

SUPERVISION CONTRACT

Supervisor: *Faith Winters, LLC* Phone or text: 503 267-3149, email: faith@faithwinters.com
Clinical Office: 13831 NW Cornell Rd, Suite 104, Portland, OR 97229

Supervisee:
Address
Contact info

PDS	OBLPCT Intern #
PLI	Dates

Because the supervisor-supervisee relationship is a collegial one, the specifics of this Supervision Contract (SC) have been discussed and negotiated between supervisee and supervisor as we seek to work together to maximize the effectiveness of this joint venture and to account for the wellbeing of the clients. The SC seeks to clarify expectations, goals, process, and outcomes.

1. PURPOSE OF SUPERVISION

The overall purpose is to promote the professional growth of the supervisee, including (further) development of his/her professional identity and competence, conceptual understandings, and clinical counseling skills; including assessment, diagnosis and treatment of supervisee's clients.

a. Supervisee's professional objective(s):

b. The major focus of the conceptual understandings shall be: Cognitive, Behavioral, Family Systems, Client Centered and/or:

c. The major focus of the clinical skills shall be: Adults, Individuals, Couples and/or Families working with:

d. Although supervision involves personal growth, it does not encompass personal therapy. During supervision, personal issues or interpersonal dynamics that impede one's clinical effectiveness sometimes become evident. In such cases, the supervisee will be advised and is responsible to seek out his/her own personal therapy in order to adequately deal with such areas so he/she can achieve the targeted professional goals and competencies. Confirmation of the counseling shall be in writing and evidence of sufficient progress shall be evident in order to successfully fulfill the supervisory contract.

2. EXPECTATIONS REGARDING CLIENTS

a. What is in the client's best interest will be kept as a primary concern.

b. The supervisee will meet clients at: _____ (location).

c. Though it is understood that client loads vary, the target number of contact hours per week is: _____

d. The source for clients shall be: _____

e. There is absolutely no expectation that supervisee will refer clients to supervisor.

3. SUPERVISION SCHEDULE AND TIME FRAME

a. The supervision shall be _____ hr(s) for every _____ hrs of client contact.

b. The supervision sessions will begin _____ (date)

c. The 50 minute supervision sessions will be held as scheduled in supervisor's office.

d. Cancellation/re-scheduling: It is expected that the supervision sessions will be given priority by both supervisor and supervisee. Cancellations will be done in a timely manner--at least 24 hrs ahead except in emergencies. Cancelled sessions will be rescheduled to fulfill required number of supervision hours.

4. CONTENT AND FORMAT OF SUPERVISORY SESSIONS

The main focus of the supervisory session is the supervisee, but keeping in mind the welfare and progress of the client. The supervisee shall bring to each supervision session a Caseload Summary with a concise progress report on clients, but typically each session will focus on one case.

5. CONFIDENTIALITY AND INFORMED CONSENT

a. Confidentiality: Supervisors are ethically and legally bound to respect the confidentiality of client communication per current law and ethical standards. The exceptions to confidentiality in the supervisory relationship are the same as counselor/client:

*Reporting to relevant agencies and individuals suspected child or elder abuse

*Reporting to relevant agencies and individuals imminent danger by client to self and/or others

*Defending against claims brought against counselor or supervisor.

b. Informed Consent: During the initial contact with clients, the supervisee is expected to provide client with a Professional Disclosure Statement (PDS) to inform client of his/her developmental level and expertise and that he/she is being supervised and that by virtue of this the counselor needs to share information with the supervisor; and in the case of group supervision, with the other supervisees. A copy of the current PDS is to be given to supervisor.

c. Supervisee does not have confidentiality; supervisor may disclose the supervision process as needed.

6. EMERGENCIES

In case of client emergency, the supervisee is to contact the supervisor, Faith Winters, at 503 267-3149. When supervisee is working at an agency, supervisee's on-site clinical supervisor is first contact. In the event of the supervisor's being out of town or unreachable, the supervisee shall use his/her best professional judgment to access such resources as: 911. *Other emergency resources and agencies

*The agreed upon "back-up":

Phone:

The supervisee shall inform the supervisor verbally and in writing as soon as possible re: the emergency, the action taken, and the outcome or current status.

7. LIABILITY INSURANCE

The supervisee shall carry his/her own professional liability insurance and shall provide documented proof (a copy of the policy) to the supervisor, including name of insurance company, mailing address, phone number, amounts of coverage, policy number and any other relevant/pertinent data. Proof must include data that the insurance is current. Supervisee shall provide proof regarding renewal.

8. ETHICS

It is expected that both supervisor and supervisee shall conduct themselves according to the ethical codes of their respective professional organizations. For the supervisor, Faith Winters, it means she will conduct herself according to the ethical codes of both the American Counseling Association and the American Mental Health Counselors Association. It is expected that the supervisee's codes are commensurate with these codes and if not, then his/her conduct shall be in accordance with the ACA and AMHCA codes. These codes shall be read and reviewed by both supervisor and supervisee as part of this supervision contract.

9. EVALUATION

Evaluation--a process that involves mutual dialog--is both continuous and cumulative.

a. Continuous evaluation shall consist of: Discussions in session, periodic assessments.

b. The final evaluation shall consist of discussion and assessment.

c. In the eventuality that the goals of the SC are not achieved then this supervisory relationship will end.

10. FEES

\$ _____ per hour rate for individual supervision. \$ _____ per hour rate for group supervision.

\$ _____ per hour rate for related work; Example: Written reports.

SIGNED _____ Date _____ Supervisee.

SIGNED _____ Date _____ Supervisor.