



# Centrepont Psychotherapy

Your space for Harmony, Balance & Growth

## INTERN PRACTICUM CLINICAL SUPERVISION CONTRACT

### Supervisor:

Yael (Joelle) Lazar, MA, RCC, DC  
Centrepont Psychotherapy  
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Vancouver BC, V5Z 4A4

604-788-2803 (Work Cell)  
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We have decided to enter into a supervision relationship together. We have discussed a number of core issues in order to come to a mutually agreeable context for that experience.

The purpose of this contract is to outline those issues, and to serve as a resource for our work together.

### Therapist/Trainee/Supervisee

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

### Outline of Logistics

We have agreed to commit to \_\_\_\_\_ (length of time in weeks or months OR number of supervision sessions) to meet for the purpose of clinical supervision.

Beginning: \_\_\_\_\_ and continuing until \_\_\_\_\_

Hourly fee for supervision session: No charge

If either supervisor or supervisee need to cancel the scheduled session, we have agreed to provide 48 hours notice, except in the case of emergency.

### The supervision session time will be spent accordingly:

- Discussing multiple marketing methods to develop a private practice

- Developing Supervisee knowledge and skills for enhancing therapeutic alliance with Clients.
- Support for the development of the Supervisee's unique therapeutic style.
- Consultation to build and design a practice framework both as an Intern and future licensed professional.
- Fostering a mutually beneficial Supervisor Supervisee relationship.
- Creating safety for the Client while maintaining a therapeutic focus

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**In case of a client emergency or a high risk counselling scenario, we have discussed the following procedure(s):**

Supervisees will contact 911, or the Client's family member to transport the Client to the nearest hospital emergency department, or the Access and Assessment Centre (AAC) located at 803 W 12th Ave, Vancouver, BC V5Z 1M9, telephone number (604) 675-3700. Following completion of above emergency protocol, Supervisees will contact me via email, or on my cell phone during regular office hours, so that we can schedule a time to debrief.

**Note:** All high-risk counselling situations will be reported and discussed within a timely manner. If the supervisee chooses not to disclose this information, the supervisor is not legally liable for the therapeutic outcome. If you think a client, or another individual is in imminent danger, first call the police department and then follow the procedure above.

**I agree to Client emergency procedure:**

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

**Clarification of the Supervision Relationship**

Supervisor's Style of Supervision:

My style of supervision is geared to provide the optimal level of support, training, and mentorship to help my Supervisees develop essential psychotherapy skills, skills for private practice, as well as confidence to be their authentic self. I move fluidly between various supervisory roles based on the Supervisee's level of experience, needs, and goals. I am attentive and sensitive to the power deferential between myself and my Supervisee, and aim to foster mutual respect and collaboration while fulfilling my duty to safeguard the wellbeing of the Supervisee's clients.

## **Client Referrals for Fulfillment of Internship Requirements**

- Wherever possible I will direct suitable Clients toward Supervisee.
- Supervisee will make initial contact with prospective Clients via email or by phone to schedule/provide an initial 15 minute complementary consultation.

**Please Note: Due to the competitive low cost Intern counselling environment where there are more Intern Counsellors seeking low cost Clients than there are Clients, Supervisor cannot guarantee adequate Client referrals for the fulfillment of Supervisee internship requirements.**

## **Client Selection Guidelines & Best Practice**

**The following Clients are not appropriate for Intern Counsellors:**

- Children under the age of ten years old
- Clients who have intellectual disabilities, cognitive impairments, and brain trauma.
- Clients who have experienced severe emotional, physical, or sexual trauma.
- Clients who have eating disorders
- Clients who have been diagnosed with severe psychiatric disorders (or who are in psychosis).
- Clients who have Post Partum depression combined with psychosis
- Clients who reside in medium and maximum-security forensics units.
- Clients where there is a strong possibility that the case may result in the practicum student having to engage with the legal system or provide testimony in court.
- Couples where there has been physical abuse during the previous six months
- Couples where either partner has a mental health diagnosis (please note that having a post Masters Couples training course, such as Gottman or EFT is recommended prior to treating Couples).

## **Other Considerations:**

- Avoid dual relationships: do not accept a new client who is the spouse or immediate family member of one of your clients.

Supervisee Initial: \_\_\_\_\_

### **Administrative Tasks/Expectations of Supervisee:**

- Supervisee will provide a professional photo and bio for Centrepoint Psychotherapy web site, and Janeapp booking web page.
- Supervisee will create a digital flyer that can be used for online platforms and social media, as well as a print version of their flyer (preferably with a QR code) that they will post and distribute in the community and their various networks.
- Supervisee will create a personal web site that describes who they are, the population they work with, their therapeutic approach, when and where clients can access sessions with them (virtual and in-person), and a Janeapp booking page link.
- Supervisee will update their Janeapp forms: Intern Counselling Informed Consent, and Intern Counselling Consent to videotape
- Supervisee will inform the Supervisor of the following issues as soon as possible:
  - issues that arise with clients
  - issues in the supervisory relationship
  - issues/obstacles in meeting their internship requirements
  - health issues that pose a threat to their ability to fulfill the needs of their clients.
- Supervisee will do their best to get clients consent to being videotaped, and bring client video to supervision.
- Supervisees will have access to Centrepoint Psychotherapy's Janeapp virtual platform during the duration of their internship, or ensure that they have access to a secure, virtual platform if seeing Clients outside of Janeapp.
- Supervisees will either use their smart phone to video in-person sessions with clients, or purchase a video camera for this purpose.
- Supervisee will store client videos on a password protected drive, in passport protected files.
- Supervisees will protect their client's confidentiality at all times, including refraining from storing client videos on their lap top.

**I agree to fulfill the above Supervisee administrative tasks and expectations:**

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

### **Administrative Tasks/Expectations of Supervisor:**

- Supervisor will advertise Supervisee on Centrepoint Psychotherapy web site, and Janeapp booking web page.
- Supervisor will bear the cost of Supervisee's profile on Centrepoint Psychotherapy Janeapp page.
- Supervisor will use Supervisee's digital flyer to promote Supervisee on her social media platforms, and place an Instagram ad to the value of \$70 to promote the Supervisee's practice.
- Supervisor will provide a no-cost one hour bi-weekly supervision to the Supervisee based on the Supervisee's needs and goals.

- Supervisor will provide Supervisee with training to assess and safeguard the wellbeing of clients (Suicide/Self Harm assessment), and to strengthen Supervisee awareness of legal and ethical responsibilities to maintain their licensing credentials (clinical note taking, storage of client videos, etc.).
- To the best of my ability, I will honour the roles and responsibilities stipulated by the the Supervisee's Masters in Counselling program.

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

Supervisee's Preferences:

Exploring the various ways in which therapy is provided (for individuals, couples, group, and family counselling).

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### **Confidentiality:**

Information gathered during supervision sessions will remain confidential unless doing so interferes with my responsibility to protect the Client, the public, the profession, and the Supervisee. Prior to disclosing supervision material to parties outside the supervisory relationship, I will make every effort to provide honest, clear feedback to my Supervisee as soon as issues related to their functioning and competence arise.

Supervisee Initial: \_\_\_\_\_

### **Plan for providing feedback to one another:**

I will offer feedback on Supervisee strengths, and areas where growth is needed in a manner that is specific, timely, and for the purpose of fostering Supervisee growth and development.

Supervisees agree to provide me with feedback on their Supervision experience, including any ruptures in the supervisor-supervisee alliance, or when adjustments are needed to best serve the Supervisee's development, objectives, as well as clinical content specific learning needs.

Toward this end, a session rating scale may be offered, or questions such as:

- “Did this session meet your needs?”
- Would you have liked anything different?
- How do you see things moving forward?
- Is there anything that we haven’t discussed that you would like to discuss?”

Supervisee Initial: \_\_\_\_\_

Supervisor Initial: \_\_\_\_\_

**Plan for handling stumbling blocks/disagreements:**

We recognize that disagreements may occur, and while challenging, they can provide us an opportunity to grow personally and professionally. In the event of a disagreement, we pledge to self-reflect on our behaviour, and be accountable for anything we have said or done that has been insensitive, disrespectful, or hurtful toward another. We are committed to repair and resolve any disagreements, and do our best to re-establish a mutually respectful, collaborative, and rewarding working relationship.

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Supervisee Initial: \_\_\_\_\_

Supervisor Initial: \_\_\_\_\_

**Plan for Dissolving the Contract if Needed:**

If either Supervisor or Supervisee need to dissolve the contract, they will make every effort to communicate this to each other in person or on the phone, and provide a clear, thoughtful explanation for this decision. If desired, Supervisor will provide contact information for alternative Supervisors.

Supervisee Initial: \_\_\_\_\_

Supervisor Initial: \_\_\_\_\_

**Additional Clarifications:**

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## Identification of Goals

We have identified the following goals for our work together:

- enhanced listening skills
- clinical thinking skills, including the ability to reflect on clinical material
- attention to transference signals to guide response to intervention
- self awareness of countertransference to form a hypothesis about the therapeutic relationship
- how to spot signs of the unconscious therapeutic alliance (UTA)
- applying attachment theory and relational concepts to the client to deepen understanding of clinical process and effective intervention.
- psychodiagnosis of client anxiety (Striated, Smooth, Cognitive Perceptual Disruption/CPD), and their system of resistance (Isolation of Affect, Repression, or Projection).
- awareness of ethical issues and cultural competence.
- tailoring interventions to the client based on client's level of anxiety, and system of resistance.
- Skill development in therapeutic approaches to enhance Supervisee therapeutic strengths, and competence (EFT/PACT with couples, IFS, Gestalt, Mindfulness, Self-Compassion, Attachment and Body-Centered interventions, etc.)
- Self-of-the-Therapist work - use of genogram to highlight family of origin themes, and POTT (Person of the Therapist Supervision Instrument) will be offered to promote self reflection, and awareness of signature themes that may impact Supervisee's therapeutic potential.

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### Therapist/Supervisee Signature Supervisor Signatures

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_