

B.P.R. Therapy, Mediation & Coaching Services

Supervision Contract

We have decided to enter into a supervision experience together and we have gone over a number of issues in order to help us create an agreed-upon context for that experience. The purpose of this contract is to outline those issues and to serve as a resource for our work together.

Contact Information			
Supervisor: Bryan P. Range	Supervisee:		
326 Brentwood Dr. NE			
Cedar Rapids, IA 52402			
(319) 331-5950			
bpr@bprtmcs.com			
Risks			
Risks to supervision include mild to m the self-of-the-therapist.	oderate emotional o	discomfo	rt particularly when discussing
Benefits			
Benefits include increase in clinical sk therapist and clinical practice. Other b professionalism and overall competence	enefits include obta		*
Logistics			
We have agreed to commit 6-months to August 2019 and continuing until Dece following ways; weekly one-on-one su audio/video recording supervision. So of supervision.	ember 2019. We happervision with bi-v	ave decid veekly liv	led to use our time in the ve supervision and/or
Fee			
The supervisee agrees to pay \$		session.	Payment will be due at the

Confidentiality

All information disclosed within this supervision relationship is confidential and shall be treated with the same level of confidentiality dictated by HIPPA. All recordings, if the supervisee agrees to be recorded, will be considered confidential and used for the purposes of supervision. Circumstances may arise requiring the release of confidential information. These circumstances are listed below:

- If you are deemed in danger of harming yourself or anyone else;
- If the therapist believes that a child or elder is being abused;
- If the client is a minor (under 18 years of age), the client does not have a legal right to keep therapy confidential from his/her parent(s). For purposes of therapy, however, the parent may agree to grant the minor privacy in therapy); or
- If the court subpoenas the records as they relate to court proceedings
- As a mandatory reporter, if there is suspected abuse or a minor or dependent adult, the therapist is required to report such abuse to the proper authorities but will encourage the client to report themselves with the therapist present.
 - Minor abuse include physical abuse, sexual abuse, child prostitution, manufacturing or possession of a dangerous substance, allowing access by a registered sex offender, commercial sexual activity, mental injury, denial of critical care, presence of illegal drugs, bestiality in the presence of a minor, allowing access to absence material and substance affected child 1 year or younger.
 - Dependent adult abuse includes financial exploitation, physical abuse, sexual abuse, sexual exploitation by caretaker, and denial of critical care.
 - The supervisee should inform their client on the onset of therapy about superviseesupervisor relationship and the conditions of confidentiality within this relationship.

Sessions

I understand that the clinical supervision hour is 60 minutes long and that the consistency of session can have a significant impact on the quality of supervision. The typical weekly sessions are ideal.

Structure of Supervision Hour

Roughly, 30 minutes of session is spent on logistic matters; scheduling supervision and clients, addressing housekeeping matters such as software access and navigation, reviewing session notes, addressing client risks factors and ethical dilemmas. The second half of supervision is more process oriented; self-of-the-therapist matters, case conceptualizations, ensuring basic levels of competency are met and strengthened, using supervisee theoretical orientation to inform the supervision process and more.

Cancellations Due to Weather

Sessions will take place via video conferencing in the case of inclement weather conditions if not rescheduled.

Etiquette

It is proper supervision etiquette to think of matters you would want to discuss in supervision (good, neutral or not so good) between session, to session. Arriving on time is preferred in order to ensure that we can take advantage of the full clinical hour. Either supervisor or supervisee may take a short break at any time (e.g., particularly when emotions are high) but will communicate a designated location and length of time of their break. Food or drink are allowed with the exception that neither will serve as a barrier to communication and participation. Basic listening and communication skills apply.

Supervision Relationship

The style of the supervisor can be found at https://www.bprtmcs.com/clinical-supervision by clicking on Philosophy of Supervision link. Regarding feedback, the supervisee will be given a survey to complete at the conclusion of supervision. The supervisee will also receive the contact information of a superior to the supervisor, if applicable, at the beginning of supervision but will be encouraged to speak to the supervisor directly before contacting the supervisor's superior. The supervisor will give the supervisee feedback directly and/or to his or her superior in the form or an evaluation at the conclusion of supervision. Disagreements between supervisee and supervisor are encouraged as long as such disagreements do not pose a risk of harming clients particularly, but also the supervisor and the supervisee.

Supervision Goals

Goals for supervision will be established between supervisor and supervision during their first meeting.

Supervisee Responsibilities

It is the responsibility of the supervisee to handle logistical matters such as scheduling their clients and attended supervision regularly. The supervisee shall demonstrate and practice an appropriate level of professionalism that is reflective of their training with both their clients and supervisor, which will primarily consist of upholding therapeutic principles; autonomy, non-maleficence, beneficence, justice, fidelity, and veracity. The supervisee shall be prepared for supervision with completed case notes and items for discussion.

Supervisors Responsibilities

The supervisor's responsibility is to be help uphold the supervisee to a higher level of professionalism and provide structure that facilitates clinical growth and development. The supervisor primary responsibility is to be a source of support for the supervisee.

Therapist	Supervisor	
Date	Date	