
Supervisor Information Packet

Updates to Supervisor Forms (as of January 2014):

1. ALL FORMS are now electronic and available in PDF format only
 - a. Simply save the form to your desktop or documents for future reference
 - b. Any time you want to save a form for a specific candidate, click **Save As** under **File** and select **PDF** (or click **Ctrl + Shift + S**) and rename the document to include the Candidate Identifier of your choice, make sure you are saving the document in the location you want, and then click **Save**
2. Only 3 forms **must** be sent to IITAP (see red notes)
 - a. Forms need to be sent directly to IITAP by the person responsible for filling out the form
 - b. The rest of the forms are templates for use as needed
3. Candidate/Supervisor Agreement
 - a. Drop-down box to select appropriate training title/type (ASAT®, CSAT®, or PSAP®) and Supervisor title/type (CSAT® or PSAP®)
 - b. New verbiage to include identification of transference and countertransference issues, proficiency in all IITAP assessment tools
 - c. Clear delineation of Candidate responsibility for supervision hours log (supervisors will be able to verify based of off session notes/records)
4. 8/15 Hour Interim Assessments:
 - a. Interim assessments are not mandatory and are to be at the Supervisor's discretion;
 - b. Minimal documentation now required for 8 & 15 hour verifications for Mods 3 & 4
5. Candidate Hours tracking on Interim, Non-Primary, and Final Evaluations
 - a. Split into Format and Type
 - i. Format: Individual or Group
 - ii. Type: Phone, In person, or Webcam (Skype, GoToMeeting, etc.)
6. Final Consultation Evaluation
 - a. Essential skills and abilities are highlighted in red to ensure Candidate's level of competency is addressed

Please note:

Any evaluation or recommendation forms must be sent **directly** to IITAP by the person completing the form. Candidates are not permitted to turn in "copies" of forms for official use.

Supervisor Information Packet

Forms Available:

1. Candidate/Supervisor Agreement Form
 - a. To be signed upon a mutual agreement between a Candidate and Supervisor to enter into the supervision relationship
 - b. **Send a completed copy directly to IITAP (required)**
2. Candidate Initial Consultation Assessment Form
 - a. Suggested format to use after the initial consultation with a Candidate
3. Candidate Consultation Session Notes Form
 - a. Suggested format to use in tracking Candidate's progress and issues or items addressed during supervision
4. Candidate Interim Evaluation Form
 - a. Suggested format to use to assess Candidate's progress with supervision
 - b. For use as needed
5. Candidate 8 & 15 Hour Supervision Verification Form
 - a. Complete after candidate has successfully completed the requisite hours of training
 - i. 8 hours required for Mod 3 participation
 - ii. 15 hours required for Mod 4 participation
 - b. Candidate to keep track of hours completed and request form be sent when needed
 - c. Candidate to request verification of completed hours (if needed) from Non-Primary Supervisor to be sent to Primary Supervisor if needed when requesting hours be sent to IITAP
 - d. **Send a completed copy directly to IITAP (required)**
6. Non-Primary Supervisor to Primary Supervisor Candidate Evaluation Form
 - a. To be completed by a Candidate's Non-Primary Supervisor when their supervision relationship with a Candidate has ended
 - b. Form to be sent to the Candidate's Primary Supervisor
7. Final Candidate Consultation Evaluation
 - a. To be completed at the end of the supervisor relationship by the Primary Supervisor
 - b. **Send a completed copy directly to IITAP (required)**
8. Candidate Recommendation Form
 - a. Serves as a letter of recommendation for the client
 - b. This is not to be used in lieu of the Final Candidate Consultation Evaluation
 - c. For use if you wish to also send in a recommendation with your evaluation
 - d. **Send a copy directly to IITAP (if you choose to fill one out for the Candidate)**



Candidate / Supervisor Consultation Agreement

This Agreement is between the _____® Candidate (hereinafter referred to as "Candidate") and the IITAP Approved _____® Supervisor (hereinafter referred to as "Supervisor") for participation in the process of becoming a(n) ASAT®, CSAT®, or PSAP®.

_____ and _____
Candidate Supervisor
understand and agree to the following:

Candidate will be receiving only clinical consultation and not clinical supervision from the Supervisor, both in individual sessions and group sessions.

Candidate's Supervisor will not be providing supervision services and, therefore, will not be taking on clinical supervisory responsibility for the standard of care that Candidate provides to his/her clients.

Candidate agrees that both the Supervisor and the International Institute for Trauma & Addiction Professionals (hereinafter referred to as "IITAP"), are not in any way responsible for the standard of care the Candidate provides to his/her clients in any clinical setting.

Supervisor, in this process, will provide to Candidate three services: (1) help the Candidate further his/her clinical knowledge and skills in the treatment of sex addiction using the assessments, tasks and performables outlined in the task methodology, (2) further the Candidate's professional development by assisting him/her in identifying growth areas such as transference / countertransference issues, or personal issues that might impede his/her ability to provide effective services and (3) make a recommendation to IITAP regarding whether or not the Candidate has met the requirements for certification as a(n) ASAT®, CSAT®, or PSAP®.

Candidate agrees to adhere to all legal and ethical standards as set forth by IITAP, as well as any and all legal and ethical standards Candidate is bound to by the state in which he/she is licensed and/or certified. Candidate will hereby hold harmless IITAP for any acts according to said standards and indemnify IITAP for any damages, attorney fees, or other costs resulting from a breach or violation this agreement.

Candidate agrees to have current and valid malpractice insurance at all times during this process (as required by law in the area/region of practice).

As a reminder, it is Candidate's responsibility to maintain a log of supervision hours.

In the event of any dispute under this Agreement, it shall be resolved by arbitration. Any disagreement which may arise out of this agreement shall be submitted to arbitration and shall be enforceable under the laws of the State of Arizona. Judgment on the award shall be entered into by the said court and the decision of the arbitrator shall be a condition precedent to legal rights. The parties shall submit disputed matters under the Rules of the American Arbitration Association and the losing party shall pay both parties' attorneys' fees and costs.

Modifications to this agreement must be made in writing and agreed to by both parties and attached hereto.

Candidate's Printed Name

Supervisor's Printed Name

X

Candidate's Signature Date

X

Supervisor's Signature Date

Candidate	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:

Upon execution of this agreement, send a copy of this and any attachments to directly to IITAP.

Candidate Initial Consultation Assessment

Candidate Name: _____ Date: _____
Supervisor Name: _____

A. Supervisor's First Impressions

1. Consultation (*interpersonal interactions*):

2. Counseling (*skills, conceptualization ability, and familiarity with the task-centered approach to the treatment of sexual addiction*):

3. Education and training:

4. Supervisor/Candidate match:

5. Dynamics (*related to gender, race, sexual orientation, age, racial identity, etc.*):

6. Potential Supervisor counter-transference issues with Candidate:

Candidate Initial Consultation Assessment

B. Goals for Consultation

1. Candidate will demonstrate the ability to apply the task-centered approach to the treatment of sexual addiction using the assessments, tasks and performables outlined in the task methodology.
2. Candidate will demonstrate the ability to administer the Sexual Dependency Inventory 4.0 (SDI 4.0), Post-Traumatic Stress Disorder Index (PTSI), Post-Traumatic Stress Disorder Index – Revised (PTSI-R), Money and Work Adaptive Styles Index (MAWASI), Partner Sexuality Survey (PSS), and other assessment tools as necessary.
3. Candidate will demonstrate the ability to identify areas of professional improvement, such as transference / countertransference issues, or personal issues that might impede his or her ability to provide effective services.
3. Candidate will demonstrate the ability to identify other addictive behaviors, including Addiction Interaction Disorder
4. Candidate will demonstrate the ability to break through client denial.
5. Candidate will demonstrate the ability to engage partners in the therapeutic process.
6. Candidate will demonstrate the ability to identify dual diagnosis issues.
7. Candidate will demonstrate the ability to facilitate client shame reduction.

C. Mutually Agreed Upon Goals *(Be specific)*

1.
2.
3.
4.
5.

Supervisor's Printed Name

Supervisor's Signature

Date

Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
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Candidate Consultation Session Notes

Candidate Name: _____ Date: _____
 Supervisor Name: _____

Session Type: Individual Group Session Format: Telephone In person Webcam

A. Summary of session content:

B. Impressions about the Candidate's performance in consultation and in counseling:

C. Candidate's progress on tasks and goals of consultation:

D. Plan (*Interventions, tasks*):

Supervisor's Printed Name

Supervisor's Signature Date

Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
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Candidate Hours Verification

MODULE 3

Candidate Name: _____ Date: _____

Supervisor Name: _____

A minimum of **8 hours** of supervision is required prior to the candidate's participation in Module 3 training.

As the above referenced CSAT candidate's supervisor, I do verify that the candidate has completed _____ hours of supervision to date.

Supervisor's Signature

Date

Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
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MODULE 4

Candidate Name: _____ Date: _____

Supervisor Name: _____

A minimum of **15 hours** of supervision is required prior to the candidate's participation in Module 3 training.

As the above referenced CSAT candidate's supervisor, I do verify that the candidate has completed _____ hours of supervision to date.

Supervisor's Signature

Date

Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
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Candidate Interim Evaluation

A minimum of 30 hours of supervision must be obtained by each Candidate:

- **Session Type Requirements:** A minimum of 5 hours must be face to face (individual or group, in person or webcam)
- **Session Format Requirements:** A minimum of 10 hours must be individual

Candidate Name: _____ Date: _____

Supervisor Name: _____

Session Type			
Session Format	Telephone	In Person	Webcam
Individual			
Group			
Total			
Total Hours to Date			

A. Candidate's progress to date:

B. Progress on Supervisor goals:

C. Proposed future intervention strategies:

Candidate Interim Evaluation

D. Recommendations to Candidate regarding areas of deficiency or concern:

1. Additional training or education:

2. Additional supervisor consultation hours:

3. Personal Therapy *(If this recommendation is made, it is optimal for the Supervisor to contact the Candidate in order to present the issues of concern):*

E. Other

Supervisor's Printed Name

Supervisor's Signature

Date

Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
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Non-Primary Supervisor to Primary Supervisor Candidate Evaluation

A minimum of 30 hours of supervision must be obtained by each Candidate:

- **Session Type Requirements:** A minimum of 5 hours must be face to face (individual or group, in person or webcam)
- **Session Format Requirements:** A minimum of 10 hours must be individual

Candidate Name: _____ Date: _____

Supervisor Name: _____

Session Format	Session Type		
	Telephone	In Person	Webcam
Individual			
Group			
Total			
Total Hours to Date			

A. Candidate's progress to date:

B. Progress on Supervisor goals:

C. Proposed future intervention strategies:

Non-Primary Supervisor to Primary Supervisor Candidate Evaluation

D. Recommendations to Candidate regarding areas of deficiency or concern:

1. Additional training or education:

2. Additional supervision hours:

3. Personal Therapy *(If this recommendation is made, it is optimal for the Supervisor to contact the Candidate in order to present the issues of concern):*

E. Other

Non-Primary Supervisor must submit this form directly to the Primary Supervisor.

Supervisor's Printed Name

Supervisor's Signature Date

Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
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Candidate Final Consultation Evaluation

This evaluation is designed to provide the Candidate with constructive feedback regarding:

1. His/her clinical knowledge and skills in the treatment of sex addiction using the assessments, tasks and performables outlined in the task methodology,
2. His/her professional development by identifying growth areas such as transference/countertransference issues, or personal issues that might impede his/her ability to provide effective services,
3. His/her level of counseling skills

A minimum of 30 hours of supervision must be obtained by each Candidate:

- **Session Type Requirements: A minimum of 5 hours must be face to face (individual or group, in person or webcam)**
- **Session Format Requirements: A minimum of 10 hours must be individual**

Candidate Name: _____ Date: _____
Supervisor Name: _____

	Session Type		
Session Format	Telephone	In Person	Webcam
Individual			
Group			
Total			
Total Hours to Date			

Please complete Sections A–D using the scale below:

1	2	3	N/A
<i>Candidate functions at a high level and displays extremely strong skills.</i>	<i>Candidate functions at an average and appropriate level and displays good skills.</i>	<i>Candidate functions at a minimum basic level. I would like to see him/her continue to work on this area.</i>	<i>Unable to rate this activity. Please explain why.</i>

A. Counseling

	Demonstrates ability to apply the task-centered approach to the treatment of sexual addiction using the assessments, tasks and performables outlined in the task methodology.
	Demonstrates ability to identify other addictive behaviors, including Addiction Interaction Disorder
	Demonstrates ability to break through client denial.
	Demonstrates ability to engage partners in the therapeutic process.
	Demonstrates ability to identify dual diagnosis issues.
	Demonstrates ability to facilitate client shame reduction.
	Demonstrates ability to identify sexual offender issues and work within parameters of Candidate's scope of practice.
	Demonstrates an interest in and acceptance of the client and his/her problems and issues.
	Demonstrates ability to establish mutually agreed upon goals with clients.
	Demonstrates ability to evaluate client's progress in counseling.
	Demonstrates ability to engage in appropriate confrontation with clients.
	Demonstrates knowledge of current literature with regard to treatment for specific problems.

Candidate Final Consultation Evaluation

Please complete Sections A–D using the scale below:

1	2	3	N/A
<i>Candidate functions at a high level and displays extremely strong skills.</i>	<i>Candidate functions at an average and appropriate level and displays good skills.</i>	<i>Candidate functions at a minimum basic level. I would like to see him/her continue to work on this area.</i>	<i>Unable to rate this activity. Please explain why.</i>

	Develops and implements treatment plan with respect to short-term goals, follow-through of plan and modification of plan when evaluation suggests it.
	Demonstrates sensitivity to individual and ethnic/cultural differences (e.g., age, disability, gender, race, religion, sexual orientation, social class).
	Demonstrates awareness of personal biases and transference/countertransference issues and their effects on therapy.

B. Assessment

	Demonstrates competency in using the initial interview to assess client needs and status.
	Demonstrates competency in using ongoing sessions to assess client needs and status.
	Demonstrates ability to assess suicide lethality and danger to others.
	Demonstrates ability to deal with crisis management (i.e., consults with Supervisor, refers client, etc.)
	Demonstrates the ability to administer and interpret (check all that apply): <input type="checkbox"/> Sexual Dependency Inventory 4.0 (SDI 4.0) <input type="checkbox"/> Post-Traumatic Stress Disorder Index (PTSI) <input type="checkbox"/> Post-Traumatic Stress Disorder Index – Revised (PTSI-R) <input type="checkbox"/> Money and Work Adaptive Styles Index (MAWASI) <input type="checkbox"/> Partner Sexuality Survey (PSS) <input type="checkbox"/> Other (identify):

C. Consultation

	Was on time for meetings with Supervisor.
	Was non-defensive during consultation and was able to incorporate suggestions and use feedback effectively.
	Demonstrated awareness of how personal issues influenced the counseling process and was willing to address these issues with Supervisor(s).
	Acknowledged lack of experience with certain problems/clients and showed a willingness to remedy this under consultation.
	Was open to self-examination during consultation.
	Participated actively and willingly in consultation sessions.
	Was able to discern and discuss legal and ethical concerns as a part of consultation.

D. Professional Behavior

	Behaved in a professional manner with colleagues.
	Was able to communicate in writing in clear and concise manner initial, ongoing, and summary case notes.
	Was on time for their appointments for Supervision sessions.
	Demonstrated ability to deal with conflict.
	Demonstrated effective time management.
	Demonstrated knowledge of ASAT®, CSAT®, and PSAP® legal and ethical standards.

Candidate Final Consultation Evaluation

	Behaved in an ethical manner.
	Informed first interview clients of the limitations of confidentiality.
	Informed clients of their level of training (e.g., ASAT®, CSAT®, or PSAP® Candidate).
	Demonstrated knowledge of crisis intervention procedures.
Additional Comments:	

E. Qualitative Evaluation

1. Candidate's strengths and unique competencies:

2. Areas in which the candidate has made progress during the period being evaluated:

3. Areas of deficiency or concern requiring further attention:

4. Recommendations to candidate about areas of deficiency or concern:

Additional training or education:

Additional consultation hours:

Candidate Final Consultation Evaluation

Personal Therapy *(If this recommendation is made, it is optimal for the Supervisor to contact the Candidate in order to present the issues of concern):*

Other:

5. **Additional Comments:**

6. **Recommendation to IITAP for ASAT®, CSAT®, or PSAP® certification:**

Supervisor's Printed Name

Supervisor's Signature

Date

Supervisor	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
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Candidate Recommendation Form

To the Evaluator: Please complete the below Candidate Recommendation Form in its entirety, as it is an important part of the Candidate's CSAT®, ASAT®, or PSAP® approval process. Thank you.
(The blanks on the form will expand as needed with added text.)

Section I: Candidate

Name: _____

- Applying for: Certified Sex Addiction Therapist (CSAT®), Associate Sex Addiction Therapist (ASAT®), Pastoral Sex Addiction Professional (PSAP®)
 CSAT® / PSAP® Supervisor

Section II: Evaluator

Name: _____ Title: _____

Organization: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. How long have you known the Candidate? _____
2. How well have you known the Candidate? _____
3. What is the nature of your contact with Candidate? _____
4. What are the Candidate's strongest qualities as a mental health practitioner?

1.

2.

3.

4.

5.

Candidate Recommendation Form

5. What are the Candidate's weaknesses as a mental health practitioner?

1.
2.
3.
4.
5.

Section III: Candidate Evaluation

	Truly Exceptional	Excellent	Good	Average	Below Average	Unable to Evaluate	No Comment
• Academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical Skill (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Personal conduct & appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emotional maturity & stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Organization & common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maintain appropriate boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:



Candidate Recommendation Form

Overall Endorsement:	Highly Recommend	Recommend	Recommend with Reservations	Do Not Recommend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X _____
Signature
Date

<input type="checkbox"/>	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
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NOTE: Please save this completed form and send **directly** to the IITAP office via email to info@iitap.com or fax (480)595-4753.