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SUPERVISION AGREEMENT

The following document serves as an agreement between _____ (supervisee) and Aaron Norton, LMHC, LMFT (supervisor).

My Professional Background and Philosophy of Supervision:

I am a Licensed Mental Health Counselor, Licensed Marriage & Family Therapist, Certified Masters-Level Addictions Professional, Certified Rehabilitation Counselor, and Certified Forensic Mental Health Evaluator who works full-time at Integrity Counseling, Inc., a group private practice in Largo, FL, where I provide professional consultation and training, clinical and forensic mental health and substance abuse evaluation, and individual, couples, and family psychotherapy and counseling with adolescents and adults. I am a Qualified Supervisor who provides clinical supervision to Registered Mental Health Counselor Interns who are pursuing licensure. I teach two courses a semester as an Adjunct Instructor for the Dept. of Children & Family Studies at the University of South Florida's College of Behavioral & Community Sciences. I value participation in professional associations and serve as Past President and Chair of Public Relations Committee for Suncoast Mental Health Counselors Association, Chair of the Florida Mental Health Counselors Association's Education, Training Standards, & Continuing Education Committee, and Chair of the National Board of Forensic Evaluator's Training Development & Implementation Committee. I have a Master of Arts in Rehabilitation & Mental Health Counseling from USF and am pursuing a doctorate in Counselor Education & Supervision. I have approximately 15 years of experience as a case manager, clinician, and supervisor in the human services industry and have worked in a variety of residential and outpatient treatment settings in both the public and private sector.

My counseling and supervision theory is best described as integrative, combining a number of approaches from cognitive-behavioral, constructivist (e.g., solution focused therapy, motivational interviewing) and systems therapies (e.g., cybernetics). I specialize in anxiety, depression, addictions, and lesbian, gay, bisexual, and transgender (LGBT) issues. I am hopeful that you will experience me as warm, flexible, and non-judgmental but also professional and relatively structured in my approach to supervision. In many respects, I believe that interns are likely to experience the typical supervision session more like consultation with a peer specialist than supervision with an authority figure.

My Responsibilities as a Supervisor:

- I agree to the roles of teacher, mentor, consultant, advisor, administrator, evaluator, and counselor (in the event of transference and countertransference processed during appointments) with a genuine interest in your professional development.
- I will notify the Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling (the 491 Board) in writing that I have agreed to be your Qualified Supervisor.
- I will provide both face-to-face supervision (1 hour minimum) at my office at Integrity Counseling, Inc. and telephone consultations as needed when you begin to see clients at the work site(s) listed below. Although I encourage individual supervision sessions to be in-person, up to 50% of your individual supervision sessions may be conducted via webcam as per Florida Administrative Code 64B4-2.002, and I will need advanced notice from you if you wish to meet through that medium. We will hold face-to-face supervision sessions once every two weeks until you are accruing 15 or more client contact hours per week. We will then meet weekly as required by F.A.C. 64B4-2.002 (unless you are combining hours from another qualified supervisor). The cost for supervision sessions is as follows: \$75 for individual supervision (one-on-one), \$40 for individual supervision

(when two interns are present for the same session), and \$30 for group supervision (three to six interns present for the same session).

- I will be available by cell phone at (727) 403-6208 and will respond within 24 hours to messages unless I inform you that I will be unavailable for a specified period of time.
- I will keep written notes of each supervision session.
- I will provide you with resources and/or training materials on a range of relevant clinical, professional, and ethical topics as needed to aid your professional development.
- I agree to provide you with written and/or verbal feedback on a quarterly basis.
- Upon successful completion of your internship supervision hours, I will complete the requisite forms for you to obtain licensure as an LMHC in Florida.
- I agree to adhere to the ethical codes of the American Counseling Association (ACA) and American Mental Health Counselors Association (AMHCA).

Your Responsibilities as a Supervisee:

- You agree to provide me with at least 24 hours notice in the event that the you need to cancel or reschedule an appointment. In the event of a late cancellation or no show for individual sessions, you will be charged the full rate of the session.
- You attest that at an appropriately licensed mental health provider (i.e., LMHC, LMFT, LCSW, licensed psychologist, psychiatric ARNP, psychiatric DO/MD) will be available at your work site at all times in the event of a crisis or emergency.
- If a client's identifying information is to be provided during supervision sessions, you agree to obtain a signed HIPAA-compliant release of information from the client indicating the client's consent to discussion of his or her case.
- You will keep a log of client contact hours that I will review weekly during face-to-face supervision appointments.
- You will provide me with verbal and/or written case presentations for client case conceptualization and discussion.
- You agree to provide me with video or audio recordings of sessions and to obtain your client's written consent for recording upon request by me.
- During each session, you will provide me with updates regarding cases discussed during each previous supervision session.
- In the event that I inform you that I will be unavailable by phone for a specified period of time, you will obtain back-up supervision for emergency cases.
- You agree to evaluate my performance as a supervisor at the end of each semester.
- You agree to adhere to the codes of ethics of the ACA and AMHCA.

Supervisee's Signature Date Supervisor's Signature Date

Supervisee Name and Date of Birth: _____

Supervisee's Work Site(s): _____