



SACRAMENTO
STATE

Redefine the Possible

Supervisor's Toolbox

Module 5

Supervision Agreement Sample (things to include)

- Based on the Supervisee's Bill of Rights
 - The Supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence. This contract is designed to assist the supervisor and supervisee in establishing clear expectations about the supervisory process.
- Introduction of Expectations of the Supervisory Experience
 - Supervisor
 - introduce yourself, credentials, licenses, academic background, counseling experience, supervisory style.
 - Describe role
 - Discuss your responsibilities (including ethics, evaluation, and feedback)
 - Ask supervisee about his/her learning style and developmental needs
 - Supervisee
 - Introduce yourself and academic background, clinical experience, and training
 - Information you want to address in supervisory meetings
 - Goals:
 - List three therapeutic skills you would like to further develop
 - List three general skills you would like to attain during the supervisory process
 - List three specific counseling or professional development experiences you would like to have during the next three months

Supervision Agreement Sample (things to include) cont.

- Expectation of the Supervisory Relationship
- Ethics and Issues in the Supervisory Relationship
 1. Discuss the Code of Ethics
 2. Discuss dual relationship
 3. After initial supervisory meeting, the supervisee and supervisor can reestablish goals, expectations, and discuss roles of the supervisory process. The supervisor and supervisee provide one another with regular feedback.
 4. Discuss confidentiality
 5. The supervisor is ultimately responsible for the welfare of the supervisees' clients. During each supervisory session, the supervisee will review each client's progress and relate specific concerns to the supervisor in a timely manner.
- Expectations of the Supervisory Process
 - Supervisor
 1. Describe your theory of counseling and how it influences your counseling and supervision style.
 2. Discuss your theory or model of supervision
 - Supervisee
 1. Discuss your learning style and your developmental needs.
 2. Discuss your current ideas about your theoretical orientation.

(Bernard & Goodyear, 2014)

Supervision Agreement Sample (things to include) cont

- Expectations of Supervisory Sessions

- Supervisee

- Be ready to discuss cases, have audio/video tapes cued to the appropriate place to discuss

- Supervisor

- Describe structure and content of weekly supervisory sessions
 - Discuss your expectations regarding supervisee preparedness for supervisory sessions (audio/video take, case notes, etc.)

- ***CACREP standards require students in their internship experience to receive a minimum 1 hour of individual supervision per week and 90 minutes of group supervision each week. The weekly supervisory session will take place face-to-face in a profession environment that insures confidentiality. Decide the location, day, and time.

- Expectations Regarding Evaluation

- Supervisee: discuss your interests in receiving weekly feedback in areas such as: relationship building ,counseling techniques, client conceptualization, and assessment.
 - Supervisor: 1) Discuss your style of providing verbal feedback and evaluation. 2) provide supervisee with a copy of formal evaluation you will use (UCCS copy will be provided).

- Signatures/Dates

Sample Forms

Supervision Contract Example

This contract serves as a verification and description of the counseling supervision provided by _____ (“supervisor”) to _____ (“supervisee”), clinical mental health counseling practicum student/intern enrolled at the University of Colorado Colorado Springs.

- I. Purpose, Goals, and Objectives
- II. Context of Services (supervision times, cases, audio/video requirement)
- III. Method of Evaluation
- IV. Duties and Responsibilities of Supervisor and Supervisee
- V. Supervisee’s Learning Objectives/Goals
- VI. Procedural Considerations
 - I. Alternative supervisor to contact in case of emergency
- VII. Supervisor’s Scope of Competence
- VIII. Terms of the Contract (dates from-to)
- IX. Signatures

Sample Supervision Record Form

Supervisor: _____

Counselor: _____

First name(s) of client(s) discussed: _____

For the names of clients listed, indicate whether you heard/saw a portion of the counseling session:

1. Goals for the supervision session
2. Extent to which goals were met (comment)
3. Major topics that emerged during the supervision session (either supervisor-initiated or supervisee-initiated)
4. List area(s) where your supervisee needs to grow that you attended to in this session.
5. Note strengths of the supervisee demonstrated in this session.
6. To what extent did your counseling theoretical orientation inform this session and how? Did you use another counseling theory this session?
7. List any supervision interventions (including a rationale for each) having to do with your supervisee's work with a particular client:
8. What are your goals for the next supervision session ?

Risk management review. Note any concerns based on review of supervisee's entire caseload. Include (a) first name(or case #) of client, (b) nature of the concern, and (c) supervision intervention at this time.

Signature _____ Date _____

Practicum Agreement and Statement of Goals

This form to be completed by the student and supervisor prior to beginning the supervised Practicum/Internship.

Counseling Department Goals: Student shall:

Under direct supervision, experience counseling interviews with clients in which to practice basic attending and responding skills.

Under direct supervision, practice using counseling skills in eliciting client's story and gathering pertinent information.

Begin to use supervision as a resource for processing your work with clients.

Accrue 40 practicum hours of face-to-face counseling experience with clients including both individual and group counseling, and 100 total hours of experience.

Additional Goals (Student's personal goals)

1. _____

2. _____

3. _____

Site's Goals with this student

1. _____

2. _____

3. _____

SCHEDULE

The Practicum/Internship will begin on (date): _____

The student will be on site on the following day(s)/hours: Mon Tue Wed Thurs Fri

Time: _____

Site supervision meetings will be on: (identify) : Mon Tue Wed Thurs Fri

Time: _____

Campus supervision meetings will be: Mon Tue Wed Thurs Fri

Time: _____

CONTACT INFORMATION

Student Contact Information:

Name: _____ Phone: _____ E-mail: _____

Consent for Discussing or Recording Counseling Sessions

I understand that my counseling sessions are private and that these sessions cannot be recorded or discussed outside this agency without my consent. I also understand that this agency is involved in the education and training of professional counselors. As a part of this training, students or faculty discuss or tape record counseling sessions. I am being asked to permit confidential access to my counseling sessions in this manner

I understand that exclusively graduate students and their faculty or other appropriate personnel at UCCS may review these sessions for the purposes of counseling education and training, and that confidentiality (including my identity) will be assured. Any recordings will be erased within six (6) weeks of the date of the recording. I am informed that recordings are typically erased within 2 weeks. I understand that I can withdraw this permission at any time.

The seminar leader at UCCS will keep a copy of this release, with all confidential counseling information stored in a separate, confidential location, until the completion of the seminar, after which the form will be destroyed.

I understand that there will be no penalty to me if I refuse to give my permission.

I give permission for my counseling sessions to be:

discussed

audio or videotaped

Client Signature

Date

Parent's or Guardian's Signature Date
(for a minor)

Agency Supervisor

Date

Practicum/Internship Student

Date

Activities	Week1	Week2	Week3	Week4- 5	Monthly Totals
Direct Client Hours					
Individual Counseling					
Group Counseling					
Family/Couples Counseling					
Intake Interviews					
Testing					
Career Counseling					
Indirect Hours					
Supervision					
Shadowing					
Case Conferences					
Paper Work, Notes, Reports					
Consultation					
In-services, trainings, etc.					
Case Management					
Other:					
Weekly Totals Direct					
Weekly Totals Indirect					

Mid-Semester Site Evaluation

This is the form used by your practicum instructor during their site visit. This is not a form students need to print, bring to your supervisor, or have as part of the practicum paperwork. This is simply an example of questions discussed about practicum student performance .

Agency:

Student:

Staff/Supervisor:

1. What is the student doing in his/her work there?
2. Has the student been dependable and reliable, showing up as scheduled?
3. Have any ethical questions arisen associated with this student – if so please describe?
4. Have there been any issues with respect to the student's professionalism or performance? If so please describe.
5. Has the student been able to participate fully in supervisory sessions?
6. Have you been able to observe the student's clinical skills directly?
7. Are there any clinical competence areas (knowledge or skills) in which the student is lacking? If so please describe.

Practicum Counselor-In-Training Evaluation

Name of Counselor In Training: _____ Date: _____

Name of Supervisor: _____ Site: _____

Site Address: _____

Please identify your supervisory interactions with this counselor in training.

_____	Observed his/her skill directly
_____	Listened to audio tapes or examined video tapes of counselor in training providing counseling (3 required)
	Dates: _____
_____	Discussed client cases with counselor in training
_____	Read case notes
_____	Other: _____

Please rate the counselor in training's performance on the following criteria using the following scale:

Low
1 2 3 4 5 6 High
mark N/O if not observed

******Please note that a "6" is reserved for expert practitioners and those students ready to graduate and go directly into clinical work. At the practicum level, a "3" or "4" would be used for those demonstrating exceptional skills. Many of the skills below are developmental and the practicum students may well not have achieved all; for that purpose we have included a N/O (Not Observed) option as well as lower levels on the likert scale to demonstrate growth in an area. This evaluation will be used for supervision and evaluation of student growth as well as an opportunity to provide specific feedback. Thank you in advance for your feedback.***

Mid-Semester

1. Ability to establish rapport with clients

2. Ability to maintain focus/direction

3. Ability to accept clients regardless of age, gender, ethnicity, race, sexual orientation, diagnosis, presenting issues, ability, etc.

4. Ability to listen to and reflect client's view

5. Ability to accurately identify and reflect client's feelings

6. Ability to adapt counseling style to client needs

7. Ability to productively challenge clients

8. Ability to conceptualize client accurately

9. Ability to select appropriate counseling interventions and approaches

10. Ability to integrate treatment goals, counseling style, and case conceptualization

11. Ability to understand his/her own issues that may have impact on work with clients

12. Ability to effectively terminate with clients

13. Ability to seek and utilize supervision

14. Ability to receive feedback

End of Semester

1 2 3 4 5 6 N/O 1 2 3 4 5 6 N/O

1 2 3 4 5 6 N/O 1 2 3 4 5 6 N/O

1 2 3 4 5 6 N/O 1 2 3 4 5 6 N/O

1 2 3 4 5 6 N/O 1 2 3 4 5 6 N/O

1 2 3 4 5 6 N/O 1 2 3 4 5 6 N/O

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1 2 3 4 5 6 N/O 1 2 3 4 5 6 N/O

1 2 3 4 5 6 N/O 1 2 3 4 5 6 N/O

1 2 3 4 5 6 N/O 1 2 3 4 5 6 N/O

15. Ability to accurately identify personal areas of strength and needed growth	1	2	3	4	5	6	N/O	1	2	3	4	5	6	N/O
16. Ability to utilize feedback in future counseling sessions with other clients	1	2	3	4	5	6	N/O	1	2	3	4	5	6	N/O
17. Ability to write professional case notes	1	2	3	4	5	6	N/O	1	2	3	4	5	6	N/O
18. Ability to work with staff and other on-site professionals	1	2	3	4	5	6	N/O	1	2	3	4	5	6	N/O
19. Is punctual for all required appointments and duties at the site	1	2	3	4	5	6	N/O	1	2	3	4	5	6	N/O
20. Attends and actively participates in weekly supervision regularly								1	2	3	4	5	6	N/O
21. Ability to adhere to ethical, legal, and institution standards.	1	2	3	4	5	6	N/O	1	2	3	4	5	6	N/O
22. Ability to assess for substance abuse, suicidal ideation, mental status and other necessary evaluations								1	2	3	4	5	6	N/O
23. Ability to use research and other resources for conceptualization	1	2	3	4	5	6	N/O	1	2	3	4	5	6	N/O
24. Is familiar with institutional and community resources for referrals as necessary.	1	2	3	4	5	6	N/O	1	2	3	4	5	6	N/O
25. Ability to advocate for clients and follow procedures for reporting incidents	1	2	3	4	5	6	N/O	1	2	3	4	5	6	N/O

Comments:

I have reviewed this evaluation with my on-site supervisor.

Counselor In Training signature

Date

I have reviewed this evaluation with my counselor in training.

On-Site Supervisor

Date

Resources

- ACES

- <http://www.acesonline.net/wp-content/uploads/2011/10/ACES-Best-Practices-in-clinical-supervision-document-FINAL.pdf>
- http://files.acesonline.net/doc/ethical_guidelines.htm

- NBCC

- <http://www.nbcc.org/assets/ethics/nbcc-codeofethics.pdf>

- ACA

- 2014 Code of Ethics
- <http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4>

- CCA

- Professional Guide to Licensure
- <http://www.coloradocounselingassociation.org/Default.aspx?pageId=1120062&mode=PostView&bmi=1265500>

References

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- Falvey, J.E. (2002). Managing ethical supervision: Ethical practice and legal risk management. Cengage Learning.
- National Board for Certified Counselors retrieved from <http://www.nbcc.org/ethics>
- Russell-Chaplan, L.A. & Chaplan, T.J. (2012). Clinical supervision: Theory and practice. Cengage Learning.

