**Clinical Supervision Contract**

This document serves as a description of the supervision provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisor) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee) for use while supervisee is employed by Renaissance Discovery House / Recovery Works.

**Primary Purpose, Goals, and Objectives**

* Monitor and ensure client welfare
* Facilitate professional development
* Evaluate job performance
	+ - * Provide Required Clinical Supervision for state certification as a certified drug and alcohol counselor through either Georgia Addiction Counselors Association or Alcohol And Drug Abuse Certification Board Of Georgia.

**Provision**

Clinical Supervision must cover the following core counseling skills and be provided by either a licensed professional counselor or a certified clinical supervisor certified in the state of Georgia:

* Screening
* Intake
* Orientation
* Assessment
* Treatment Planning
* Individual Counseling
* Group Counseling
* Family Counseling
* Case Management
* Crisis Intervention
* Client Education
* Referral
* Consultation
* Reporting / Recordkeeping / Documentation

Clinical Supervisor will document weekly supervision hours and maintain a record of supervision in the staff supervision record.

Clinical Supervisor will review client folders on a rotating basis as needed.

Clinical Supervisor will work with other Rendering Providers, Medical and Clinical directors to ensure supervisee is continuing to meet the needs of the client population.

**Documentation**

* + - * The Supervision Progress Note will be used to document the content and progress of the supervision
			* Informal feedback will be provided at the end of each session
			* Written formal evaluation will be provided monthly
			* Supervision notes will be documented in the employee’s facility record.

**Duties and Responsibilities**

*The supervisor at a minimum will:*

* + - * Review psychosocial histories, progress notes, treatment plans, and discharge plans.
			* Question the counselor to justify approach and techniques used.
			* Present and model appropriate clinical interventions.
			* Intervene directly if client welfare is at risk.
			* Ensure that ethical guidelines and legal statutes are upheld.
			* Monitor proficiencies in working with community resources and networking with community agencies.

*The counselor at a minimum will:*

* + - * Uphold all ethical guidelines and legal statutes.
			* Be prepared to discuss all client cases.
			* Discuss approaches and techniques used and any boundary issues or violations that occur.
			* Consult supervisor or designee in emergencies.
			* Implement supervisor directives.
			* Adhere to all agency policies and procedures.

**Procedural Consideration**

The Clinical Supervisor provides general oversight and training to personnel in the facility as well as counseling services to the clients. This agreement exists between the Clinical Supervisor, the counselor and the facility and all parties agree to abide by the facilities policies and procedures in addiction to the state practice act of Georgia.

Any issues or disagreements that may arise will follow the facility policies and procedures regarding client care and conflict resolution.

**Supervisor’s Scope of Competence**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Title/date of credentials/licensure.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Formal supervisory training and credentials.
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Years providing supervision.
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Current supervisory responsibilities.

This agreement is subject to revision at any time on request of either person. Revision will be made only with consent of the counselor and approval of the supervisor. We agree to uphold the directives outlined in this agreement to the best of our ability and to conduct our professional behavior according to the ethical principles and codes of conduct of our professional associations.

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Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Date

This agreement is in effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to annual date of review or termination.