

Triangle Psychotherapies and Consultation, LLC

SUPERVISION CONTRACT

This contract serves as verification and description of the clinical supervision provided by Jeffrey Longhofer (“supervisor”), (LCSW, PH.D., Triangle Psychotherapies and Consultation, LLC), to _____, LSW (“supervisee”) and for (_____, and any related agency or entity solely responsible for her professional conduct and action).

Purpose of supervision

The purpose of clinical supervision is to monitor and ensure welfare of clients, promote the development of supervisees’ clinical and professional identity, evaluate competence of supervisee and fulfill requirements for licensure.

Supervision meetings and fees

I, Jeffrey Longhofer (“supervisor”) agree to provide individual, face-to-face, clinical supervision to _____ (“supervisee”) for 1 hour per week. Supervisory sessions will occur at 1164 Raritan Avenue, Highland Park, NJ, offices of Triangle Psychotherapies and Consultation, LLC. Payment of 100.00 for individual supervision is due at the end of each month.

Duties and Responsibilities of Supervisor:

As your clinical supervisor, I will

1. review all diagnoses and treatment/service plans
2. challenge you to justify approaches and techniques used
3. monitor clinical skills and techniques
4. present and model appropriate clinical interventions
5. intervene if client welfare is at risk
6. develop and monitor achievement of supervision goals
7. ensure that ethical guidelines and legal statutes are upheld
8. remain clinically competent and skilled in clinical supervision
9. maintain adequate liability and malpractice insurance

Duties and Responsibilities of Supervisee: As supervisee, I will

1. be prepared to discuss all client cases using clinical notes, direct work samples, video/audio tape (with signed consent)
2. discuss diagnoses made as well as approaches and techniques used
3. present any boundary issues, dual relationships or other ethical concerns
4. uphold all ethical guidelines and legal statutes, to include reporting any ethical or legal violations immediately
5. consult with supervisor or another designated contact person in emergencies

6. implement supervisor directives in subsequent client sessions
7. inform supervisor of all new and terminated cases
8. read, understand and implement all clinical policies/procedures
9. maintain liability and malpractice insurance at a level approved by supervisor

Procedural considerations

All supervisee cases will be reviewed on a rotating basis and in accordance to the priority needs of each case. Clients of the supervisee must give informed consent for supervision of their cases, including supervisor's name and contact information. Case/clinical documentation will be reviewed at each supervision session. In the event of an emergency, supervisee will contact supervisor. If supervisor is not available, then contact (*Jerry Floersch, LCSW, Triangle Psychotherapies and Consultation, LLC*).

All crisis and emergency consultations must be documented by both the supervisor and supervisee, in consultation with the supervisee's employing agency. Supervision goals and specific learning objectives will be mutually developed, monitored and evaluated, including modification as needed. The content of our sessions and evaluations is kept strictly confidential, except when disclosure is required by law.

Evaluation

Supervision is an interactive process intended to monitor the quality of client care, improve clinical skills, and facilitate professional and personal growth. You should expect candid and timely feedback of your clinical interventions in a supportive environment. Evaluation forms and criteria will be discussed and provided to you during the first session. Informal feedback will be provided at the close of each session and a formal evaluation will occur as needed or required by New Jersey law. If you disagree with your evaluation or are dissatisfied with your supervision, please discuss this with me.

The supervisor, Jeffrey Longhofer, and Triangle Psychotherapies and Consultation, LLC, assume no responsibility or liability for practitioner safety. Responsibility for practitioner safety and clinical practice outcomes are the sole responsibility of the supervisee agency, _____ (and any related agency or employing entity), and the practitioner, _____, LSW.

Statement of Agreement

This contract is subject to revision at any time upon the request of either supervisor or supervisee. Revision of the contract can be made only by consent of both parties. The contract may be terminated by either party with 30 days prior written notice.

The above items delineate the scope of the supervision contract, entered into this _____ day of 2020. I have read, understand and agree to abide by the

preceding obligations contained in this contract.

Supervisee signature, LSW

Date

Supervisor signature
Jeffrey Longhofer, LCSW
