

Supervisee Name: \_\_\_\_\_

APC Beginning Date: \_\_\_\_\_

Expected LPC Submission Date: \_\_\_\_\_



### **CONTRACT FOR COUNSELOR SUPERVISION**

*Dr. Sonja Sutherland, LPC, BC-TMH, ACS*

*(Revised 11.1.19)*

**The Contract for Supervision with each supervisee covers the enumerated items below. Any additional items will be covered during supervision sessions.**

1) ***Types of Supervision and Formats:*** The supervisor and the supervisee agree that supervision will be *(initial all that apply)*:

- \_\_\_\_\_ Group supervision (*Note: group supervision is defined as 3 - 5 persons*)
- \_\_\_\_\_ Individual supervision (*Note: individual supervision is defined as being with one or two supervisees (triadic) at a time*)
- \_\_\_\_\_ Both group and individual supervision
- \_\_\_\_\_ Face-to-face
- \_\_\_\_\_ Tele-health (HIPPA compliant video, phone, text)

2) ***How often Supervision will occur:*** Supervision will occur on the following basis:

- \_\_\_\_\_ Supervision will occur on an agreed upon schedule between the supervisor and supervisee, but for no less than one hour per session.  
**NOTE:** Three hours per month is recommended to meet the minimum 35 hours per year of supervision require by the Composite Board.

\_\_\_\_\_ Start Date: \_\_\_\_\_

Additional Details: \_\_\_\_\_

I was referred for supervision by: \_\_\_\_\_

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3) **Fee Structure:** Supervision is contracted on a 12 month basis. Fees are auto-billed each month. More information on fees can be found on our [counselor education website](http://www.CounselorEducationLC.com).

<input type="checkbox"/> <b>Individual</b>	<input type="checkbox"/> 1x monthly @ \$80 per session (60 minutes)	<input type="checkbox"/> 1x monthly @ \$100 per session (90 minutes)	<input type="checkbox"/> 2x monthly @ \$100 per session (90 minutes)
<input type="checkbox"/> <b>Triadic</b>	<input type="checkbox"/> 1x monthly @ \$70 per session (60 minutes)	<input type="checkbox"/> 1x monthly @ \$90 per session (90 minutes)	<input type="checkbox"/> 2x monthly @ \$90 per session (90 minutes)
<input type="checkbox"/> <b>Group</b>	<input type="checkbox"/> 1x monthly @ \$55 per session (90 minutes)	<input type="checkbox"/> 2x monthly @ \$55 per session (90 minutes)	
<b>All Supervisees are eligible to receive a 20% discount on all CEU events. See <a href="http://www.CounselorEducationLC.com">www.CounselorEducationLC.com</a></b>			

**Special Note:** Refunds are not provided for missed sessions. However, missed individual sessions can be rescheduled if:

- a. 24 hrs. notice is received of cancellation
- b. Open times are still available. I set aside 2 open times per month in my calendar for rescheduling of missed sessions where 24 hrs notice of cancellation was received. A maximum of 1 individual session can be rescheduled within a 3 month period. Supervisees can request one of these times provided open times have not already been taken by other supervisees attempting to reschedule.

*Should a supervisee require 15 minutes or more of my time by telephone, the supervisee will be responsible to pay the pro-rated individual rate for supervision.*

By signing this contract, you confirm that you understand my fee structure and cancellation policy.

4) **CEU Events:** CEU workshops are offered in face-to-face and online formats. For information on upcoming events, visit my website at [www.CounselorEducationLC.com](http://www.CounselorEducationLC.com).

5) **Referral Program:** Earn 50% off one month of supervision when you refer a peer who signs up for 12 months of individual, triadic or group supervision.

Names of Referrals I will pursue:		

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6) **Supervisor Availability:** I am available to you at all times (see contact information below) and encourage you to contact me between sessions in cases of therapeutic emergencies.

**Contact Information:**

Email: [ssutherland@richmont.edu](mailto:ssutherland@richmont.edu)

Cell Phone: 770-744-3774

Office Phone: 404-835-6119

By signing this contract, you confirm that you understand how to contact me.

7) **Record Keeping:** According to our new Code of Ethics, professional counselors shall maintain records of the counseling relationship. These records shall contain accurate factual data, and the physical record is the property of the professional counselor or their employers. Records are expected to be kept for 7 yrs. on adults/13 yrs. on minors from the date of their last session. All records maintained physically or electronically must be secure (this includes keeping passwords on your computer, keeping your computer monitor from being viewed by others, not leaving files in unsecured places, etc.). In addition, weekly logs of client hours and supervision hours will be kept and signed off on at each supervision session. A supervision template will be provided for you to use.

By signing this contract you agree to keep appropriate records, maintain them for the proper time frame, and take the proper security precautions for the security of same.

8) **Code of Ethics and applicable federal and state laws:** The regulations provided by the Board include a Code of Ethics which you need to read in its entirety. I will be glad to discuss any questions you have about the Code of Ethics. Also, you need to be familiar with the legislation that affects LPCs and any other applicable federal and state laws. The code of ethics that will regulate supervision follow: the **ACES Standards** and Code of Ethics for Counseling Supervisors, the **ASGW code of ethics** for group, the **ACS code of ethics** for approved clinical supervisors, and the **ACA Code of Ethics** and Standards of Practice (2014 Edition). These will be followed at all times. Any **violation of ethics or standards will be reported immediately, in writing**, to the Board by anyone who becomes aware of infractions.

By signing this contract you state that you are familiar with the Code of Ethics and legislative issues and will abide by them.

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9) **Boundary Issues:** As per our regulations, we are not allowed to offer professional services for which we are not trained or have supervised experience. We should recognize our limitations and refer out as necessary. It is also explicitly stated that we shall not engage in sexual intimacy with clients and shall not be sexually, physically or romantically intimate with clients/supervisees, nor engage in sexual, physical or romantic intimacy with clients within five years after terminating the counseling/supervision relationship. It is also stated that we shall not enter into any agreement wherein counseling/supervision services are exchanged as barter. Due to the vulnerability of the population we serve, we should be especially careful about dual relationships and avoid them whenever possible. You should not counsel friends or relatives or pursue friendships with your clients. You should not attend social functions or represent your relationship with your client as anything but professional. Gifts are discouraged and often cause big problems in a therapy relationship. Exceptions to these parameters based on geographical location or other parameters beyond the control of the counselor/supervisor will be discussed in supervision to assess clinical appropriateness or the presence of ethical violations.

Self-disclosure should be kept to a minimum (after all the therapy sessions belong to the client and not us) and should be in the best clinical interests of the client if made.

By signing this contract, you confirm that you understand about relevant boundary issues that may affect the counseling relationship.

10) **Release of Information:** I will request to have a release from you to allow me to exchange information with other supervisors you may be working with so as to maximize your supervision experience in a collaborative way. This release will be a separate document so that a copy of it can be sent to such other supervisors.

By signing this contract you release both myself and any other supervisors you have from liability for sharing information about our supervision sessions and your performance.

11) **Confidentiality and Privileged Communication:** Cases discussed will remain confidential with the exception of case consultation with my own supervising peer. Please note however that ongoing and/or purposeful ethical violations or legal infractions committed by the supervisee, that clearly cause harm to clients cannot be held in confidence. My role as a mandated reporter is maintained even in the supervision relationship. The same is true regarding care of your clients. If at any point it is determined that negligence in clinical care by the supervisee is evident, I will be required to engage in any reporting mandated by counselor ethical and/or guidelines or the law.

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12) **Clarification of Supervisee Duties:** I will require a caseload report from you which will need to be updated monthly. I will need to know about every client with whom you are working, including their diagnosis and treatment (including treatment planning). This will also involve viewing redacted samples of your treatment plans and session notes each month. In your preparation for our supervision sessions, you will need to bring this information with you as well as be prepared to share information on your specific cases. Supervision will encompass multiple strategies of supervision, “including regularly scheduled live observation of counseling sessions or review of audiotapes and/or videotapes of counseling sessions. This process may also include discussion of the supervisee’s self-reports, micro-training, interpersonal process recall, modeling, role-playing, and other supervisory techniques.” For live observation or audio or videotaping, you will need a written consent signed by the client for use in the supervision process. You may also be asked to spend time listening or watching educational or process tapes, and/or complete ‘homework’ assignments to hone your skills. **Liability insurance** for supervision will be carried and the LAC’s that are supervised will be encouraged to carry liability insurance as well.

13) **Role of the Supervisor:** The role of supervisors as follows:

- 1) To provide nurturance and support, explaining the relationship of theory to practice, suggesting specific actions, assisting you in exploring various models for practice, and challenging discrepancies in your practice;
- 2) To ensure that the counseling clinical contact is completed in appropriate professional settings with adequate administrative and clerical controls (i.e. anyone who works with confidential materials should understand that they have a duty to keep the information confidential as well);
- 3) To ensure your familiarity with important literature in the field;
- 4) To model effective and ethical practice
- 5) To be available to the Board for consultation regarding your competence for licensure, as well as complete any written reports/documentation required to this end.

By signing this contract you confirm that you are familiar with the clarification of the duties/roles of the supervisor and supervisee as herein outlined.

14) **Development of a Learning Plan:** The Board wants you to be exposed to widely accepted treatment models and methodologies in the supervision process. This will occur over the course of supervision. Although by any means not the only available methodology, I will encourage you to familiarize yourself with Cognitive Behavioral Therapy.

By signing this contract you confirm your understanding that part of your supervision experience will be learning about new techniques and models of therapy.

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15) **Evaluations:** Formative evaluations of clinical growth will be completed on a quarterly basis. These evaluations will assess basic clinical skills development as well as progress on goals you have outlined as important to you in your professional development. I will ask you to fill out a self-evaluation form and I will also review your performance with you. As part of this process we will also evaluation our working relationship and its helpfulness for your growth so that any needed improvements to our supervision relationship can be made. At the end of your supervision experience, I will also ask you to fill out a supervisee satisfaction survey so that I might get feedback from you about your perception of the supervision experience.

By signing this contract you confirm your understanding of this evaluation process.

16) **Procedure for Amendment of Contract or Plan for Supervision:** Should the terms of our supervision change, a simple addendum will suffice; if the actual Plan as filed with the Board should change, a new plan can easily be filed with the Board outlining the new changes. By signing this contract, you confirm your understanding of the procedure for amending the contract or plan for supervision.

**I HAVE READ AND UNDERSTAND ALL OF THE ITEMS IN THIS CONTRACT AND AGREE TO ITS TERMS.**

\_\_\_\_\_  
Sonja Sutherland, PhD, LPC, BC-TMH, ACS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee's Signature