SUPERVISION CONTRACT

1. Purpose, Goals and Objectives of Supervision

 Monitor and promote welfare of clients seen by Supervisee;

 Promote development of Supervisee’s professional identity and competence;

 Fulfill requirement for Supervisee certification and accreditation

2. Context and Content of Supervision:

Individual supervision at Supervisor’s office on one hour per every 20 hours of direct or indirect services, as required by the State of Ohio.

Supervision will be based on assessing, diagnosing, and treating individuals with mental health concerns. While improving, shaping, and refining counseling methods, and tools.

3. Method of Evaluation:

Feedback will be provided each session. Supervision Logs will include session details and issues relevant to the supervision of the case.

A formal evaluation will be conducted every six months, or more frequent if necessary.

Supervision notes may be shared with Supervisee at Supervisor’s discretion and upon request of Supervisee.

An unedited video of a one counseling session, if applicable, will be reviewed quarterly if supervision is conducted by phone or email and direct observations are not possible. Written permission of the client will be required at these times.

4. Duties and Responsibilities of Supervisor-Supervisee

 Supervisor:

 Encourage ongoing professional education of supervisee.

Challenge Supervisee to validate approach and technique used in counseling sessions

Monitor basic micro-skills and advanced skills including transference and counter-transferences.

 Provide alternative counseling approaches, methods, and tools for the Supervisee.

 Intervene where client welfare is at risk.

 Ensure ethical guidelines and professional standards are maintained.

 Provide consultation when necessary.

Supervisee:

 Uphold ethical guidelines and professional standards

 Bring to attention new cases, challenging cases and update

 Be prepared to validate / support diagnoses made and approach / techniques used.

 Be open-minded to alternative methods of practice.

 Consult supervisor or designated contact person in case of emergency.

 Implement Supervisor’s directives in subsequent sessions.

 Maintain a commitment to counselor education and the counseling profession.

 Be professionally insured before first day of supervision.

5. Procedural Considerations

Supervisee’s written notes, diagnoses, action plans and videos may be reviewed in sessions.

 Issues related to the Supervisee’s professional development will be discussed.

 It is understood that all issues experienced in the counseling, whether perceived as important or not, will be raised and addressed in supervision. Failure to raise such issues in a reasonable time frame will be considered a breach of contract.

6. Financial Reimbursement

Supervision fees are as follows and are based on level of intensity and time commitment for the supervisor.

 $50.00 / hour for supervision for internship or practicum.

 $35.00 / hour for supervision from PC to PCC

 $35.0 / hour for supervision for CDCA

 $50.00 / hour for supervision of any combination

If more intense supervision is required, more than one hour per 20 hours of direct or indirect service, financial reimbursement will be based on the amount of supervision needed. A supervisee can request more supervision, but the supervisor, if deems it necessary, can require more supervision hours.

Payment is calculated on needed supervision hours and can be paid monthly (first of the month) or quarterly (first of the quarter) or at the time of every session. Final Supervision paperwork, for the State or for your college/university, will not be signed until all financial obligations have been met.

This contract is subject to revision at any time by the Supervisor and will be effective for length of needed supervision.

Ethical or criminal violations by the supervisee and / or the withholding of information, constitutes grounds for breach of this contract. Opposition to the supervisor’s guidance is a breach of this contract.

We agree, to the best of our ability to uphold the guidelines specified in this supervision contract and to manage the supervisory relationship process according to the State of Ohio ethical principles and code of conduct.

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**Supervisor Date:**

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**Supervisee Date:**