



**Thrive Therapy**  
2734 Oak Ridge Court, Unit 404  
Fort Myers, FL 33901  
239-963-4367

## **IDENTIFYING INFORMATION**

### **SUPERVISEE INFORMATION**

**Supervisee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Registered Intern Number:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Type of Supervision Needed:** \_\_\_\_\_ **Mental Health Counseling**  
\_\_\_\_\_ **Play Therapy**

### **SUPERVISOR INFORMATION**

**Supervisor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



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## **SUPERVISION CONTRACT**

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 \_\_\_\_\_ (Supervisor) 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 Statute 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/internship.

### **Context of Services**

- One hour of individual supervision weekly for \$ \_\_\_\_\_.
- Supervision will be held at Thrive Therapy
- Your supervision will be on \_\_\_\_\_ (day of the week) from \_\_\_\_\_ to \_\_\_\_\_ (time).
- Regular review of clinical documentation, and when possible, review of recorder counseling sessions, and/or observe Supervisee in live counseling sessions at their worksite.
- 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.
- All client cases will be reviewed on a rotating basis based on need.

### **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. Supervisor will keep a copy in Supervisee’s file.

### **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:
  - A. Client makes threats to harm self or others
  - B. Child or elderly abuse of any kind
  - C. Incidents of clients or Supervisee sexual misconduct
  - D. Knowledge of any suicidal thoughts or intent of client
  - E. Any possible confusion on, or breach of, appropriate boundaries
  - F. Any known violations of confidentiality and/or clients rights
  - G. Reports of abuse and/or neglect and calls to DCF 1-800-96ABUSE Hotline and supervisor. Supervisor gets a copy of all abuse reports made.
  - H. Changes or lapses of malpractice insurance

**Procedural Considerations**

In event of an emergency Supervisor can be reached at \_\_\_\_\_.

**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, and/or credit card. Please note American Express cannot be accepted as a form of payment at this time, but all of the other major credit cards (Visa, Mastercard, Discover) are accepted. 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, chart 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 and a Registered Play Therapist Supervisor credential through the Association for Play Therapy. I have been practicing since 2011 and began private practice in 2012. My experience consists of working with children and teens who have experienced a broad range of issues such as divorce, behavioral concerns, academic underachievement, trauma and abuse. I also have experience working with adults who have experienced trauma, anxiety, depression, grief and divorce.

**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.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee Signature

\_\_\_\_\_  
Date