

SUPERVISION CONTRACT

We have decided to enter into a supervision relationship 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.

Supervisor

Name: Paul David, Ph.D.

Address: 103 East Holly Street Suite 315

Bellingham, WA 98225

Supervisee

Name: _____

Address: _____

Outline of Logistics

We have agreed to commit the next _____ months (length of time or number of contacts) for our supervisory relationship, beginning _____ and continuing until _____. Supervisee will pay _____ per hour for these consultation sessions.

In the case of an appointment cancellation, we have decided 48 hours advance notice or supervisee is financially responsible for the consultation session.

In the case of an emergency, we have discussed the following procedure:

Clarification of the Supervision Relationship

My Supervision Style:

My supervision style concentrates on helping therapists: (1) to evolve clearer conceptualizations about how they conduct therapy, and (2) to develop deeper insights into how their own personal and family-of-origin experiences inform their clinical thinking

and understanding of clinical cases.

Confidentiality:

When I judge it appropriate, I may consult with other supervisors about my supervisees and the cases they are presenting. I will confine my disclosures to my understanding of the facts involved and will not disclose specific identifying information about them or their clients as long as there are no imminent threats of anyone's safety.

Plan for Providing Feedback:

Every fifth consultation session, we will take part of that session to provide each other feedback about what has been useful and what could be improved in our work together.

Plan for Handling Stumbling Blocks/Disagreements:

When and if disagreements should arise about different value/ethical perspectives or ways to handle various clinical cases or situations, we agree to respect those differences and discuss them as openly as we can.

Additional Clarifications:

Identification of Goals:

We have identified the following goals for our work together:

Therapist's Signature

Paul David's Signature

Date

Date