

Clarification of CSAT & CPTT Supervision

Candidate Agreement Form

Greetings,

I look forward to supporting you as you move forward in your CSAT and/or CPTT certification training. There are many tools, assessments and tasks to learn and practice in this complex specialization. I commend you for obtaining both the training and supervision required in order to best help your clinical clients.

As a support, I have outlined important points as we move forward. Please read through the following information, and then print, sign, and scan back to me in an email before your first supervision.

If you prefer to fill out the form electronically for ease, you may do so.

As required by The International Institute of Trauma and Addiction Professionals [IITAP], I, _____ have requested supervision with CSAT / CPTT supervisor Christine Cosper, LMFT, CSAT-S doing business as Sano Counseling Center to support my candidacy and potential certification for Certified Sex Addiction Therapist and/or Certified Partners Trauma Therapist.

I further understand and agree to the following:

- (a) I am choosing to work with supervisor Christine Cosper, LMFT, CSAT-S as a CSAT or CPTT candidate through the IITAP organization. I understand that these hours do not apply toward my clinical internship licensing hours for my state program, or graduate school requirements. Additionally, I understand that **CSAT or CPTT supervision does not count as CEU's [Continuing Education Units]**.
- (b) Though not mandatory, I understand that IITAP recommends that I seek out a nono primary supervisor in addition to my primary supervision in order to "round out" my training. Additionally, I understand that working with more than two CSAT supervisors is **not** recommended by IITAP.
- (c) I agree to respect out of session contact boundaries with Christine Cosper and will not email lengthy questions that are best addressed within a supervision meeting.
- (d) I agree to protect client confidentiality when discussing cases, or emailing information.

- (e) I understand that working with Mari A. Lee does not guarantee certification through IITAP. All final certifications awarded to candidates are done at the sole discretion and final decision of the IITAP professional board.
- (f) If I am currently working as an intern with a licensed clinical supervisor in my state, I agree to consult and defer on treatment recommendations for all patients with my primary licensing intern supervisor. I understand that Mari A. Lee's supervision does not take priority over my current supervisor's instruction during my internship.
- (g) If I am a licensed clinician, I understand that CSAT or CPTT supervision does not take priority over my state or regions' ethics or licensing laws, nor does it replace my licensing board's requirements.
- (h) I release Christine Cospers DBA Sano Counseling Center from any legal responsibility or liability for client related issues, therapy related concerns, or clinical outcomes with the clients I work with, or any negative personal or professional outcomes. I take full and sole responsibility for the counseling and clinical services I provide.
- (i) I agree to abide by my state/country/region ethical and legal standards, and rules and codes of professional conduct in providing treatment to clients. I release Christine Cospers, LMFT, CSAT-S to her organizations, affiliates, both personal and professional, from any legal or ethical responsibility associated with any aspect of the work that I do.
- (j) I understand that per IITAP supervision policy, I am responsible for keeping track of my supervision hours per module and it is **not** my supervisor's responsibility to track my CSAT or CPTT hours toward certification. I understand that I must check the IITAP website for the most up to date information.
- (k) I agree that I will give Christine Cospers at least **2 weeks notice** prior to my next module training to request that Mari send in hours verification, or final paperwork. I understand that all of the hours information is located on the IITAP website and agree to stay abreast of updates via the list serve and website.
- (l) I understand that I must complete the IITAP CSAT or CPTT training modules in a timely manner as stipulated by IITAP.
- (m) I understand while we may discuss counter transference and other clinical challenges during supervision, Christine Cospers will not provide me with therapy as that would be considered a dual relationship. I agree to seek therapy as needed.

- (n) I agree to abide by Christine Cosper’s 72 hour cancellation policy and understand that if I do not cancel my supervision session 72 hours prior to my scheduled appointment, the fee will be charged.
- (o) I agree that if I book several appointments many weeks in advance in order to “Save Space” on Christy’s calendar, I will honor all sessions booked. More than 3 cancellations or reschedules will result in possible termination of supervision.
- (p) I agree to discuss any concerns I have with respect to my supervision with Christine Cosper and understand I am free to terminate supervision at any point.
- (q) I agree that if I cross legal or ethical boundaries, or am struggling personally or professionally with respect to my clinical work, I will alert IITAP and Christine Cosper.
- (r) I understand that it is my responsibility to keep track of time zone changes, and to call in at my scheduled day/time at (562) 607-3663. If I am located out of the United States, I understand that I will meet with WhatsApp (audio only) with Christine Cosper and will contact her via WhatsApp at (562) 607-3663.

In signing below, I understand the role of IITAP, the role of my CSAT/CPTT supervisor, and my role as a CSAT or CPTT candidate

_____ / _____
Candidate signature **Date**

Please email this form back to Christy at christy@sanocounseling.com prior to your first supervision meeting. Thank you.