University of Colorado, Denver

Counseling Program

Supplementary Supervision Contract Agreement

This document serves as a supervision contract between (Name, State, License & License #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and CU Denver student (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the period beginning (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My Site (Name, address, phone number, etc.)

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I agree to adhere to all ACA/NBCC Codes of Ethics. I will email (Supervisor Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_each week, on Friday, with an update of my caseload. I will also **email a copy of my weekly hours sheet** each Friday. If there are any critical incidents, I will call (Supervisor Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ immediately at ( ) as well as check in with my **on site supervisor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and phone).

Supervisor’s Responsibilities:

* Development of specific goals to develop clinical skills
* Development of learning plan to meet the identified goals for improving skills
* Identification of the supervisee’s treatment strengths and areas of expertise
* Identification of any limitations observed in the supervisee’s practice
* Ongoing evaluation of the supervisee’s clinical practice skills
* Exploration and evaluation of sensitivity to the supervisee’s position and to individual differences, and variables related to gender, culture, ethnicity, power, and individual needs

Supervisee’s Responsibilities:

* Utilize supervision and tasks to gain the necessary knowledge and skills to continually improve clinical practice
* Seek to expand opportunities to gain relevant experiences
* Develop a list of strengths and limitations for development
* Set goals and objectives with clinical supervisor to develop clinical skills
* Develop a learning plan to meet the identified learning goals
* Request on-going feedback and evaluation from clinical supervisor; call when faced with a problematic clinical case
* Evaluate links between theory and practice
* Discuss ethical and legal responsibilities with case formulation and development

Inform the supervisor of any of the following occurrences ***immediately after they occur:***

1. Incidents of restraint
2. Incidents of violence to clients and/or clinician
3. Incidents of violence to all others
4. Disclosed thought of client regarding violence to others
5. Knowledge of any suicidal thoughts or intent of client
6. Any possible confusion on, or breach of, appropriate boundaries
7. Any known violations of confidentiality and/or client’s rights
8. Reports of abuse or neglect to CPS
9. Any other important events or observations relevant to the client’s treatment

Supervisee Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_