

Supervision Contract – No Payment Required

We have decided to enter into a supervision experience together and we have gone over a number of issues in order to help us create an agreement-upon context for that experience. The purpose of the contract is to outline those issues and to serve as a resource for our work together.

Therapist/Trainee

Name: _____

Address: _____

Supervisor:

Name: Laurie Ponsford-Hill, PhD, RMFT, CCC, RCAT , RSW, AccFM, RP

Address: The Counselling House, 600 Princess St, Suite 301, Woodstock, ON N4S 4H4

and 111 Waterloo St, Suite 103 London, ON N6B 2M4

Outline of Logistics

We have agreed to commit _____ (length of time or number of contacts) to _____ supervision contact, beginning _____ and continuing until _____. We have decided to divide up this time in the following

ways: _____

_____.

In the case of a client cancellation, we have decided _____.

Site Description: Private Practice: individual, couple, marital, and family therapy.

Purpose of supervision: To provide close monitoring and supervision of client contact aimed at protecting the welfare of the supervisees client’s while providing a structured environment through which the supervisee has the ability to further develop counselling and psychotherapy skills. Assess and develop the core competencies, goals, cultural competence, self of the therapist, ethical considerations, administration.

Conditions of Supervision: Agreed upon supervision of specific hours between the two parties will occur on a basis which meets requirements of 10 client contact hours to one supervision hour. Supervision will include identification of learning needs, discussion of cases, role plays, learning of therapeutic

techniques viewing and discussing record keeping, viewing and discussing recorded sessions, discussion of group therapy sessions, debriefing, reviewing treatment plans, co-therapy, direct live observation in session. Supervision provided will follow the standards set by your specific school and/or association/registering body for clinical supervision. Supervision provided will be based on an integrative approach.

No Payment for supervision: Weekly supervision and monthly group supervision will be paid by the clients you are seeing. Each client will pay \$25.00 plus HST to The Counselling House by registering on-line for each individual/couple and or family session. A minimum of 10 clients per week is required.

Supervisor Responsibility:

Working with supervisee to frame out schedules and supervision times

Prepare supervisee with information, continued learning opportunities, recommended and/or required readings

Outline policies for scheduling, cancellation, documentation, storage and security

Assist with the design of a group counselling component if group hours are required by the student

Provide ongoing evaluation and provide evaluations as required, and submit confirmation of hours

Emergency plan supplied.

Supervisee Responsibility:

Being on time to participate in supervision and responsible for the scheduling of times

Be responsible for acquiring clinical psychotherapeutic contact hours and maintaining a ratio of 5 client contact hours per 1 hour of supervision

Complete training, use continued learning opportunities, and reading suggestions

Contact supervisor as outlined for emergency situations, detailed notes, and seek guidance in difficult client scenarios

Provide own liability insurance/workplace insurance coverage for psychotherapy practice

Agree to abide by the CRPO, CCPA, OAMHP, OCSWSSW and/or CATA code of ethics

Provide to clients a counselling student status, consent forms signed as acknowledgement by each case and provide consent forms for recording of clients for observation

Steps in Resolving Conflict between Supervisee and Supervisor: Discussion time scheduled if there are issues and in the event issues cannot be resolved the institution in which the student is involved in will be notified by the student for intervention or conclusion of supervision

