Clinical Supervision Contract

Clinical Supervision Contract:

Sherry Hubbard, LIMHP, MFT, PC

For: CYAF 895: Supervision in Medical Family Therapy

Summer 2014

**CLINICAL SUPERVISION CONTRACT**

This contract is between Sherry Hubbard, LIMHP, MFT, PC, representing Great Plains Counseling,

LLC, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, toward the provision of clinical supervision.

This document is designed to inform you about our professional relationship. Although providing this

document is part of an ethical obligation to my profession, more importantly, this document is part of

my commitment to you to keep you fully informed of every part of your supervision experience. Our

relationship is a collaborative one and I welcome any questions, comments or suggestions at any time.

The client-therapist relationship as well as the supervisee-supervisor relationship is of critical

importance in facilitating growth. Therefore it is very important to me to provide a safe atmosphere for

you to ask questions and view therapeutic “mistakes” as invaluable learning experiences. I will not

participate in any unprofessional contact with you or social interactions which would compromise the

supervisor-supervisee relationship.

If you have a particular theoretical orientation about which I do not have training or expertise, I

will likely answer questions and facilitate the process from my theoretical orientation and offer referrals

to other professionals who may be more able to assist you in developing additional skills apart from my

expertise. Supervision involves teaching (didactic model), but part of the process is often experiential. I

utilize supervision based on face-to-face supervision in individual and group settings. I also utilize phone,

video, and email. All communications are secure or encrypted. I ask that you do the same to maintain

proper levels of security and confidentiality.

You may consider individual therapy to address personal issues that are affecting your ability to

be objective with your clients. One’s own therapeutic process also provides understanding the

perspective of the client. If at any point you would like a referral to a counselor for personal reasons, I

will provide you with that information. Likewise, if I identify that there are psycho/social/spiritual issues

that prevent you from being able to provide effective service to your clients, I am obligated to advise

you of such and will recommend counseling to you. If it appears that these issues are sufficiently

impairing your ability to serve clients, I will advise refraining from client contact until these issues are

resolved. In the event I am concerned about potential damage to your clients, I am legally and ethically

obligated to report these concerns to the Nebraska State Licensing Board, AAMFT, and/or your contact

person at the University where you are a student.

There are two components to providing my signature to a document to recommending you to a

state licensing board or professional clinical status. The first is the *number of hours* that you saw clients

and were supervised. The second is that you demonstrate the *competencies* required to reach full

licensure, independent license, and clinical status. My commitment to you is to provide you with

supervision toward both components. Your agreement with me is to strive towards competency in all

areas of professional clinical development, to the highest level of benefit to the clients that you are

assigned, and to represent your profession with skill, ethical practice, and compassion. Records will be

kept to track these two components: A Supervision Log, to track number of supervision hours and

nature of contact, as well as a Supervisory Record form, to identify my awareness of details of the cases

I am supervising, as well as to provide both of us with a consistent record of your skill development and

areas of competency.

**My Theoretical Orientations**

I use a variety of methods in therapy, as there are strengths and limitations to all theories of therapy. I find that a *Solution-Oriented* counseling provides a structure that offers a strength-based foundation for growth, and jump-starts therapy by helping clients to identify their vision and promotes accountability toward desired outcomes. The therapist/client relationship (demonstrating *“core conditions”*) is critical to client outcomes, regardless of other structures or theories of therapy, and is promoted in many ways throughout the counseling process.

Brain-based and emotionally-focused therapies, which have their roots *in attachment, trauma, and developmental* models are also foundational to my approaches, and are taught, modeled, and coached as a means of creating self- and relational- awareness.

Finally, my early experiential training was in *strategic/structural family systems therapy*, and is woven into the fabric of my work with clients. I am directive or non-directive, depending on the need of each client. It is my experience that clients see my passion for helping them and tolerate the stress of changing emotional and relational structures because they know that they can count on me to walk beside them during this process.

**Goals and Objectives**

1. Promote the development of your professional competence
2. Promote the welfare of clients seen by you
3. Progress toward the requirements toward state licensure and clinical membership status, if applicable

**Context and Content Process**

1. (Individual/Group) supervision to meet face-to-face for a total of up to 50 hours per calendar year, which will take place at the frequency of (weekly, twice monthly…)for a period of (6 months, 1 year…)
2. These supervision sessions may include case consultation and/or didactic training.
3. Feedback will be provided at each session.

**Duties and Responsibilities**

***As a supervisor, I am agreeing to:***

1. Encourage ongoing professional education
2. Challenge you, the supervisee, to validate approach and methods used
3. Offer alternative approaches for you, the supervisee
4. Intervene where client welfare is at risk
5. Ensure ethical guidelines and professional standards are maintained
6. Obtain consultation when necessary
7. Appropriately document each session
8. Obtain and maintain appropriate liability/malpractice insurance

***As a supervisee, you are agreeing to:***

1. Uphold ethical, professional standards including requirements set forth by the state licensing board, professional organization(s), and federal patient privacy laws
2. Discuss client cases with the aid of written case notes and video/audio tapes
3. Articulate theoretical foundation for approaches and techniques used
4. Be open to change and consideration of alternative methods of practice
5. Consult supervisor or designated contact person in case of emergency
6. Maintain a commitment to continuing education and the professional practice and involvement
7. Obtain and maintain appropriate liability/malpractice insurance

**Client Records**

Written client records must be kept in a locked area, and electronic records must be in a

secure device and encrypted. A client record must be returned to the secure area immediately following

maintenance of the record. Client and therapy session information should not be discussed with anyone

except your supervisor and supervisor group. These conversations must take place in a secure area

(within closed doors). Video and audio tapes must NOT be externally marked with client information,

and must be erased within 4 weeks of taping, unless you have received explicit, written permission to

maintain them longer or to use them for any other purpose.

**Client Risk/Emergencies**

It is imperative that you assess for client risk factors, such as self-harm or harm to others. If you

identify that a client is at-risk, by signing this contract, you agree to first, notify 9-1-1, then notify me

immediately so that we can discuss the steps you have taken, and will need to take in order to address

safety issues that are present. Client contact information, such as phone number and location (generally

their home address) will need to be provided, as well as a safety plan established, which you will have

them sign. These forms are available to you at my office, if the agency in which you work does not have

a preferred form available.

**Termination**

This is a voluntary agreement of which termination can be made at any time. A

written statement may be made to document any ongoing clinical or legal concerns that are present,

and to make clear the nature of the concern, should corrective action be recommended. Termination of

this agreement will be made if I determine that you are failing to uphold the expectations outlined

above, or if I have sufficient concern that you are not developing appropriate skills to provide a safe and

therapeutic environment for your clients.

**Fees**

Feeswill be negotiated based on hourly rate.

Your signature below indicates that you have read this supervision agreement. By signing this

agreement, it is agreed that we each abide by the ethical codes of our credentialing bodies or state

board, and will notify the other party immediately if there is an ethical or legal complaint against

you/me or your/my license.

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Supervisee   Signature                                                               Date

Telephone, e-mail, and physical address:

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Supervisor Signature                                                                              Date

Telephone, e-mail, and physical address:

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