



### **Supervision Contract Form**

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This contract serves as verification and as a description of counseling supervision provided by

Rosanne Marmor, LCSW to \_\_\_\_\_ an employee

of \_\_\_\_\_. This supervision is for \_\_\_\_\_

(social work or professional development) and I know that I can request a meeting with other administrative supervisors (at full fee) to align supervision, if necessary. I understand that I must contact my board in the State of Oregon to ensure supervision hours count toward licensure.

#### **The Oregon Board of Social Workers**

All paperwork and fingerprinting and approvals must be completed with the board prior to any sessions counting towards licensure. I charge \$150 for the meeting to fill out paperwork and create the supervision plan with the person applying for CSWA status with the board. Once the board has approved the candidate, sessions can begin counting toward licensure.

#### **Payment for Services**

CSWAs are responsible for paying the fees for their supervision. Many times, employers will cover this fee. If your employer needs information from me for billing, please let me know. If your employer wants to have a direct contract with me to provide supervision to staff, that is also a possibility. By signing the form below you will be agreeing to the amount decided on for services as well as how services will be billed.

#### **Purpose, Goals, and Objectives**

- Monitor and ensure welfare of clients seen by Supervisee
- Promote development of Supervisee's professional identity and competence within their discipline (i.e. social work, counseling etc.).
- Fulfill requirements in preparation for Supervisee's pursuit of licensure (if applicable)

#### **Context of Services**

- Two hours of individual supervision biweekly
- Regular review of clinical documentation, counseling video tapes and when possible, live supervision in the client's home/school/office/ or community.

#### **Method of Evaluation**

- Feedback will be provided by the Supervisor during each session

- Specific feedback provided by the Supervisor will focus on the Supervisee's demonstrated counseling skills and clinical documentation
- Supervisor will document session and Supervisee will track the number of sessions and take the lead on timing and creation of the six-month report to the board.

### **Duties and Responsibilities of Supervisor and Supervisee**

Supervisor:

- Examine client's presenting issues and treatment plans
- View video tapes, audio tapes and process recordings of counseling sessions, when applicable
- Sign off on client documentation when necessary
- Encourage Supervisee to articulate developmental theory, practice theories, and best practice techniques applicable to cases; and to develop comfort with a primary theoretical perspective
- Monitor Supervisee's basic attending skills
- Make relevant suggestions for clinical interventions; direct supervisee to take particular actions to protect client welfare if supervisor becomes aware of risk to client
- Present and model appropriate techniques and theories directives
- Monitor that Supervisee performance appears consistent with professional Codes of Ethics.

Supervisee:

- Uphold your professional *Code of Ethics*.
- Be prepared to discuss all client cases, and have client files, and working treatment plans available for review. You may want to complete process recordings or other tools in order to review specific interventions
- Share client cases and choices of approaches and techniques used
  - Discuss your work and the progress of your approach and techniques in a collaborative spirit, constantly seeking to improve and enhance your effectiveness
- Find your most professional self and use this to enhance your practice
- Consult with Supervisor in cases of emergency.

Inform Supervisor of any of the following occurrences **immediately after they occur**:

- Incidents of restraint
- Incidents of violence to clients and/or clinician
- Incidents of violence to all others
- Disclosed thought of client regarding violence to others
- Knowledge of any suicidal thoughts or intent of client
- Any possible confusion on, or breach of, appropriate boundaries
- Any known violations of confidentiality and/or clients rights
- Reports of abuse or neglect to any person at any age

**Terms of the Contract**

Learning Goals for Supervision

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**Fees**

CSWA agrees to pay \$\_\_\_\_\_ per individual session. They can be billed monthly or pay each time with cash or check.

CSWA agrees to pay \$75 for group supervision and can be billed or pay each time with check or cash.

This contract is subject to revision at any time by the Supervisor, or the Supervisee with 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 associations.

|                   |             |
|-------------------|-------------|
| _____             | _____       |
| <b>Supervisor</b> | <b>Date</b> |

|                   |             |
|-------------------|-------------|
| _____             | _____       |
| <b>Supervisee</b> | <b>Date</b> |