

TRAINEE ACKNOWLEDGEMENT

Intuition Wellness Center is a training institution committed to making high quality clinical services and programs accessible to Southern Arizona children, young adults and their families. Intuition Wellness Center invites mental health professionals who are working towards their independent license to learn and serve with the clinical team.

Working with a trainee has many benefits. Clients of trainees receive a comprehensive team approach to treatment because therapists in training receive a high level of supervision from experienced clinicians at Intuition Wellness Center. Trainees are well-informed of the latest research and therapy approaches. Trainees also have smaller caseloads than their independently licensed colleagues at Intuition Wellness Center. This allows trainees to spend a significant amount of time developing treatment activities for their clients that will help them process experiences and learn coping skills in creative and interesting ways. Activities trainees develop are created specifically with the client in mind, which will help keep therapy relevant and engaging.

By signing this document, I acknowledge understanding that:

- *My therapist/my child's therapist is a Psychology Fellow (MA) completing training to earn the highest level of counseling licensure available in the state of Arizona as a Psychologist (PhD). My child's therapist is not yet independently licensed.*
- *My therapist/my child's therapist will be closely supervised. Supervision can involve direct observation of treatment sessions, review of taped recordings of treatment sessions, and frequent case consultation. Supervisors are fully aware of my rights and limitations to confidentiality.*
- *I may contact a supervisor at any time if I have concerns about my treatment/my child's treatment.*

Yes, my/my child's therapist has provided me with contact information for their direct supervisor who is independently licensed in Arizona.

_____ Client Name	_____ Signature of Client	_____ Date
_____ Guardian Name	_____ Signature of Guardian	_____ Date
_____ Guardian Name	_____ Signature of Guardian	_____ Date
_____ Team Member Witness Name	_____ Signature of Witness	_____ Date