



Clinical Mental Health Counseling Practicum and Internship Supervision Contract

KENT STATE
UNIVERSITY
College of Education,
Health and
Human Services

This contract serves as verification and description of the counseling supervision provided by _____ (supervisor), to _____ (supervisee), Counselor Trainee enrolled in _____ (course title and course #) at Kent State University for the _____ (semester and year).

PURPOSE, GOALS, & OBJECTIVES

- Monitor and ensure welfare of clients seen by supervisee
- Promote development of supervisee's professional counselor identity and competence
- Fulfill academic requirement for supervisee's practicum or internship
- Fulfill requirements in preparation for supervisee's pursuit of counselor licensure (when applicable)

CONTEXT OF SERVICE

- One (1) clock hour of individual supervision weekly
- Supervision will revolve around counseling conducted with students seen at _____ (name of school/agency)
- Individual supervision will be conducted on _____ (day of the week), from _____ to _____ (time).
- The supervisor will be adhering to specific models of supervision along with using progress notes and tape review.

METHOD OF EVALUATION

- Feedback will be provided by the supervisor during each session, and a formal evaluation, using the program's standard evaluation of student client skills, will be conducted at mid-term and at the conclusion of the semester for practicum and at the conclusion of the semester for internship. A narrative evaluation may also be provided at mid-semester and at the conclusion of the semester as an addendum to the objective evaluations completed.
- Specific feedback provided by supervisor will focus on supervisee's demonstrated counseling skills, professional behavior, and documentation.
- Supervisee will evaluate supervisor at the close of the semester, or upon changing sites using the program's standard evaluation form for evaluating supervisors. A narrative evaluation may also accompany the objective evaluations.

DUTIES AND RESPONSIBILITIES OF SUPERVISOR

- Examine students presenting complaints and intervention methods
- View tapes of supervisee's counseling sessions outside of regularly scheduled supervision sessions
- Sign off on all student documentation
- Challenge supervisee to justify approach and techniques used
- Monitor supervisee's basic attending skills
- Support supervisee's development as a counselor
- Present and model appropriate directives
- Intervene when student welfare is at risk
- Ensure that ethical guidelines are upheld
- Maintain weekly supervision case notes

DUTIES AND RESPONSIBILITIES OF SUPERVISEE

- Uphold ethical guidelines
- Review counseling session tapes in preparation for weekly supervision
- Be prepared to discuss all student cases; have student files, current and completed student case notes, and counseling session tapes ready to review in weekly supervision sessions
- Justify case conceptualizations made and approach and techniques used
- Complete case notes and place in appropriate student files
- Consult with field placement staff and supervisor in case of emergency
- Implement supervisory directives in subsequent sessions



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SUPERVISOR'S SCOPE OF COMPETENCE (IF APPLICABLE)

PROCEDURAL CONSIDERATIONS

- Supervisee's written case notes, treatment plans, and videotapes will be reviewed and evaluated in each session
- Issues related to supervisee's professional development will be discussed
- 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, the practicum instructor and/or Dr. Steve Rainey will be consulted.
- In the event of emergency, supervisee is to contact supervisor at _____.

SPECIFIC GOALS FOR THE SUPERVISEE

1. _____

2. _____

3. _____

4. _____

5. _____

We agree, to the best of our ability, to uphold the directives specified in this supervision contact and to conduct our professional behavior according to the ethical principles of our professional association.

Supervisee: _____ Date: _____

Supervisor: _____ Date: _____