

Possibility Coaching

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Supervision Contract & Professional Disclosure Statement. (Adapted from Maria Connolly, MA, LPC and Ryan Melton, LPC, ACS).

This document is intended to establish parameters of supervision, assist in supervisee professional development (whether licensure, post-licensure, or developmental supervision), provide clarity in supervisor responsibilities including the responsibility of the supervisor to protect the client.

This contract between _____ (supervisor) and _____ (supervisee) at _____ (site of supervision), signed on _____ (date) serves to verify supervision and establishing its parameters.

Philosophy of Supervision:

Becoming an effective clinician is not a destination but a journey; not an arriving but a becoming. This lifelong adventure involves continuing personal growth and professional development motivated not simply by state statutes or (re)certification requirements, but by a desire to render increasingly effective service. As a supervisee, you are now venturing on a professional growth experience that, hopefully, will continue to challenge and move you.

Supervision is the process by which a clinician sharpens counseling skills through applying a growing body of knowledge to specific clients through means of you as a person. Supervision is intended to be a collaborative process in which both the supervisee and the supervisor learn and grow.

In order to maximize the potential of this joint venture and to account for the well-being of the clients, it is important to have a clearly articulated and mutually understood and agreed upon learning contract.

I invite and encourage you to look at your own learning process. We live in a culture that tends to be very judgmental and shaming, which impacts the way we learn from early on. Most of us learned in school (as John Holt talks about in "How Children Fail") to strategize in answering questions to avoid the dreaded experience of being told we were wrong.

A teacher of Neurolinguistic Programming, Michael Grinder, once said that we've got it all backwards in our schools. Right now, we test at the end of a lesson block to see how much the student has absorbed. Michael said we should test at the beginning of a lesson unit, so the teacher will know what to teach! This way, too, there aren't "wrong" or "right" answers; it's all good, because all we're seeing is what the student already knows and still needs to learn on a subject matter.

That is what supervision should be. Supervision should be an opportunity for you to explore both what you already know AND what you still need to learn, without another person – or yourself! – judging you for what you don't yet know. If you feel judgment and criticism toward yourself when you don't know or understand something, you may become so noisy inside, that you are less present with yourself and a client (or friend or partner or colleague).

I'd like you to think about and jot notes to yourself about the following questions:

How do you relate to struggling when learning a new skill?

Do you accept discomfort as part of the process? Or do you dread it or avoid it?

How do you talk to yourself when you struggle?

Are you able to hang out with "I don't know" instead of trying to find an answer or a solution right away?

When you are thinking about other people seeing you in that struggle, do you feel nervousness, self-consciousness, anxiety, or fear? If any of these feel accurate, what does that part of you imagine would be the worst possible thing that another person could do or say?

What do you need to feel safe enough to show another person that you are struggling?

Is this different if the person is in a position of authority in your life? If so, how?

I believe that the following concepts provide a comprehensive guideline to your ongoing learning process:

Self-awareness: How well do you believe you know yourself and your motivations? Are you very critical of yourself? Do you feel defensive when given feedback? Do you have difficulty dealing with authority figures? Do you feel insecure around confident people? All of these are understandable, but we hope that you are increasingly aware of your own reactions and feelings, and that you are able to name them and “own” them.

Authenticity: This is about bringing the real you into a relationship. We’ve all developed a veneer that is polite, acceptable, and careful. Authenticity means being aware of what you are thinking and feeling in the moment and taking the risk to express it.

Authenticity is NOT being blunt about opinions. Example: “You ask me what I think? I think this is stupid!”

Authentic version: “You ask me what I think? Actually, I’m having trouble being present. This is information I think I already know, so I’m feeling impatient to get to new material.”

Beginner’s Mind: It refers to the ability to cultivate an attitude of openness, zeal, and lack of preconceptions when studying a subject. Even when studying at an advanced level, being willing to be curious and suspending any judgment in order to learn anew. It is the ability to nurture a sense of awe, a feeling of excitement and wonder when approaching or even re-approaching a subject matter.

Countertransference: is the therapist’s emotional reaction to his client. It is assumed that it is always present and that it strongly influences the therapeutic relationship. Although it can become a potential problem if ignored, it can also be extremely useful in understanding the client or issue presented in more depth when addressed in supervision.

Empathy: This is the ability and willingness to identify with another person’s feelings; to place yourself in their situation and “experience their experience” from their point of reference and hence being able to let go of yours.

Flexibility: is the ability and willingness to cultivate a wide range of responses and internal states in order to operate with more choice and resourcefulness. Also, it is the ability to let go of an agenda, a point of view in the interest of maintaining rapport with another person.

Openness to Feedback: You can have two attitudes towards feedback: you can take it as criticism and see the other person putting you down, or you can hear it as a wonderful learning opportunity. You may decide you don’t agree with it (that happens), but you’re willing to try it on for size to see if it might fit or might partially fit.

Ability to employ feedback: New suggestions are relatively easy to remember and try in therapeutic and personal situations.

Risk-taking: in this case, we mean the willingness to be vulnerable, to “go deeper” into your own subconscious motivations and beliefs to explore them and learn how they may be impacting you in the learning and therapeutic environment.

Think of it this way: what is good therapy? For most of us, that is when a client feels safe enough to delve into their deepest feelings, beliefs, and motivations; to recognize ways in which they are impacted by those; and then – through that awareness – take risks in choosing change certain behaviors from then on.

This is what I see good supervision requiring as well. Here are some specifics regarding the process:

I. Competencies Expectations

- A. It is expected that supervision will occur in a competency-based framework.
- B. Supervisees will self-assess clinical competencies (knowledge, skills, and values/attitudes)
- C. Supervisors will compare supervisee self-assessments with their own assessments based on observation (via video) and report of clinical work, supervision, and possibility competency-instruments

II. Context of Supervision

- A. _____ Hour(s) of individual supervision per week/month at the rate of \$ _____ per hour.
- B. _____ Hour(s) of group supervision per week
- C. Review of video and/or audio tapes is part of supervision process
- D. Treatment or supervisory notes complete for all sessions for the past week and available in the supervision session for review.
- E. Supervision will consist of multiple modalities including review of tapes, progress notes, discussion of live observation, instruction, modeling, mutual problem-solving, and role play.

III. Evaluation

- A. Feedback will be provided in each supervision session. Feedback will be related to competency documents.
- B. Summative evaluation will occur at _____ (number) intervals per year: _____ (specify dates)
- C. Forms used in summative evaluation are available at _____.
- D. Supervisor notes may be shared with the supervisee at the supervisor's discretion and at the request of the supervisee.
- E. In order to successfully complete the sequence, the supervisee must attain a rating of _____ (on the Likert scales).
- F. If the supervisee does not meet criteria for successful completion, the supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the supervisee.
- G. If the supervisee continues not to meet criteria for successful completion, the steps in place and procedures laid out will be followed.

IV. Duties and Responsibilities of the Supervisor

- A. Oversees and monitors all aspects of client case conceptualization and treatment planning.
- B. Reviews video/audio tapes outside of supervision session
- C. Develops supervisory relationship and establish emotional tone.
- D. Assists in development of goals and tasks to achieve supervision specific to assessed competencies
- E. Challenges and problem solves with supervisee
- F. Provides interventions with clients and directives for clients at risk
- G. Identifies theoretical orientation(s) used in supervision and in therapy and supervisee theoretical understanding/training/orientation(s).
- H. Identifies and builds upon supervisee strengths as defined in competency assessment
- I. Introduces and models use of personal factors including belief structures, worldview, values, culture, transference, countertransference, parallel process, and isomorphism in therapy and supervision.
- J. Ensures a high level of professionalism in all interactions.
- K. Identifies and addresses strains or ruptures in the supervisory relationship
- L. Establishes informed consent for all aspects of supervision
- M. Signs off on all supervisee case notes
- N. The supervisor distinguishes administrative supervision from clinical supervision and ensures the supervisee receives adequate clinical supervision
- O. Clearly distinguishes and maintains the line between supervision and therapy.
- P. Discusses and ensures understanding of all aspects of the supervisory process in this document and the underlying legal and ethical standards from the onset of supervision
- Q. Maintains process notes on supervisory sessions summarizing goals, interventions, responses, and plans

V. Duties and responsibilities of the Supervisee

- A. Upholds and adheres to NASW Code of Ethics (web site here). ACS Code of Ethics (www.cce-global.org). As a Licensed Clinical Social Worker with the Oregon Board of Licensed Social Workers, (#3684, Ex. 5/31/2013), I will also abide by its code of ethics. You may also contact the board of file a complaint at: <http://www.oregon.gov/BLSW/index.shtml>
- B. Reviews client video/audio tapes before supervision.

- C. Comes prepared to discuss client cases with files, completed case notes and prepared with conceptualization, questions, and literature on relevant evidence based practices
 - D. Is prepared to present integrated case conceptualization that is culturally competent
 - E. Brings to supervision personal factors, transference, countertransference, and parallel process, and is open to discussion of these.
 - F. Identifies goals and tasks to achieve in supervision to attain specific competencies
 - G. Identifies specific needs relative to supervisor input
 - H. Identifies strengths and areas of future development
 - I. Understands the liability (direct and vicarious) of the supervisor with respect to supervisee practice and behavior
 - J. Identifies to clients his/her status as supervisee, the supervisory structure (including supervisor access to all aspects of case documentation and records), and the name of the clinical supervisor) For social work students with task supervisors, this information needs to be provided as well.
 - K. Discloses errors, concerns, and clinical issues as they arise
 - L. Raise issues or disagreements that arise in supervision process to move toward resolution
 - M. Provides feedback weekly to supervisor on supervision process
 - N. Responds nondefensively to supervisor feedback
 - O. Consults with supervisor or delegated supervisor in all cases of emergency
 - P. Implements supervisor directives in subsequent sessions or before as indicated
- VI. Procedural Aspects
- A. Although only the information which relates to the client is strictly confidential in supervision, the supervisor will treat supervisee disclosures with discretion
 - B. There are limits of confidentiality for supervisee disclosures. These include ethical and legal violations, indication of harm to self and others (and others as specific to the setting).
 - C. Progress reports will be submitted to _____ describing your development, strengths, and areas of concern.
 - D. If the supervisor or the supervisee must cancel or miss a supervision session, the session will be rescheduled
 - E. The supervisee may contact the supervisor at (541) 531-6523. The supervisor must be contacted for all emergency situations

Supervisor's Scope of Competence:

I hold a Master's Degree in Social Work from Portland State University. Major coursework included human growth and development, solution focused brief treatment, multigenerational family therapy, and strengths-based orientation and intervention. I have been a Licensed Clinical Social Worker in the State of Oregon (#****) since 2005. I have also completed 30 hours of Clinical Supervision from Portland State University and recognized by the Oregon Board of Licensed Professional Counselors and Therapists, and am qualified to provide supervision for student interns as well as counselors and social workers working toward licensure.

Additional training has included the following:

- Neurolinguistic Programming – training received from NLP Pacific since 2000. Certified as a Master Practitioner since 2007.
- Self-Related Psychotherapy – Participation in annual residential supervision with Steve Gilligan, PhD (<http://stephengilligan.com/index.html>) since 2008
- Hypnotherapy – Training received from Ashland School of Hypnotherapy, 2012
- Mysterium – Jungian psychotherapy training from Clarissa Pinkola Estes, PhD, 2012
- Feldenkrais Guild Certification Course 2010 – 2014
- IntenSati Warrior Training with Patricia Moreno : Certified Leader March 2013
- Neuroanatomy through EEG Institute - 2006

The contract may be revised at the request of the supervisee or supervisor. The contract will be formally reviewed at quarterly intervals and more frequently as indicated. Revisions will be made only with consent of supervisee and approval of the supervisor. We, _____ (supervisee) and _____ (supervisor) agree to follow the directives laid out in this supervision contract and to conduct ourselves in keeping with our Ethical Principles and Code of Conduct, laws, and regulations.

Supervisor _____ Date: _____

Supervisee _____ Date: _____