

**CONTRACT FOR
OFF-SITE SUPERVISION FOR LICENSURE**

Tamara L Kaiser Ph.D. LICSW
Office: (612) 825-8053

Name of supervisee _____

Address _____

Phone and other contact information _____

Professional degree and/or current professional training _____

Licensing regulatory board _____

Place of employment and employer _____

Name of on-site supervisor _____

Name(s) of other supervisor(s) for licensure _____

Purpose of supervision _____

Number of supervision hours required _____

Frequency of supervision sessions and length of time for each session

Type of supervision provided by Tamara Kaiser: (Group) _____
(Individual) _____

Name(s) and Employer(s) of former supervisors _____

Nature of supervisee's caseload _____

Date formal evaluation(s) must be conducted _____

Criteria that will be used in formal evaluation _____

Individuals or institutions to which evaluation will be sent _____

LEARNING NEEDS ASSESSMENT

Prior Professional experiences, responsibilities and duties

Prior professional experience relevant to current client populations

Knowledge and skills acquired from previous professional training and experience

Assessment/diagnosis _____

Ethics _____

Treatment modalities _____

State and Federal laws and rules _____

Record keeping _____

Methods for establishing an appropriate treatment relationship with clients _____

Use of transference and countertransference _____

Other _____

Professional strengths supervisee and teachers/former supervisors have identified _____

Professional weaknesses about supervisee's practice that supervisee, teachers and former supervisors have identified _____

Supervisee's greatest sources of professional concerns _____

Supervisee’s specific learning needs, including skills supervisee needs to develop, strategies for addressing each need, means of evaluation

goal _____

Strategy_____

Evaluation _____

Goal_____

Strategy_____

Evaluation_____

Goal_____

Strategy_____

Evaluation_____

Goal_____

Strategy_____

Evaluation_____

Positive and/or negative previous experiences of supervision_____

SUPERVISEE RIGHTS (In this section, the word “my” refers to the supervisee.)

- The right to have regular supervision sessions that will focus on my learning needs and my clients’ treatment needs.
- The right to understand and to participate in the development of my learning objectives, activities to meet learning objectives, and standards for mastery of learning objectives.
- The right to know Tamara L. Kaiser’s professional qualifications (training, licensure, competencies, experience, education, treatment approach, biases}
- The right to have my performance evaluations sent in a timely manner to the appropriate institution (e.g. regulatory board)

- The right not to be discriminated against in the provision of supervision services on the basis of my race, gender, ethnic origin, disability, creed or sexual orientation
- The right not to be harassed or exploited in other ways to meet Tamara L. Kaiser's personal needs.

SUPERVISEE RESPONSIBILITIES (In this section, the word “my” refers to the supervisee.)

- To thoroughly present my clients' cases including all factors relevant to assessment, diagnosis and treatment, such as presenting problems, history of problems, significant childhood, family relationship, and other life history, medical treatment, medications, past clinical interventions, including referrals, means of evaluating progress, record keeping, and other professional issues, including transference and countertransference feelings.
- To bring my clinical cases to Tamara Kaiser for honest and direct discussion and review. This includes discussing any cases that present problems or potential problems including, but not limited to, the following list and to implement any decisions or, if I believe circumstances warrant reconsideration, to discuss them with her:
 - Disputes with clients or impasses in the treatment
 - Allegations of unethical behavior by clients, colleagues, or others (e.g. a client's family members)
 - Threats of a complaint or lawsuit
 - Mental health emergencies requiring immediate action
 - High risk situations or cases in which clients evidence suicidal thoughts, gestures, attempts, or a significant history of attempts or those presenting with a history of, propensity for, or threats of violence
 - Contemplated or enacted departures from standards of practice or exceptions to general rules, standards, policies or practices
 - Suspected or known clinical or ethical errors
 - Contact with clients outside the context of treatment, incidental or otherwise
 - Legal issues, such as possible reporting obligations related to suspected abuse of a child or vulnerable adult, duty to warn and ethical violations by other professionals
- To inform my clients of exceptions to confidentiality including that I may share my cases with my clinical supervisor.
- To follow state and federal laws and rules and professional ethics code requirements and to discuss ethical and legal questions or problems as they arise in my cases.

- To sign release of information forms allowing Tamara Kaiser to exchange information with other current and with former supervisors and/or consultants about my work.

SUPERVISOR RESPONSIBILITIES (In this section, “my” refers Tamara Kaiser)

- To provide supervision that is appropriate to my supervisee’s professional needs and that meets the requirements of professional ethics and state and federal laws and rules.
- To schedule regular supervision conferences and to be available for emergencies.
- To conduct a learning needs assessment, establish clear learning objectives, activities for mastery of learning objectives, and criteria for mastery of learning objectives.
- To teach practical clinical skills, including the characteristics and contents of good clinical records, and help supervisee integrate theoretical knowledge with clinical skills in order to develop professional competence.
- To regularly assess my supervisee’s progress, including identification of errors, weaknesses and strengths, provide appropriate feedback and work with supervisee to develop plans for improvement.
- To help my supervisee identify when a client may have special problems that require another professional’s consultation.
- To help my supervisee appropriately manage transference, countertransference and professional boundary issues as indicated.
- To conduct formal evaluations for supervisees when due to licensing boards.
- To honestly communicate my supervisee’s performance evaluation results, including professional strengths as well as any unresolved practice errors and ethical concerns to those persons who require the evaluation.
- To report to the appropriate health-related licensing board conduct by my supervisee that would constitute grounds for disciplinary action under the statutes and rules enforced by that board.

SUPERVISOR RIGHTS

- The right to information needed to provide appropriate clinical supervision.
- The right to be compensated promptly for supervision services as agreed upon and when payment arrangement is applicable.

- The right to provide supervision in an atmosphere free of verbal, physical, or sexual harassment.

RESPONSIBILITY FOR WORK (In this section, the words “I” or “me” refer to Tamara Kaiser)

- Because the supervisee and I are engaged in off-site supervision for licensure, I do not have the same ability to monitor the supervisee’s work as I would as an on-site supervisor. As stated above, the supervisee agrees to discuss with me any current or potential problems with clients and to implement supervisory decisions or, if the supervisee deems necessary, to revisit them with me for reconsideration.
- The supervisee reports to the on-site supervisor and agency, who have ultimate responsibility for the supervisee’s work.
- In the event that a disagreement should arise between me and the supervisee’s employer or on-site supervisor regarding treatment, I expect the supervisee to follow the agency’s procedures and/or recommendations except in cases where to do so would be a breach of the supervisee professional code of ethics.

Supervisee signature _____ Date _____

Supervisor signature _____ Date _____

On site supervisor signature _____ Date _____

Other concurrent supervisor(s) for licensure:

Signature _____ Date _____

Signature _____ Date _____

The format of this contract is adapted from Luepker, Ellen (2003), *Record Keeping in Psychotherapy and Counseling* Appendix K New York: Brunner Routledge and Thomas, Janet (2010), *The Ethics of Supervision and Consultation: Practical Guidance for Mental Health Practitioners* Washington D.C.: American Psychological Association