

Clinical Supervision Contract

All XXX clinicians are competent in the area in which they practice. All have the necessary years of experience and education required by the State of Arizona for the positions that they hold. Any clinician that is not independently licensed will be provided with supervision by a licensed professional. The supervision process is very important to us, as it helps to assure the highest level of care. This disclosure serves to outline the supervision process as it relates to client care and confidentiality.

[Name of supervisee] is receiving clinical supervision as part of the process to become independently licensed. [Name of supervisee] has two clinical supervisors. One Direct Supervisor, [name of direct supervisor], is located onsite. Another Contract Supervisor is responsible for providing a minimum of 25 hours of supervision specific to social work. The individual providing this contract supervision is:

Contract Supervisor: _____ **Contact Information:** _____

This contract supervisor maintains the knowledge and experience necessary to provide this supervision. The education and practice experience of this contract supervisor are provided here.

Degrees:

Include degrees and any certifications here

Supervisor General Practice Competency areas:

List areas of practice competence (models used, populations served, and problems addressed) and include specific employment history that supports your competence to supervise this practice.

Supervision Training/Experience:

Include a description of training (supervision training) and experience in supervision.

Supervision Approach

Discuss here your supervisory approach. Here is an example:

I utilize a model of strengths-based supervision (Lietz & Rounds, 2009) that emphasizes the role parallel process plays in modeling principles of family-centered practice. This model (a) builds on the strengths of the supervisee, (b) fosters creative and critical thinking to provide individualized treatment for children and families that is responsive to their unique needs and abilities, and (c) uses Socratic questioning that fosters reflective supervisory dialog that is based on an assessment of the supervisee's level of competence. The three functions of supervision (administrative, support, and education) are employed throughout the process.

Evaluation Procedures

The contract supervisors will meet monthly with the supervisee to elicit self reports that describe the practice. The supervisee's documentation will be reviewed once a month as another indicator of practice. The contract supervisor will also collaborate with the direct supervisor, XX, to discuss our assessment of this supervisee's practice. Specifically, the direct supervisor will conduct 10 hours of live supervision and will have contact with supervisees' clients to assess practice. Impressions from these

observations will be shared with the contract supervisor. The supervisee is informed that information from our supervisory conferences will be shared with (a) [Name of direct supervisor], (b) with the contract agency, and (c) the AZ Board of Behavioral Health Services if an application for the LCSW is submitted.

Supervisee Signature: _____ Date: _____

Name of Supervisee:

Confidentiality/Privileged Communication

Client cases are staffed in order to provide the highest quality of services to clients. Clinicians staff the client's strengths and successes as well as current challenges. Confidentiality is of utmost importance, as cases are only staffed with direct supervisors, this contract supervisor [Name of contract supervisor], and colleagues in a private supervision meeting. Information not pertinent to the achievement of client treatment plan goals will not be discussed. The contract supervisor, [Name of contract supervisor], is authorized by [Agency name] to receive client information and review clinical records of all clinical cases assigned to [Name of supervisee]. However, no other clinical records will be available to or reviewed by this contract supervisor. All supervisory conferences and all review of clinical records will be held on site at [name of agency].

Documentation of the clinical supervision will be maintained at [name of agency] and kept in the clinician's employee file maintained in a locked file cabinet for a period of 7 years. No records will be taken offsite. All of [Name of supervisee]'s clients will be informed of the practice of supervision. They will be provided with the name and contact information including the phone number of the direct supervisor, [Name of direct supervisor] and the contract supervisor, [Name of contract supervisor]. A copy of this documentation will be provided to all of [Name of supervisee]'s clients and is attached to this contract.

Supervisee Signature: _____ Date: _____

Name of Supervisee:

Direct Supervisor Signature: _____ Date: _____

Name of Supervisor:

(Agency confirmation that clients are provided with name and number of all supervisors should be attached.)

Informed Consent

There are risks and benefits associated with clinical supervision. Engaging in clinical supervision provides oversight, support and clinical training that can improve your practice. Clinical supervision as an LMSW can also be used to meet the requirements of AZ BBHE for the advanced independent license, the LCSW. However, it is important to note that clinical supervision does include a monitoring component. If a supervisor becomes aware of any unprofessional conduct as defined by the AZ BBHE or the NASW Code of Ethics, a supervisor is responsible for reporting this behavior to the agency through direct supervisor, [Name of direct supervisor] and to the AZ BBHE. In addition, supervisees

need to be aware that an evaluation will be completed and submitted to the AZ BBHE if the supervisee chooses to complete the application for the LCSW. There is no guarantee that any supervisor will recommend a supervisee for independent practice. Information regarding the supervisor's assessment of the supervisee's practice will be provided throughout the supervision process to keep the supervisee informed regarding his progress toward licensure.

Code of Ethics

Each staff member working for [Name of agency] is required to read and follow a code of ethics. This outlines acceptable and unacceptable behavior in relation to the counseling process. We subscribe to the National Association of Social Workers Code of Ethics. In addition, the AZ Board of Behavioral Health Examiners Definition of Unprofessional Conduct will be reviewed quarterly and will be provided to supervisee, [Name of supervisee]. It is required that practice complies with the NASW Code of Ethics and the AZ BBHE rules and regulations. [Name of supervisee] is aware that unprofessional conduct must be reported to the Arizona's BBHE.

Supervisee Signature: _____ Date: _____

Name of Supervisee:

Contact Information

The contract supervisor, [Name of contract supervisor], will meet with supervisee, [Name of supervisee], 2 hours a month to meet the AZ BBHE requirement that states 25 hours of the supervision hours are provided by a LCSW. These supervisory conferences will typically involve 1 monthly two hour individual supervisory meetings located at [Name of agency]. Because the contract supervisor is not located onsite, the contract supervisor will not handle emergency, high risk situations requiring immediate attention. Instead, the direct supervisor, [Name of direct supervisor], will provide ongoing onsite supervision and will handle any emergency situations such as mandated reporting, duty to warn and suicide assessment that may arise during or after business hours. [Name of supervisee] is aware that it is his responsibility to inform [Name of direct supervisor] of any high risk situations to seek supervision. Her contact information is provided below.

Name and contact information of Direct Supervisor: _____

Supervisee Signature: _____ Date: _____

Name of Supervisee:

Conflict of Interest

[Name of agency] has engaged in a contract with [Name of contract supervisor] to provide no less than 25 hours of clinical supervision for [Name of supervisee]. To avoid conflict of interest concerns, payment for supervision will be made from [Name of agency] to [Name of contract supervisor]. [Name of supervisee] is not paying for this supervision. [Name of supervisee] is aware of the details of this arrangement. There is no known conflict of interest between the supervisor and the supervisee nor the supervisee's clients.