

Supervision Contract

* indicates a required field

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Clinical Supervision Contract

As supervisee and clinical supervisor, we agree the following:

To place client needs first and foremost, followed next by developmental and professional needs of the supervisee

To work together to facilitate in-depth reflection and to practice good self and client care

To take necessary measures to develop both personally and professionally, striving for an ever-growing level of clinical expertise

To work towards setting goals that are thoughtfully designed to enhance areas of needed clinical and personal improvement

We will work respectfully and with high regard to issues of diversity and multiculturalism.

We will both maintain an open stance so as to be most receptive to feedback and sharing.

To address issues of parallel process as they positively and negatively affect the helping relationship.

To uphold the utmost integrity, professionalism, and beneficence when addressing client care, mental health service, and professional practice

To follow and abide by the Codes of Ethics for all governing bodies

To discuss disagreements and conflict as they arise

We will work to the supervisee's agenda, within the framework and focus negotiated at the beginning of each session. However, the supervisor reserves the right to highlight items of clinical significance and to adjust the goals of the session as necessary for further development of professional competence.

Upon arrangement, your clinical supervisor can provide a record for your employer or professional board showing the times and the dates of the clinical supervision sessions. Any other notes made about the sessions during or after the sessions will be kept by the supervisor. These may be subpoenaed by court of the law or viewed by the employer if clinical supervision is part of the employment contract. We will discuss this further upon initiation of clinical supervision to clarify each individual's situation.

As a supervisee I agree to:

Maintain client welfare first and foremost, followed by professional development and professional needs

Prepare for the sessions, for example, by having an agenda or preparing notes or transcripts for review

Take responsibility for my professionalism in clinical supervision and will make effective use of the time, including punctuality

I am responsible for any actions I may take as well as the outcomes as a result of clinical supervision

I will be willing to learn, to develop my clinical skills and be open to receiving support and challenge

Ensure that all correspondence to/from the state licensing board get routed to the supervisor so that the supervisor is fully aware of licensure status & all situations in reference to the licensee

Video/audiotape once a month for supervisor feedback

As a clinical supervisor I agree to:

Keep all information you reveal in the clinical supervision sessions private, except for these exceptions:

If you engage in any unsafe, unethical or illegal practice.

You repeatedly fail to attend sessions.

You do not maintain appropriate levels of client care and place clients at risk, in a major or minor way.

You do not abide by state or national licensing standards or the expectations outlined in the Codes of Ethics of related professional bodies.

I may discuss our supervision sessions during my own supervision/consultation sessions as needed.

Ongoing reports to evaluative and protective bodies (colleges or universities, licensing boards, etc....)

In the event of one of the aforementioned situations, I will attempt to support you in dealing appropriately with the issue directly yourself in most cases (except where this may be inappropriately or harmful to the client). When concerns arise about your performance, I will reveal such concerns as necessary for client protection to the appropriate governing or protective body. In most instances, I will request your presence during such an event.

I will offer you feedback, support, and supportive challenges to enable you to reflect in depth on issues affecting your practice.

I will provide you with ongoing feedback verbally, in written formats, and through quarterly formal evaluations.

I will maintain my commitment to continually developing myself as a practicing professional.

Boundaries: we are engaging in a professional relationship where it is necessary that both the supervisor and supervisee maintain appropriate professional boundaries. We will not engage in social, sexual, nor friendship-type interactions as this may interfere with the goals and effectiveness of supervision and may compromise client care. We will discuss boundary expectations at the start of supervision.

*** Personal Info:**

*** Name**

*** Address**

*** Phone Number**

*** Emergency Contact:**

*** Supervisee is currently working towards:**

- Credentialling
- Licenses
- Other

We will be meeting at the following location:

We will meet:

For:

At a Cost of (Amount agreed upon per session):**Payment Arrangements (if any)**

- Out of pocket by Supervisee
- Payment received by Place of work/internship
- Other:

Preparatory work expected for each session will be determined. Video observation is required at least once per evaluation session. Formal Evaluation will be provided by following the 6-month evaluation process. Other important items of agreement:

Phone consultation: 30 minutes a calendar month is complimentary. Additional time will be charged at the aforementioned rate (prorated by 15 minute increments). Crisis, emergent situations, and mandatory reporting cases are the most appropriate reasons to access phone consultation.

To protect the time and space for clinical supervision, please keep to agreed appointments and time boundaries. I require 24-hour notice for cancellations. Privacy will be respected and interruptions avoided.

Keep in mind that I do not provide temporary supervision for breaks from other supervisors.

Our signatures below indicate a full understanding and agreement upon the items discussed in this document. Any questions or concerns have been fully addressed to the mutual satisfaction of both the supervisee.

Additional Information:

*** Supervisee Signature**

Supervisor Signature

Supervision Release Contract

As a part of your clinical supervision I will be collecting information about the work that you do at your agency in order to evaluate your work for the state. Specifically, I will be asking questions about client care, chart notes, following procedures and professionalism.

Please provide me with information of your direct supervisor (if any):

Name

Address

Phone Number

Email

By signing this form, I give my clinical supervisor permission to contact and discuss my performance with the agency I list above.

*** Supervisee Signature**

Supervisor Signature

