



Clinical Supervision Contract

SUPERVISEE INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Registered Intern Number: _____ Date Rec'd: _____

INTERNSHIP SITE INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

SUPERVISOR INFORMATION:

Name: Dr. Andrew Graham, LMHC, NCC, BCPCC

Address: 8965 SE Bridge Road, Suite 200

City: Hobe Sound State: FL Zip Code: 33455

Phone: (772) 245-7430 Email: christiancounselingadvice@gmail.com

License Number: MH-12564

This document serves as verification and as a description of counseling supervision between a Registered Mental Health Counselor Intern _____ (Supervisee) employee of _____ (Employer) and Licensed Mental Health Counselor **Dr. Andrew Graham** for supervision as outlined in Florida Statutes Chapter 491 and Florida Administrative Code Rule Chapter 64B4 of the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling. In this contract, the party who is contracting to receive services (Registered Mental Health Counselor Intern) shall be



referred to as “Supervisee” and the party who is contracting to provide services shall be referred to as “Supervisor.” Both parties agree that requirements have been met for their respective roles Registered Mental Health Counselor Intern and Qualified Supervisor according to Florida Statue Chapter 491.

Primary Purpose, Goals, and Objectives

- Monitor and ensure welfare of clients seen by Supervisee.
- Promote development of Supervisee’s professional counselor identity and competence.
- Fulfill requirements in preparation for Supervisee’s pursuit of licensure.

Context of Services

- One hour of individual supervision weekly for \$_____. Group rate of \$_____.
- Supervision will be held _____.
- Your supervision will be on _____ (day of the week) at _____.
- Review of clinical documentation.
- Clients of the Supervisee will give informed consent for supervision of their case.
- Supervisee will have a minimum of 1 hour of supervision for every 15 client contact hours.

Method of Evaluation

- Feedback will be provided by the Supervisor during each session.
- Specific feedback provided by the Supervisor will focus on the Supervisee’s demonstrated counseling skills and clinical documentation.
- Review of clinical notes and treatment plans.
- Review video or audio counseling sessions (if applicable) by Supervisor.
- Supervisor will document session and Supervisee will be given a copy of written documentation of each session.

Duties and Responsibilities of Supervisor and Supervisee

Supervisor:

- Examine clients’ presenting issues and treatment plans.
- View video/audio tapes of Supervisee’s counseling sessions, when applicable.
- Sign off on client’s documentation when necessary.
- Challenge Supervisee to discuss and explain approach and technique used.
- Monitor Supervisee’s basic attending skills.
- Present and model appropriate directives.
- Make relevant suggestions for clinical interventions; direct Supervisee to take particular actions to protect client welfare if Supervisor becomes aware of risk to client.



- Monitor and ensure that Supervisee performance appears consistent with ACA Code of Ethics.

Supervisee:

- Make sure license application and supporting documents are current and filed as required.
- Uphold to ACA Code of Ethics by promoting respect to each client's rights and welfare.
- Obtain from all clients a signed informed consent that explains the discussion of their cases in supervision.
- Make video/audio tapes of client counseling sessions periodically and bring to supervision, when requested, to review with Supervisor.
- Be prepared to discuss client cases, and have client files with treatment plans, progress notes, and other client documentation available for review and completed in a timely manner.
- Discuss client case conceptualization and the progress of approach and techniques in a collaborative spirit, constantly seeking to improve and enhance effectiveness with each client and family.
- Consult with Supervisor in cases of emergency.
- Be covered by malpractice insurance.
- Inform Supervisor of any of the following occurrences immediately after they occur:
 - Client makes threats to harm self or others
 - Child or elderly abuse of any kind
 - Incidents of clients or Supervisee sexual misconduct
 - Knowledge of any suicidal thoughts or intent of client
 - Any possible confusion on, or breach of, appropriate boundaries
 - Any known violations of confidentiality and/or clients rights
 - Reports of abuse and/or neglect and calls to DCF 1-800-96ABUSE Hotline and supervisor
 - Changes or lapses of malpractice insurance

Payment and Cancellation Policy

The standard supervision fee for an appointment is _____. Payment is expected at the time of service and can be made in the form of cash, check, Paypal, or CashApp. Cancellations will be charged the full fee for service if a notice of 24 hours is not provided. In the case of inclement weather and/or illness of the Supervisor, the Supervisor will notice the Supervisee by telephone prior to the scheduled supervision session. Otherwise, all supervision sessions will continue as scheduled.



Supervision Process and Approach

My personal approach to supervision is one of providing an environment of growth for a therapist to honestly evaluate their work performance, counseling skills and personal issues they bring into their practice.

Supervision will be a mixture of case review, collaborative problem solving, paperwork review and support. As your supervisor, I will serve as teacher, consultant, and evaluator. We will work on accountability to ethics and best practice principles through reflecting together on your work. This process may include considering your objectivity and professional boundaries with clients, detailed focus on your personal awareness, the importance of establishing and maintaining trust of clients, and journeying with clients towards therapeutic goals that make sense to the client. I hope to create a “safe space” in which you can look at your skills, become exposed to new ideas, and take the risk of trying those new ideas and methods to enable yourself to grow clinically. Supervision is also the time to address issues, such as counter transference, that affect your work and personal self. Even though supervision is never intended to be a personal counseling session, bringing personal issues that affect your ability to effectively work with your families is encouraged. My desire is for you to grow as a therapist and an individual through the supervision process.

Supervisor’s Background and Credentials

I am a Qualified Licensed Mental Health Counselor Supervisor in the State of Florida, eligible to supervisor LMHC and LMFT interns. I have been practicing since 2003, in Florida since 2014. My experience consists of working with children and families who have experienced a broad range of issues, navigating a broad range of diagnoses. I am a National Certified Counselor and a Board-Certified Professional Christian Counselor.

Terms of the Contract

This contract is subject to revision at any time by the Supervisor, or the Supervisee with approval of the Supervisor. We agree to the best of our ability, to uphold the directives specified in this supervision contract and to conduct our professional behavior according to the ethical principles of our professional associations.

Supervisee Signature

Date

Supervisor Signature

Date