SUPERVISION ETHICS CODES

THE APPROVED CLINICAL SUPERVISOR CODE OF ETHICS,
NATIONAL BOARD FOR CERTIFIED COUNSELORS

In addition to following your profession's Code of Ethics, clinical supervisors shall:

- **1.** Ensure that supervisees inform clients of their professional status (e.g., intern) and of all conditions of supervision. Supervisors need to ensure that supervisees inform their clients of any status other than being fully qualified for independent practice or licensed. For example, supervisees need to inform their clients if they are a student, intern, supervisee or, if licensed with restrictions, the nature of those restrictions (e.g., associate or conditional). In addition, clients must be informed of the requirements of supervision (e.g., the audiotaping of all counseling sessions for purposes of supervision).

- **2.** Ensure that clients have been informed of their rights to confidentiality and privileged communication when applicable. Clients also should be informed of the limits of confidentiality and privileged communication. The general limits of confidentiality are when harm to self or others is threatened; when the abuse of children, elders, or disabled persons is suspected; and in cases when the court compels the counselor to testify and break confidentiality. These are generally accepted limits to confidentiality and privileged communication, but they may be modified by state or federal statute.

- **3.** Inform supervisees about the process of supervision, including supervision goals, case management procedures, and the supervisor’s preferred supervision model(s).

- **4.** Keep and secure supervision records and consider all information gained in supervision as confidential.

- **5.** Avoid all multiple relationships with supervisees that may interfere with the supervisor's professional judgment or exploit the supervisee. Although all multiple relationships are not in of themselves inappropriate, any sexual relationship is considered to be a violation. Sexual relationship means sexual contact, sexual harassment, or sexual bias toward a supervisee by a supervisor.

- **6.** Establish procedures with their supervisees for handling crisis situations.

- **7.** Provide supervisees with adequate and timely feedback as part of an established evaluation plan.

- **8.** Render assistance to any supervisee who is unable to provide competent counseling services to clients.

- **9.** Intervene in any situation where the supervisee is impaired and the client is at risk.

- **10.** Refrain from endorsing an impaired supervisee when such impairment deems it unlikely that the supervisee can provide adequate counseling services.

- **11.** Refrain from offering supervision outside of their area(s) of competence.

- **12.** Ensure that supervisees are aware of the current ethical standards related to their professional practice, as well as legal standards that regulate the practice of counseling. Current ethical standards would mean standards published by the National Board for Certified Counselors (NBCC) and other appropriate entities such as the American Counseling Association (ACA). In addition, it is the supervisor's responsibility to ensure that the supervisee is aware that state and federal laws might regulate the practice of counseling.
and to inform the supervisee of key laws that affect counseling in the supervisee's jurisdiction.

- **13.** Engage supervisees in an examination of cultural issues that might affect supervision and/or counseling.
- **14.** Ensure that both supervisees and clients are aware of their rights and of due process procedures.

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**Burnout Self-Test**  
**Maslach Burnout Inventory (MBI)**

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout. *(Thank you to the Association des médecins vétérinaires (AMVQ) en pratique des petits animaux for providing us with a copy of this tool).*

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Never</th>
<th>A few times per year</th>
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<td><strong>SECTION A</strong></td>
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<td>I feel emotionally drained by my work.</td>
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<td>Working with people all day long requires a great deal of effort.</td>
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<td>I feel like my work is breaking me down.</td>
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<td>I feel frustrated by my work.</td>
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<td>I feel I work too hard at my job.</td>
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<td>It stresses me too much to work in direct contact with people.</td>
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<td>I feel like I'm at the end of my rope.</td>
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<td><strong>SECTION B</strong></td>
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<td>I feel I look after certain patients/clients impersonally, as if they are objects.</td>
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<td>I feel tired when I get up in the morning and have to face another day at work.</td>
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<td>I have the impression that my patients/clients make me responsible for some of their problems.</td>
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<td>I am at the end of my patience at the end of my work day.</td>
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<td>I really don’t care about what happens to some of my patients/clients.</td>
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<td>I have become more insensitive to people since I’ve been working.</td>
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<td>I’m afraid that this job is making me uncaring.</td>
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<td>I accomplish many worthwhile things in this job.</td>
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<td>I feel full of energy.</td>
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<td>I am easily able to understand what my patients/clients feel.</td>
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<td>I look after my patients’/clients’ problems very effectively.</td>
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<td>In my work, I handle emotional problems very calmly.</td>
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<td>Through my work, I feel that I have a positive influence on people.</td>
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<td>I am easily able to create a relaxed atmosphere with my patients/clients.</td>
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<td>I feel refreshed when I have been close to my patients/clients at work.</td>
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**SCORING RESULTS - INTERPRETATION**

**Section A: Burnout**
Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work.
- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

**Section B: Depersonalization**
"Depersonalization" (or loss of empathy): Rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients and/or colleagues.
- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

**Section C: Personal Achievement**
The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two.
- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

*Note: Different people react to stress and burnout differently. This test is not intended to be a scientific analysis or assessment. The information is not designed to diagnose or treat your stress or symptoms of burnout. Consult your medical doctor, counselor or mental health professional if you feel that you need help regarding stress management or dealing with burnout.*
RECIPROCAL SUPERVISION AGREEMENT

We recognize the importance of safety and mutual awareness to the development and maintenance of multicultural competence and practitioner growth, and we agree to the following:

1. Supervision is a collaborative process.
2. Creating a reciprocal relationship is important to fostering supported growth and higher-level thinking about issues of diversity.
3. Diversity dialogues can be difficult, but are a necessary part of supervision.
4. Evaluation is an aspect of supervision and it creates an inherent power differential in the supervisory relationship. This needs to be negotiated to foster a working supervisory alliance.
5. Differences in beliefs will not be used as a basis for negative evaluation. Open and honest communication is valued and is a basis for evaluation of competencies.

In my capacity as supervisor I will:

- Work to create a safe atmosphere where learning and growth can occur.
- Take responsibility for initiating discussions of multicultural and diversity issues in supervision.
- Work to bridge cultural differences with my supervisee. As such, it is my responsibility to be aware of myself as a cultural being and aware of how this affects my communication and supervisory style and to make necessary adjustments to meet the needs of my supervisee and foster a healthy working alliance.
- Acknowledge and accept differences between my supervisee’s and my beliefs.
- Refrain from making assumptions and take time to assess my supervisee’s multicultural knowledge and skills and provide manageable challenge to encourage their growth and development.
- Welcome and encourage feedback from my supervisee that will allow me to see my own blind spots and be open to new learning.
- Refrain from allowing feedback about my blind spots to affect my evaluation of my supervisee in a negative way.

In my capacity as a supervisee, I will:

- Make a commitment to growing and developing as a competent, ethical professional.
- Accept that this process may sometimes be uncomfortable or challenging.
- Take risks regarding my cultural awareness and skills in supervision.
- Be open to my supervisor’s help in identifying my own cultural blind spots.
- Endeavor to help my supervisor see their blind spots.
- Acknowledge and accept differences between my supervisor’s and my beliefs.
- Share my own unique knowledge and expertise with my supervisor.

We recognize that evaluation is an inherent aspect of supervision. The purpose of evaluation is to provide feedback to aid in the development of ability, knowledge, and skills. While differences in beliefs will not be used in evaluation, competence and ethical practice will be kept in mind throughout supervision. Through this reciprocal supervision process, both the supervisor and the supervisee can benefit and grow as people and as multiculturally competent practitioners.
SUPervisee Needs Index

Please rate your current, individual supervisor. Using the following scale as a guide, select a number to indicate how much you agree with each statement.

1 ------------ 2 ------------ 3 ------------ 4 ------------ 5 ------------ 6 ------------ 7

Strongly Disagree                                                                                      Strongly Agree
• 1. My supervisor does not encourage me to grow personally.                                         1 ---- 2 ---- 3 ---- 4 ----
     5 ---- 6 ---- 7
• 2. Supervision regularly includes opportunities to review recordings of my clinical work.        1 ---- 2 ---- 3 ---- 4 ----
     5 ---- 6 ---- 7
• 3. When faced with a client issue that is new to me, supervision provides little guidance.       1 ---- 2 ---- 3 ---- 4 ----
     5 ---- 6 ---- 7
• 4. I am content with the emphasis placed on learning therapy techniques in supervision.          1 ---- 2 ---- 3 ---- 4 ----
     5 ---- 6 ---- 7
• 5. When ethical issues arise, my supervisor provides meaningful assistance.                        1 ---- 2 ---- 3 ---- 4 ----
     5 ---- 6 ---- 7
• 6. Countertransference issues are not discussed as much as I would prefer in supervision.        1 ---- 2 ---- 3 ---- 4 ----
     5 ---- 6 ---- 7
• 7. There are sufficient opportunities to receive formal evaluation of my therapy work during supervision. 1 ---- 2 ---- 3 ---- 4 ----
     5 ---- 6 ---- 7
• 8. I feel my supervision has ample focus on my clients' needs.                                     1 ---- 2 ---- 3 ---- 4 ----
     5 ---- 6 ---- 7
• 9. I leave supervision feeling that my pressing issues were not addressed.                         1 ---- 2 ---- 3 ---- 4 ----
     5 ---- 6 ---- 7
• 10. We have a regularly scheduled time for supervision that my supervisor honors.                1 ---- 2 ---- 3 ---- 4 ----
      5 ---- 6 ---- 7
• 11. My supervisor helps me to feel self-assured in my clinical work.                              1 ---- 2 ---- 3 ---- 4 ----
      5 ---- 6 ---- 7
• 12. My supervisor is clearly motivated to help me in supervision.                                 1 ---- 2 ---- 3 ---- 4 ----
      5 ---- 6 ---- 7
13. There are many times when my supervisor does not seem to be listening to me.

14. I do not receive the mentoring I want in supervision.

15. My supervisor has helped improve my ability to understand my clients.

16. My supervisor spends time explaining her or his expectations of me.

17. My supervisor rarely makes time for me when I need it.

18. I feel safe in supervision.

19. I frequently leave supervision feeling I did not learn enough about therapy.

20. My role as a supervisee is not clear.

21. I wish my supervisor would suggest literature related to my clinical work when I request it.

22. My most significant concerns are addressed in supervision.

23. I feel my supervisor only wants me to utilize her or his theoretical orientation.

24. My clinical knowledge has expanded through supervision.

25. I am concerned my clients' well-being is overlooked in supervision.

26. My supervisor appropriately challenges me to think for myself.

27. The emphasis in supervision on my personal growth meets my needs.
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<td>28.</td>
<td>At times, my supervisor's behavior feels invalidating.</td>
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<td>29.</td>
<td>I am dissatisfied with the supervisory relationship.</td>
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<td>30.</td>
<td>It would be helpful for my supervisor to give me greater autonomy in clinical decision-making.</td>
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<td>31.</td>
<td>I wish my supervisor would directly observe my therapy sessions more often.</td>
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<td>32.</td>
<td>I am not able to be myself in supervision.</td>
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<td>33.</td>
<td>When I ask for readings on a particular issue, my supervisor provides recommendations.</td>
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<td>34.</td>
<td>I would prefer more emphasis be placed on issues of diversity in supervision.</td>
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<td>35.</td>
<td>My supervisor encourages me to work from the theoretical approach that fits for me.</td>
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<td>36.</td>
<td>Multicultural issues are sufficiently discussed in supervision.</td>
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<td>37.</td>
<td>My supervisor's feedback about my therapy skills is insufficient.</td>
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<td>38.</td>
<td>I feel the supervisory relationship is supportive.</td>
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<td>39.</td>
<td>In supervision, we appropriately discuss my personal issues as they relate to my clinical work.</td>
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<td>40.</td>
<td>Conceptualization of my clients during supervision has little impact on my clinical work.</td>
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<td>I wish my supervisor would willingly discuss my ethical concerns.</td>
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<td>42.</td>
<td>It seems that my supervisor does not give much consideration to my needs.</td>
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<td>43. My supervisor is not trustworthy.</td>
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<td>44. My supervisor serves as a guide in my professional development.</td>
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<td>45. My supervisor makes our relationship a priority.</td>
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<td>46. My supervisor is helpful when I am unfamiliar with a particular clinical issue.</td>
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<td>47. I feel able to disclose my honest reactions to my supervisor.</td>
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<td>48. My supervisor does not focus enough on utilizing different therapy interventions.</td>
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SUPERVISION CONTRACT

This contract serves as verification and a description of the counseling supervision provided by ("Supervisor"), to ___________________ ("Supervisee"),

- **I. Purpose, Goals, and Objectives**
  - b. Promote development of Supervisee’s professional counselor identity and competence.
  - c. Fulfill academic requirement for Supervisee’s Practicum.
  - d. Fulfill requirements in preparation for Supervisee’s pursuit of counselor licensure.

- **II. Context of Services**
  - a. One (1) clock hour of individual supervision weekly.
  - b. Individual supervision will be conducted in Supervisor’s office in on _________s [day of week], from _______ a.m./p.m. to _______ a.m./p.m. Digital video recordings of Supervisee’s counseling sessions will be viewed on Supervisor’s laptop computer.
  - c. A motivational interviewing style, collaborative case conceptualization, interpersonal process recall, and role plays will be used in supervision.
  - d. Regular review of Supervisee’s counseling video recordings and clinical documentation in weekly individual supervision.

- **III. Method of Evaluation**
  - a. Feedback will be provided by the Supervisor during each session, and a formal evaluation, using the CHDS standard evaluation of student clinical skills, will be conducted at _________. A narrative evaluation also will be provided.
  - b. Specific feedback provided by Supervisor will focus on Supervisee’s demonstrated counseling skills and clinical documentation, which will be based on Supervisor’s regular observation of Supervisee’s counseling sessions (via video recording and live), as well as review of clinical documentation.
  - c. Supervisee will evaluate Supervisor at mid-semester and at the close of Spring Semester, using the CHDS standard evaluation form for evaluating supervisors. A narrative evaluation also will accompany the objective evaluations.
  - d. Supervision notes will be shared with Supervisee at Supervisor’s discretion and at the request of the Supervisee.

- **IV. Duties and Responsibilities of Supervisor and Supervisee**
  - a. **Supervisor**
    - a. Examine client clinical information (e.g., assessment) and determine appropriate services.
    - b. Review on a regular basis Supervisee’s video recorded counseling sessions.
    - c. Review, correct, and sign off on all client documentation completed using Titanium Schedule® software program.
    - d. Challenge Supervisee to justify approach and techniques used.
    - e. Monitor Supervisee’s basic attending skills, specifically those consistent with a motivational interviewing style.
    - f. Present, describe, and model appropriate directives.
    - g. Intervene when client welfare is at risk.
h. Model and ensure American Counseling Association (ACA; 2005) ACA Code of Ethics are upheld.

i. Maintain professional liability insurance coverage.

j. Maintain weekly supervision notes.

k. Assist Supervisee in developing an appreciation for and demonstrating the “spirit” of motivational interviewing.

l. Assist Supervisee in reviewing various counseling theories, with goal of gaining an appreciation for an integrative practice approach.

m. Assist Supervisee in gaining greater self-awareness during counseling and supervision sessions.

b. Supervisee


b. Maintain professional liability insurance coverage.

c. View counseling session video recordings in preparation for weekly supervision.

d. Complete “Counselor Trainee Self-Critique and Reflection Form” as a result of having viewed counseling session video recordings and have these ready to discuss in Supervision.

e. Be prepared to discuss all client cases—have any client files, current and completed client case notes on Titanium Schedule® software program, and counseling session video recordings ready to review in weekly supervision sessions.

f. Justify client case conceptualizations made and approach and techniques used.

g. Complete client case notes and supervision notes in a timely fashion and place in appropriate file in CHDC.

h. Consult with the Supervisor in cases of emergency.

i. Implement supervisory directives in subsequent sessions.

j. Practice skills consistent with a motivational interviewing style with the goal of developing and demonstrating the “spirit” of motivational interviewing.

k. Practice working from a variety of and appropriate counseling theories.

l. Demonstrate willingness to discuss in supervision supervisee’s experiences of professional development.

c. Supervisee’s Expressed Learning Objectives for Practicum I

NOTE: What follows are examples of learning objectives taken from individual student contracts. These objectives are based on each supervisee’s experiences in the training program thus far, unique career objectives, etc.

a. Learn how to conduct biopsychosocial history, psychological assessments, and mental status exam as part of the intake process.

b. Provide “smoother” paraphrasing in session with clients.

c. Become more comfortable with receiving, processing, and implementing feedback.

d. Becoming more aware of who I am as a counselor, while building on my identity within the profession of counseling. This includes becoming attentive to the structure of counseling sessions, engaging in person-centered counseling, remaining thoughtful in each session, and attending to issues of immediacy in each session.

e. Learn how to manage and assess suicide risk.

V. Procedural Considerations

a. Supervisee’s written case notes (completed using Titanium Schedule® software), treatment plans, and video recordings will be reviewed and evaluated in each session.

b. Issues related to Supervisee’s professional development will be discussed in each supervision session.
c. Sessions will be used to discuss issues of conflict and failure of either party to abide by directives outlined here in contract. If concerns of either party are not resolved in supervision, Dr. ________, will be consulted.

d. In event of emergency, Supervisee is to contact Supervisor at the office, () __-___, or on her cell phone, () __-___.

VI. Supervisor’s Scope of Competence
This space is reserved to denote the supervisor’s training, credential, and supervision philosophy.

VII. Terms of the Contract
This supervision contract is subject to revision at any time, upon the request of either the Supervisor or Supervisee. A formal review of the contract will be made at the ________, and revisions will be made only with consent of Supervisee and 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 association.

________________________/______ ________________________/______
Supervisor ____________ Date _____ Supervisee ____________ Date _____

This contract is effective from _________________ to _________________

(start date) __________________ __________________ (finish date)

(Date of revision or termination) __________________
Ethics and Issues in the Supervisory Relationship

- **1. Code of Ethics & Standards of Practice:** The supervisor will insure the supervisee understands the American Counseling Association Code of Ethics and Standards of Practice and legal responsibilities. The supervisor and supervisee will discuss sections applicable to the beginning counselor.
- **2. Dual Relationships:** Since a power differential exists in the supervisory relationship, the supervisor shall not utilize this differential to their gain. Since dual relationships may affect the objectivity of the supervisor, the supervisee shall not be asked to engage in social interaction that would compromise the professional nature of the supervisory relationship.
- **3. Due Process:** During the initial meeting, supervisors provide the supervisee information regarding expectations, goals, and roles of the supervisory process. The supervisee has the right to regular verbal feedback and periodic formal written feedback signed by both individuals.
- **4. Evaluation:** During the initial supervisory session, the supervisor provides the supervisee a copy of the evaluation instrument used to assess the counselor’s progress.
- **5. Informed Consent:** The supervisee informs the client she is in training, is being supervised, and receives written permission from the client to audiotape or videotape.
- **6. Confidentiality:** The counseling relationship, assessments, records, and correspondences remain confidential. Failure to keep information confidential is a violation of the ethical code and the counselor is subject to a malpractice suit. The client must sign a written consent prior to counselor’s consultation.
- **7. Vicarious Liability:** The supervisor is ultimately liable for the welfare of the supervisee’s clients. The supervisee is expected to discuss with the supervisor the counseling process and individual concerns of each client.
- **8. Isolation:** The supervisor consults with peers regarding supervisory concerns and issues.
- **9. Termination of Supervision:** The supervisor discusses termination of the supervisory relationship and helps the supervisee identify areas for continued growth and explore professional goals.
ANTICIPATORY SUPERVISEE ANXIETY SCALE (ASAS)

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<tr>
<td></td>
<td>Not at all true</td>
<td>Mildly true</td>
<td>Moderately true</td>
<td>Very true</td>
<td>Completely true</td>
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"In anticipation of my upcoming supervision session, I ..."

1. have difficulty focusing on what I will say to my supervisor
2. feel my heart pounding
3. feel anxious about how my supervisor might evaluate me
4. feel self-conscious
5. worry about how my peers will see me
6. think less of myself because of my shortcomings as a therapist
7. feel fearful that I might receive a negative evaluation from my supervisor
8. notice I am having a hard time relaxing
9. feel nervous
10. feel annoyed with my limitations
11. am concerned about my skills compared to other therapists
12. can’t help but compare myself to my peers
13. feel overwhelmed
14. begin to find fault with my therapy session
15. feel apprehensive
16. feel calm
17. feel antsy
18. feel stressed out
ANTICIPATORY SUPERVISEE ANXIETY SCALE (ASAS)

19. feel afraid I might lose face in front of my supervisor
20. question my abilities as a therapist
21. think that I won’t perform at my best in the supervision session
22. feel myself getting tense
23. feel relaxed
24. worry that I might not make sense (be coherent in presenting the issues)
25. wonder what my supervisor might be thinking of me
26. become concerned about what my supervisor might think of me
27. worry that I might appear stupid
28. am uneasy about receiving criticism from my supervisor

*Reverse scored item.
To score the ASAS, reverse score items first, then sum items; higher scores indicate greater anticipatory supervisee anxiety.
Supervisee

• 1. Introduce yourself and describe your academic background, clinical experience, and training.
• 2. Briefly discuss information you want to address during the supervisory meetings.
• 3. Describe the therapeutic skills you want to enhance and professional development opportunities you want to experience during the next three months.

List three therapeutic skills you would like to further develop.
  o 1._____________________________________________________
  o 2._____________________________________________________
  o 3._____________________________________________________

List three general goals you would like to attain during the supervisory process.
  o 1._____________________________________________________
  o 2._____________________________________________________
  o 3._____________________________________________________

List three specific counseling or professional development experiences you would like to have during the next three months (attending a conference, facilitating a group, presentation, etc.).
  o 1._____________________________________________________
  o 2._____________________________________________________
  o 3._____________________________________________________
Supervisor and Supervisee

1. Discuss your expectations of the supervisory relationship.
2. Discuss how you will work towards establishing a positive and productive supervisory relationship. Also, discuss how you will address and resolve conflicts.
3. The supervisory experience will increase the supervisee’s awareness of feelings, thoughts, behavior, and aspects of self which are stimulated by the client. Discuss the role of the supervisor in assisting with this process.
4. Share your thoughts with one another about the influence of race, ethnicity, gender, sexual orientation, religion, and class on the counseling and the supervision process.