



SUPERVISION CONTRACT

This is an agreement between _____ (Supervisee)
and

_____ (Supervisor).

The purpose of supervision is to:

- Meet requirements for training
- Ongoing Supervision for client work
- Supervision for Supervisors
- Special Topic/area Supervision
- Workplace Supervision
- Team Supervision
- Other: _____

Effective Date: _____

Frequency of Meetings:

- Weekly
- Bi-weekly
- Other: _____

Duration of supervision session(s): _____

Type of Supervision: ___ Group ___ Individual ___ Combination of both ___

Supervision Definition

A relationship between a Supervisor and Supervisee whereby the Supervisor assists in developing and maintaining the practitioner's competent professional functioning and well-being while safeguarding client care, monitoring standards, and evaluating and reporting as required by external stakeholders.

1. Purpose, Goals and Objectives of Supervision:

- a. To fulfil requirements for training supervision and or ongoing supervision
- b. To promote development of supervisee's professional identity and competence;
- c. To _____

(AS AGREED UPON BY SUPERVISOR AND SUPERVISEE)

- d. To promote **reflective practice** in supervision. This may include using expressive materials, journaling, identifying established beliefs/values, supportive challenging of case conceptualization, personal development exercises/activities etc.
- e. To provide a Supervision Model and Case conceptualization Framework

2. Context and Content of Supervision:

- 2a. The content of supervision will focus on the acquisition of knowledge, conceptualization, and skills within the defined scope of practice.
- 2b. The context will ensure understanding of ethics, codes, rules, regulations, standards, guidelines (including consent, confidentiality/ privacy), and all relevant legislation.

3. A supervisory record form will be used to document impressions of each supervisory session. Feedback will be provided at the close of each session. Supervision notes may be shared with supervisee.

4. Rights and Responsibilities of both parties

a. Supervisor Rights

1. To bring concerns/issues about Supervisee's work.
2. To question Supervisee about his/her work and workload.
3. To give Supervisee constructive feedback on his/her work performance.
4. To observe Supervisee's practice and to initiate supportive / corrective action as required.

b. Supervisor Responsibilities

1. To uphold ethical guidelines and professional standards.
2. To make sure supervision sessions happen as agreed and to keep a record of the meeting.
3. To create a supervision file containing supervision records and other documents relating to development and training.
4. To ensure that Supervisee is clear about his/her role and responsibilities.
5. To record the supervision session and to store their copy in the supervision file.
6. To monitor Supervisee's performance.
7. To set standards and assess the Supervisee against these.
8. To know what Supervisee is doing and how it is being done.
9. To deal with problems as they impact on the Supervisee's performance.
10. To support supervisee and the agreed personal development plan.
11. To invite the supervisee into deeper exploration into their work and to encourage ongoing reflective practice.

c. *Supervisee Rights:*

1. To uninterrupted time in a private venue.
2. To Supervisor's attention, ideas and guidance.
3. To receive feedback.
4. To set part of the agenda.
5. To ask questions.
6. To expect Supervisor to carry out agreed action or provide an appropriate explanation, within an agreed time frame.
7. To have his/her development/training needs met.
8. To challenge ideas and guidance in a constructive way.

a. *Supervisee Responsibilities:*

1. To uphold ethical guidelines and professional standards;
2. To be prepared to discuss client cases with the aid of written case notes and / or video / audio tapes;
3. To validate diagnoses, interventions, approaches and techniques used;
4. To be open to change and use alternate methods of practice if required;
5. To consult supervisor or designated contact person in cases of emergency;
6. Implement supervisor directives in subsequent sessions;
7. Maintain a commitment to on-going counsellor education and the counselling profession;
8. To enter into reflective activities to increase personal and professional growth; and
9. To make use of supervision framework and case conceptualization form(s).

3. *Procedural considerations:*

- a. Supervisee's written cases notes (plus diagnoses and treatment plans) and audio / video tapes may be reviewed in each session;
- b. Issues relating to supervisee's professional development will be discussed;
- c. Sessions will be used to discuss issues of conflict and failure of either party to abide by the guidelines outlined in this contract. If concerns of either party are not resolved in supervision, (NAME OF ALTERNATE PERSON TO WHOM TO MAKE GRIEVANCE TO) will be consulted; and
- d. In event of an emergency, supervisee to contact supervisor. If not available, then, contact _____ (NAME /CONTACT DETAILS OF APPROPRIATE PERSON).

4. **Supervisor's Scope of Practice**

Lorri Yassenik PhD, RSW is a Registered Play Therapy Supervisor (RPT-S) and Certified Play Therapy Supervisor (CPT-S) and a Registered Clinical Supervisor with the Alberta College of Social Work. Lorri is also a Registered Family Mediator and a Registered Parenting Coordinator- Arbitrator. Lorri Is the Director of Rocky Mountain Play Therapy Institute and the Co-director of the International Centre for Children and Family Law based in Australia and Canada.

Lorri's areas of specialization: Treatment of Trauma, Children of Divorce (and high conflict families), Family and Couple therapy, Child Development and developmental issues, Children's mental health, Transitional issues, Children and Family Law. She sees children across the age span 1-18 yrs, families as well as adults. Lorri is a senior lecturer for Rocky Mountain Play Therapy Institute for all offered programs both locally and internationally. She is on the Advisory Board for Deakin University Therapeutic Play and Child Play Masters Degree program Geelong, Australia.

5. **Finances/ Insurance**

Agreement as to hourly rate for supervision: _____ to be paid by:

Credit Card Information

Malpractice/ liability insurance will be arranged by supervisee:

Yes _____ No _____

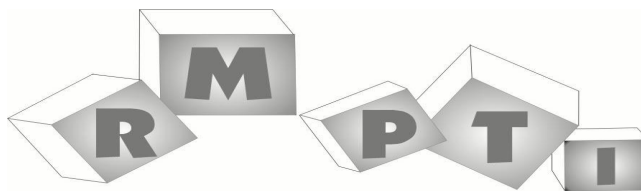
(If yes, proof of such must be provided as soon as possible.)

Date proof provided, with copy to supervisor: _____

Supervisor: _____

Supervisee: _____

Date: _____



SCHEDULE A SUPERVISION CONTRACT: Practice Summary

As a part of your supervision contract it is important to provide information to your supervisor about your entire practice. Supervisors, even if contracted to work with you on specified issues, cases or for a specified period of time can be viewed as responsible for your overall practice during that time. Therefore, the following information is important for you to provide as a part of your supervision contract.

General Practice Description (Check and fill in all that apply)

- I work 100% in private practice
- I work _____% of time in private practice and _____% in another work setting
- I work for _____ agency _____% of the time
- The name of my private practice is _____

Client Caseload Description (Check and fill in all that apply)

- I primarily see children in my practice (provide age-range) _____
- I see children, adolescents, and adults in my practice (please provide percentage of each) _____
- Other _____
- As a part of my practice I engage in other activities including: _____

Administration (Check and fill in all that apply)

- I see _____ clients per day
- I make all my own appointments
- Appointments are made for me
- There is a cancellation policy at my place of work
- My hourly fee for clients is _____
- I am paid by my agency to see clients
- Please list the forms you use to administrate files (i.e. consent for treatment, limits of confidentiality, release of information, fee schedule and structure form etc.)

My system for recording case note records is as follows:

What is your process for formally documenting each client contact?

In the event of a critical incident, what is your procedure to ensure accountability for your treatment?

Where are your files kept? How are they secured?

Scope of Practice (Check and fill in all that apply)

As a part of my awareness of “best practices” I agree that I work within my areas of expertise and experience. I am aware of what my Professional Association outlines regarding scope of practice.

What is your professional designation/qualification(s)?



- Do you consider yourself an expert in any particular area of clinical practice? If so on what basis do you claim your expertise?

- I have been working in my identified area of expertise for _____ years.

- My scope of practice includes (identify areas of experience and expertise)

- I have a copy of my Professional Association's Guidelines for Practice and a copy of the current Code of Ethics for Practice. I have read the above copies and adhere to the contents of these documents.

Legal (Check and fill in all that apply)

- I am a Registered _____ with (professional association name)_____

- I carry professional liability insurance

with _____ for the amount of _____

- My agency covers me for professional liability insurance.
- I have never been reported to my professional association
- I have been reported to my professional association (please give details)



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- I am not registered with a professional association and I do not carry professional liability insurance
 - I am a student and am a student member of an association
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Other Supervision (Check and fill in all that apply)

- I have a current supervisor at my agency
- I contract supervision with another independent supervisor (either intermittently or regularly)
- My current supervisor (whether at my agency or independent supervisor) is fully aware of my contract with _____ at Rocky Mountain Play Therapy Institute

Summary

I agree that the information provided in “Schedule A” is true and accurate and that the contents accurately reflect my practice. In signing this document, I am aware that my Supervisor may request documentation to confirm any or all parts of my practice.

All those supervising my practice are aware of this “Schedule A”. All Agency supervisors will be known as the “Primary Supervisor”.

Signed by:

Supervisee Signature	Print Name	Date
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Contracted Supervisor (RMPTI) Signature	Print Name	Date
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Primary Agency Supervisor Signature	Print Name	Date
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