professional office. Supervision will occur either in the supervisor's office or via V-see.

It will be the supervisee's responsibility to maintain a case log during the course of supervision. The log will contain the date, type of case, client's age, gender, marital/relationship status, ICD codes and the modality of therapy used. The supervisor will keep a similar log. The supervisee is expected to abide by the ethical codes of his/her/hir profession and by the AASECT ethical code. Failure to do so can result in termination of the supervision contract and any certifications achieved.

- 1) Supervisee agrees to provide their disclosure statement, clinical notes format, financial recording forms, website information, media communication standards and all insurance back up coverage plans.
- 2) Supervisee agrees to **place supervisors name as “additionally insured”** on their liability insurance policy (there is no charge for this).
- 3) Supervisee agrees to address ethical dilemmas as presented in their work, including but not limited to CPS, DV, harm to self or others, confidentiality, when a client is engaged in the legal system, any multiple roles or dual relationships they may have with a client.
- 4) Supervisee agrees to notify supervisor immediately of a client who is indicating a potential to harm self or others and supervisee agrees to follow the supervisor's directives in such circumstances. If supervisee has a client that is suicidal and they are unable to reach the supervisor, they agree to have them evaluated by another licensed professional or in the ER.
- 5) Supervisee agrees to attend to “self of the therapist” issues as they arise. The supervisor may recommend psychotherapy at times. Personal boundaries regarding these areas of discussion will be respected.
- 6) Supervisee agrees to be prepared to discuss current cases, both dilemmas and strengths.
- 7) Supervisee is responsible for maintaining a record of their hours.
- 8) If there is audio/video recordings of sessions, supervisee will maintain a “Permission to Record” form in their client's chart that states the session is viewed by a clinical supervisor.

My responsibilities:

- 1) I will provide clinical direction
- 2) I am responsible for supporting your learning and growth in clinical practice, ethical practice, and professional development.
- 3) I am also responsible for supporting your personal development as it pertains to your development as a therapist.
- 4) At your request, I will evaluate and re-evaluate with you every 3 months your progress in supervision based on your stated supervision contract, your ethical behavior, professional performance and willingness to be supervised.

I will complete all necessary supervisory forms on your behalf for AASECT, AAMFT (if needed) and for WA licensure upon successful completion of supervision.

The supervisor also agrees to abide by the AAMFT Code of Ethics and by the AASECT ethical code and to follow the standards outlined by AASECT for supervisory responsibilities.

Supervision honors confidentiality of discussion. Exceptions mirror the exceptions in the disclosure statement. Additionally, I am free to contact any other supervisors you may have, although I will only do this after discussion with you. Dual or group supervision also creates an exception to confidentiality as other supervisees will be privy to your case discussions.

#### Scheduling, Fees, Contract

We will meet: Weekly                      BiWeekly              Monthly                      As needed

Fees are my normal hourly rate to be paid at time of service (or billed against your credit card by my assistant on the following Saturday - fees will be included).

Limitations or exclusions to supervision:

If there is snow on a day we are scheduled to meet, please call and email prior to confirm our meeting (206) 679-4728 DrTina@NWIOI.com.

The charge for the supervisory services is \$ 170.00 an hour for individual supervision and \$85.00 per hour not to exceed \$170.00 for up to 4 hours of group supervision. To be reviewed annually in January.

I have read the above statements and I agree to this contract for clinical supervision. The supervisory contract may be terminated by either party with thirty days' notice for any reason.

Supervisee \_\_\_\_\_ Date

Supervisor \_\_\_\_\_ Date

*"As a highly esteemed professional in the field of therapy and sexology, Dr. Sellers' impact as a supervisor has augmented many of us in our therapeutic work. Tina has been a cornerstone to my growth as a therapist. When I needed support the most, Dr. Sellers provided me footing and guidance by offering experience, strength, and hope beyond any measurable expectation."* Past supervisee

You then email the signed (not electronically) and scanned copy of the contract to your supervisor along with the following **Supervisee** documentation:

## Documents

### **Supervisor:**

1. Copy of your AASECT Certification as a supervisor.
2. Copy of your state license to practice.
3. Copy of your malpractice face sheet with the current year's date.

### **Supervisee:**

1. Copy of your supervision agreement filled out and signed.
2. Copy of your vita with contact information.
3. Proof of membership in AASECT.
4. Copy of your state license to practice, if you have one. If not send it in when you receive it. You must be licensed prior to being CERTIFIED. You may start training prior to licensure.
5. Copy of your malpractice face sheet with the current year's date.

ALL MATERIALS are compiled by the supervisor and sent in one pdf document to the National office and then are forwarded to the Chair of the Practitioner Supervisor Committee for approval. All contracts must be approved PRIOR to supervision starting. KEEP COPIES. A file will be started on the supervisee indicating the start date of supervision. No supervisee will be approved for certification without a contract. Contracts may be sent in electronically.

## **AASECT Tips to Help Supervisors and Supervisees**

1. From the start of the process, have supervisees organize their materials into folders that follow the categories outlined on the application form. (Found on-line).
2. Save and document every class, in-service, workshop, seminar, conference. Have supervisees read the material on-line as to what counts and for how much according to the AASECT rules. Descriptions of college classes can be found on-line and help to define the content of a class.
3. Undergraduate classes can count no matter how long ago. The supervisee must have official copies of all college transcripts.
4. As a supervisor, you need to hear how the supervisee will work the whole course of a case as they go. They should have some cases that include medical complications, disease complications, and dual diagnosis complications so you can assess their ability to deal with how those issues impact on sexuality.
5. Getting input from more than one supervisor is helpful. There is however, a requirement to have a primary supervisor, tho supervisees may work with as many supervisors as they wish. The primary supervisor acts as an "overseer" of the whole supervisory process.
6. The supervisor will be asked to document what diagnoses were seen, type & number of people, over what period of time. Supervisees should keep a log of their cases and so should supervisors.
7. It is the supervisor's responsibility to ensure that the materials being presented for certification are complete and in the correct form and order. All materials should be sent in on 8 ½ by 11 pieces of paper with sheets between indicating categories. **SAVE A COMPLETE COPY OF THE APPLICATION.**
8. The need for extra vigorous ethical standards for sex therapists needs to be explored thoroughly. Explain what can happen if a patient accuses a therapist of inappropriate sexual behavior even when there is no grounds for it. Talk about boundary issues exhaustively.

**Initial Supervision Assessment of current therapeutic skills**

Number of face to face client hours to date since graduation \_\_\_\_\_

Did you graduate from an Co-AMFT Approved program \_\_\_\_ yes \_\_\_\_ no

Number of supervision hours since graduation \_\_\_\_\_

Strengths:

Areas of growth:

Supervisory goals:

Theoretical Orientations:

Expectations for supervisory relationship:

Come to each supervision prepared to discuss each case by providing or considering the following -

1. Identifying information about the client
2. Clients genogram
3. Agreed upon issue the client is seeking help for in therapy and note anything in it that carries personal meaning for you
4. Your personal reactions to your client(s), and theirs to you
5. Whatever cultural or spiritual values may be coloring how you view the issues they are presenting as distinct from your client's perspectives
6. Aspect of the issue you aim to deal with in today's supervisory session, and highlight anything in it that carries personal meaning for you
7. Explicate your hypothesis about the roots and dynamics of the client's issue
8. Explain your therapeutic strategy with the case and in particular with the aspects of the case you are to discuss in today's supervision
9. How you are implementing your strategy's technical interventions
10. How you are using yourself in conjunction with your interventions
11. Your personal challenges working with this client around the focal issue
12. Your plan for meeting your personal challenges in this case

Adapted from Harry Aponte

## AASECT EDUCATION & SUPERVISION REQUIREMENTS FOR CERTIFICATION

Use this form to keep track of all training (place, date, area of focus) and all supervision. Under “case content” place date and case initials next to area that corresponds to content discussed. Under “Record Hrs” Ignore content areas and list dates and hrs met for each supervision session. Indicate whether individual or group supervision with a “I” or “G”).

<b>HUMAN SEXUALITY – 90 HRS TOTAL</b>	<b>EDUCATION (min 3hrs each)</b>	<b>SUPERVISION – CASE CONTENT date/case</b>	<b>SUPERVISION Record Hrs – 50 (date/time/I or G)</b>
Ethics and ethical behavior			
Developmental sexual from biopsychosocial perspective across lifespan			
Socio-cultural familial factors (ethnicity, culture, religion, spirituality, SES) in rel to sexual values and behavior			
Issues related to Sexual Orientation/Gender Identity			
Intimacy Skills (socio, emotional, intimate rel, interpersonal, family dynamics)			
Diversities in sexual expression and lifestyles (BDSM, Poly, swing, tantra, etc)			

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Sexual and reproductive anatomy and physiology			
Health/medical factors – illness, disability, Rx, MH, conception, pregnancy, termination, contraception, fertility, HIV/AIDS, STI, trauma, injury, safe sex			
Range of sexual functioning and behavior from optimal to problematic – desire, arousal, pain, penetration problems, orgasmic problems			
Sexual exploitation, abuse, harassment, assault, religious sexual shame			
Cyber sexuality and social media			
Substance Abuse & Sexuality			
Pleasure enhancement skills			
Learning Theory and application			
Professional communication and personal reflection skills			
History of the discipline of sex research, theory, education, counseling & therapy			

Principles of sexuality research and research methods			
<b>TOTAL HOURS:</b>			
<b>SEX THERAPY TRAINING 60 HRS</b>			
Theory/methods/models in sex therapy			
Sex-related Therapy Techniques & Diagnosis			
Theory/methods of medical intervention in evaluation of treatment of psychosexual disorders			
Principles of consultation, collaboration and referral			
Ethical decision making and best practice			
Practicum – clinical case work, case review, observation			
<b>TOTAL HOURS:</b>			
<b>COMPLETED 16 HRS COUPLES/SYSTEMS THEORY/TRAINING</b>			
<b>SAR – 10 HRS</b>			
Feelings, attitudes, values, beliefs regarding human sexuality and sexual behavior including comprehensive statement			

## CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize **NW Institute on Intimacy, PLLC** and **Tina Schermer Sellers, PhD** to debit your credit as listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for supervision fees accrued while in supervision with Tina Schermer Sellers, PhD and **NW Institute on Intimacy, PLLC** and does not provide authorization for any additional unrelated debits or credits to your account. Credit cards payments are usually run on the Saturday following supervision and will be run in the event that you choose to not pay at the time of your meeting. Credit cards will also be debited in the event that you fail to give adequate notice by phone of missing an appointment. No more than two consecutive missed appointments will be billed. A receipt of credit card processing will be sent to the email provided below.

### Please complete the information below:

I, \_\_\_\_\_ (full name printed) authorize **NW Institute on Intimacy, PLLC** and **Northwest Collaborative Health, PLLC** to charge my credit card account indicated below (your card may also be copied for our records). Fees accrued for missed appointments or failure to provide payment at the time of service will be processed via credit card at a rate of \$170.00 per hour of supervision and Credit Card payments will include a processing fee of up to 3.7% plus \$0.15 per transaction (\$176.44) and will be the same fee that the credit card company charges the Institute.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_

Account Type:   ___ Visa   ___ MasterCard   ___ AMEX   ___ Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC/Discover, 4 digits on front of AMEX) _____

I authorize Tina Schermer Sellers, PhD and **NW Institute on Intimacy, PLLC** to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the supervision services described above, for the amounts indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

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