



"Helping Everyday People Achieve Growth, Healing, and Change"

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Clinical Supervision Interest Form

Date: _____

Name: _____
(Print)

DOB: _____

Address: _____
Street State Zip code

Best Contact Number: _____ Best time of day to contact: _____

Email Address: _____

Check this box if you agree to allow text/email reminders for appointments given the aforementioned contact information

Directed Experience Site and Address:

Schedule: _____

Onsite Supervisor: _____

Master's Degree Program: _____

If seeking consultation, what is your license type and number?

Modality of Supervision Preferred (Check as many as applies):

Individual/Face-to-face Individual/Web-based Group Supervision Other: _____

How many hours of supervision are needed? _____

What is the expected duration of the supervisory relationship? _____

Previous Directed Experience Site, Onsite Supervisor, Clinical Supervisor name and number of supervision hours obtained (Be sure to attached an additional sheet if more space is needed):

Please be sure to submit a recent picture, unofficial transcript, copy of state license (if applicable), liability/malpractice insurance, and copy of your resume with this form

ALL FORMS AND REQUESTED DOCUMENTS MUST BE COMPLETED AND SUBMITTED TO THE SUPERVISOR AT THE 1ST SUPERVISION MEETING

Instructions Please provide your responses to the following statements and questions below:

Ethics: Discuss your personal and professional ethics by answering the following questions:

- a. Describe one ethical dilemma that you have faced thus far and how was it resolved?

- b. How have you addressed problems regarding professional boundaries in the past?

- c. Have there been any challenges that you have encountered that may have interfered with your ability to perform your role as a mental health provider?

- d. Have you recently experienced any malpractice lawsuits or other incidents that have affected your ability to practice? If so, explain below:

- e. Are you familiar with the ethical guidelines of ACA and/or AAMFT?..
- f. How often do you monitor the subject of ethics?

Adapted from "Play Therapy Supervision Theory and Practice" by A. Drewes, H. Helm, T. Post Sprunk, and A. Stewart.

Theoretical Orientation: Discuss your theoretical orientation by answering the following questions:

g. What is your theoretical orientation and how do you perceive its impact on the therapeutic process? If you feel that your theoretical orientation has evolved, please explain how and why?

h. How do you apply your theory of preference in the population you currently work with?

i. What is the nature of your work or current involvement with mental health counseling?

Personal Qualities That Affect Therapy: Discuss aspects of your personality that may impede on the therapeutic process by answering the following questions and by providing comments to the statements below:

j. What client issues do you feel unqualified or incapable of treating effectively? Why?

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