

SUPERVISION CONTRACTS / SUPERVISORY AGREEMENT TEMPLATE

This agreement defines a relationship of supervision between:

Supervisor:

Name: _____

Address: _____

Email Address (REQUIRED): _____

Contact Phone Number: _____

And

Supervisee:

Name: _____

Address: _____

I, (SUPERVISOR'S NAME), agree to supervise (SUPERVISEE/ORGANIZATION) staff that provides the following types of credentialed services: Please check all that apply:

- Therapeutic Support Staff
- Support Staff
- Supervised Visitation

OUTLINE OF LOGISTICS:

Supervisor's Qualifications:

- Title/date of credentials/licensure.
- Formal supervisory training and credentials.
- Years providing supervision.
- Current supervisory responsibilities.

Nature of Supervision:

- Frequency/Length of Time
- Method and Format of Supervision
- Documentation of Supervision

Site(s) of Supervision:

-

Confidentiality:

-

Duties and Responsibilities:***The supervisor at a minimum will:***

- Review all histories, progress notes, treatment plans, and discharge plans.
- Question the supervisee to justify approach and techniques used.
- Present and model appropriate interventions.
- Intervene directly if client welfare is at risk.
- Ensure that ethical guidelines are observed.
- Monitor proficiencies in working with community resources and networking with community agencies.
- Comply with supervisory guidelines and expectations established by DCF.

The supervisee at a minimum will:

- Observe all ethical guidelines.
- Be prepared to discuss all client cases.
- Discuss approaches and techniques used and any boundary issues or violations that occur.
- Consult supervisor or designee in emergencies.
- Implement supervisor directives.
- Adhere to all agency policies and procedures.
- Comply with supervisory guidelines and expectations established by DCF.

Conflict:

- Every effort should be made to resolve any conflict, within supervision.

I agree to provide documentation of supervision sessions on a monthly basis.

Supervision will cover, at a minimum, the following:

- Case Review
- Documentation
- Problem solving
- Skill Development
- Case conceptualization

I agree to monitor and promote the welfare of clients seen by supervisee and promote the development of the supervisee's professional competence.

I am aware that this is the policy of DCF that:

Each employee/consultant must receive at a minimum, 15 minutes of individual face-to-face clinical supervision per month per TSS/SS case assigned; and at a minimum 15 minutes per month individual or group face-to-face clinical supervision per case assigned for Supervised Visitation (SV) cases.

Supervision shall be provided by a licensed behavioral health practitioner in good standing for employees/consultants who provide Supervised Visitation services.

Supervision shall be provided by a Master's level clinician or licensed clinician for employees/consultants who provide TSS/SS services.

I have read the above and agree to the provisions set forth in this contract.

Supervisor's Signature

Date

Supervisee's Signature

Date