



# Centrepont Psychotherapy

Your space for Harmony, Balance & Growth

## CLINICAL SUPERVISION CONTRACT

### Supervisor:

Yael (Joelle) Lazar, MA, RCC, DC  
Centrepont Psychotherapy  
659A Moberly Rd.  
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: \_\_\_\_\_

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 tailored to meet the Supervisee's needs and goals.**

**Possible areas to focus:**

- Developing your private practice
  - Knowledge and skills toward development of your unique therapeutic style.
  - Developing Supervisee knowledge and skills for enhancing therapeutic alliance with Clients.
  - Awareness of Signature themes that at the root of countertransference issues, and blind spots
  - Fostering a mutually beneficial Supervisor Supervisee relationship.
  - Client safety and maintaining an effective 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 differential 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.

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

**Administrative Tasks/Expectations of Supervisee:**

- Supervisee will inform the Supervisor of the following issues as soon as possible:
  - issues that arise with clients
  - issues in the supervisory relationship
  - health issues that pose a threat to meeting Clients treatment needs.
- Supervisee will do their best to get clients consent to be videotaped, and bring client video to supervision.
- 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, in a locked cabinet.
- Supervisees will protect their client's confidentiality at all times, including refraining from storing client videos on their lap top.
- Supervisee understands that supervision will not be provided in the context where the Supervisee has created a dual relationship by working with a client who is the spouse or immediate family member of another Client.
- Supervisee understands that supervision will not be provided for work with couples who have experienced violence or abuse in the previous six months of their relationship.

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

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

**Administrative Tasks/Expectations of Supervisor:**

- Supervisor will provide Supervisee with training to assess and safeguard the wellbeing of clients (Suicide/Self Harm assessment).
- Strengthen Supervisee awareness of legal and ethical responsibilities to maintain their licensing credentials (avoiding dual relationships, clinical note taking, storage of client videos, etc.).
- Client selection, and clarity on when to end a therapeutic relationship.

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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 wish or 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 as a means 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 so the Therapist has a deeper understanding of clinical process, and can intervene more effectively.
- 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: \_\_\_\_\_