

CCTPEI Supervision Contract

This contract serves as verification of the counselling supervision provided

by _____
(Supervisor name)

(Supervisor Job title)

(Supervisor email address, phone number)

to _____
(Supervisee name)

for _____ hours for the period from (MM/DD/YYYY) _____ to _____

ACKNOWLEDGEMENT

The supervisor named in this contract meets the supervisor requirements as defined in the CCTPEI Supervision Policy. The supervisor named in this contract shall work in accordance with the Regulated Health Professions Act, Regulations, Policies, Code of Ethics and Standards of Practice of the CCTPEI.

This supervision may be individual sessions, group sessions, or a combination of the two. Please note that group sessions must be a maximum of 1 supervisor for every 6 supervisees.

Responsibilities of the Supervisor

- Examine presenting challenges and treatment plans
- Review audio/videotapes/verbal descriptions of supervisee's counselling sessions
- Problem-solve in partnership with supervisee
- Monitor supervisee's basic attending skills
- Present and model appropriate directives
- Intervene when client welfare is at risk
- Ensure that ethical guidelines are upheld
- Maintain supervision case notes

Responsibilities of the Supervisee

- Present any case work that presents challenge or uncertain course of action, including any concerns with determining ethical action or boundaries of scope of practice
- Present all relevant case information while upholding client confidentiality
- Be prepared to discuss client cases; have client files and client case notes ready.
- Be prepared to present case summaries and approach and techniques used.
- Consult with supervisor in cases of emergency.
- Implement supervisory directives in subsequent sessions.

Procedural Considerations

- A. Although only the information which relates to the client is strictly confidential in supervision, the supervisor will treat supervisee disclosures with discretion.
- B. There are limits of confidentiality for supervisee disclosures. These include ethical and legal violations, indication of harm to self and others (as specific to the setting).

Terms of Contract

The effective period of this contract shall be subject to revision at any time, upon the request of either the supervisor or supervisee, to a maximum term of 1 year.

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 Code of Ethics and Standards of Practice of our regulatory College (CCTPEI).

Signature Supervisor

Date

Signature Supervisee

Date

Supervision Completion Confirmation

I, **Supervisor Name** _____, confirm that I have witnessed
Supervisee Name _____ complete _____ hours of
supervised practice between **Start Date** _____ and **End Date**
_____.

I attest that the supervisee is able to work independently within the Counselling Therapy scope of practice as set out by the regulatory college.

Additional Comments (if applicable):

Supervisor Signature: _____

Date: _____

Supervisee Signature: _____

Date: _____