NCADD-NJ WFNJ SAI/BHI Program

**Written Agreement of Supervision (N.J.A.C. 13:34C-6.3 (b))**

This agreement, entered into on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , by and between the

 (Date)

NCADD-NJ WFNJ SAI/BHI Program Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the NCADD-NJ Supervisee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In consideration of the NCADD-NJ administrative policies, standards and practices, the parties hereto agree as follows:

**Expectations of supervisory meetings**

The weekly (non-credentialed interns) or bi-weekly (credentialed interns) supervisory meetings will be conducted face-to-face or occasionally via telephone. The sessions will be conducted in a confidential environment to protect client and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confidentiality.

 (Name of Supervisee)

Meetings will address issues specific to administrative policy adherence, clinical challenges/strengths, HIPAA compliance, clinical skill development, documentation, personal issues affecting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ability to work with clients effectively.

 (Name of supervisee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will prepare for meetings by having case files to be discussed

(Name of supervisee)

and an outline of issues to be discussed. I will prepare by reviewing and utilizing reports including Open Caseload, Clients in Active Treatment, Urine Drug Screen, CQI, etc. to monitor and facilitate work performance.

*Supervisee expectations may be added: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Expectations regarding evaluation**

As a supervisor, I utilize a motivational method of supervision. When giving verbal feedback, I use a solution-based or strength-oriented approach. Evaluation is ongoing and is documented as such on the supervision note and on annual performance evaluations. Self-evaluation is encouraged.

When conducting supervisee assessment, areas covered include strengths and challenges along the 12 core functions listed in the Professional Development Plan (PDP), such as utilization of case management, client assessment, relationship building, service planning, crisis intervention, and report and record keeping skills. The supervisee’s ability to conduct initial orientation and assessment, ASAM Continued Service Reviews (CSR), and client follow-ups will also be evaluated.

*Supervisee may add expectations here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Expectations of the supervisory relationship**

I expect a professional and respectful relationship based in honesty. I make myself available, even when sessions are not scheduled, when issues arise that need to be discussed immediately. I believe that I should treat others as I want to be treated. I will tell you if I have any concerns and I expect the same from you. If it is not convenient for me to talk with you at a specific time, I will tell you when I will be available to give you my undivided attention.

I deal with conflict in a direct manner. I resolve issues as soon as they arise to avoid resentments and misunderstandings. I would like the same in return. The supervisory experience increases your awareness of feelings, thoughts, behavior and aspects of self that are stimulated by the client. It is important that you discuss this in supervision to help resolve issues and to work through the process. When and if I feel it is necessary, I will encourage you to seek out services from the NCADD-NJ Employee Assistance Program (EAP), as I cannot be your therapist and supervisor.

Because of our human nature, we cannot help but be affected by the influence of race, ethnicity, gender, sexual orientation, religion, socioeconomic status and other factors that are brought into the counseling experience. As part of the supervision process, learning to be culturally competent is stressed and I am prepared to help in any way I can to assist you in becoming culturally aware. I may find it necessary to suggest you attend a workshop or seminar to enhance your learning.

When I am unavailable to conduct supervision or you find you have a crisis situation, call your Regional Manager, the Clinical Director, or the Director of Care Coordination services.

Grievances will be settled through the NCADD-NJ SAI/BHI Conflict Resolution Policy or through the NCADD-NJ Grievance Procedure as needed.

**Dual relationships**

The supervisory relationship is viewed as a professional relationship and is not a friendship. As a supervisee progresses through the stages of development, this relationship changes in scope, as the supervisor and supervisee become colleagues. In the late stage of supervisee development, the relationship becomes more of a consultant type relationship. Unlike dual relationship issues with clients, dual relationships in supervision are unavoidable. Therefore, they need to be managed in a professional manner so that the supervisee will not be exploited. As supervisor, it is my responsibility to make sure that any dual relationship issues are addressed immediately.

**Discontinuation of Supervision**

This contract may be ended under the following circumstances, including but not limited to: If employment with NCADD-NJ is terminated, if you are re-assigned to a new supervisor, or if you are promoted to a supervisory position.

**Purpose**

The purpose of this form is to provide you with essential information about supervision and give structure to your experience in order to ensure a common understanding about the supervision process. During our discussion about these guidelines, I welcome your comments and suggestions.

**Professional Disclosure**

[Add supervisor’s education, experience in working with the population for which supervision is being provided, and what qualifies you to supervise. Supervisor’s updated resume to be given to supervisee.]

**Practical Issues**

As agreed upon, we will meet face-to-face weekly (non-credentialed interns) or bi-weekly (credentialed interns). Occasionally, we will conduct supervision on the telephone. If a circumstance arises that makes it impossible for you to attend a scheduled session, please contact me as soon as you know that you will miss the session in order to reschedule. If you need to speak to me between sessions, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If for any reason a

 (Phone Number)

supervision session is cancelled, a new date/time will be chosen at the time of cancellation or as soon as possible. All cancellations will be documented on a supervision note stating the reasons for cancellation and signed by both parties at the next supervision session.

**Supervision Process**

My primary role is to help you master the skills necessary to become an independent, ethical practitioner and obtain the highest level of competence possible. At the same time, I have the ethical and legal responsibility for all your actions with the WFNJ SAI/BHI clients while you are in supervision with me. Therefore, the success of supervision will depend on the development of a trusting, working relationship between us. The goals and purpose of supervision will include a willingness on your part to be open to review your work with clients, and hear corrective feedback from me about that work in order to learn and improve. On my part, I will take responsibility to create a supportive environment, give timely and helpful feedback, and be available as needed. As a supervisee, you will be expected to be an active participant in the supervision process, be open to feedback, be truthful and share mistakes, take responsibility for correcting any actions that could harm clients, be prepared and on time for each session, and keep proper client documentation.

As supervision continues, there may be times of tension in our supervisory relationship, particularly discomfort generated by feedback or disagreement over suggested strategies and interventions. I hope that any relationship problems can be solved in a professional manner through open discussion. If not, we must adhere to the guidelines set forth in the Conflict Resolution Policy.

**Administrative tasks and evaluation**

As your supervisor, I will be providing you with both formal and informal evaluative feedback throughout supervision. At the same time, I also will be seeking your evaluative feedback about supervision and ideas for improvement. A formal evaluation will be conducted annually. Your annual evaluation will be based upon your daily performance of your job responsibilities. Evaluations are not confidential; the supervisors, the Director of Care Coordination Services and the Human Resources Manager review all evaluations.

**Legal or ethical issues**

It is important that you agree to act in an ethical manner as outlined by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), not engage in harmful dual relationships with clients, follow laws of confidentiality, and, at all costs, avoid acting in any way injurious to clients. It is understood that as your supervisor, I agree to follow the ethical codes and standards for my profession and treat you with dignity and respect.

The content of our supervisory sessions and evaluations will be confidential, except for the following: (1) review by the NCADD-NJ supervisory staff, (2) the Clinical Director must review and sign all Supervision Progress Notes, (3) any instance where treatment of a client violated the legal or ethical standards set forth by professional associations and government agencies, and (4) situations where disciplinary actions or termination of employment is being considered.

**Statement of agreement**

I have read and understand the information contained in this document and agree to participate in supervision according to these guidelines. I understand this agreement of supervision will be reviewed and renewed annually.

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Supervisee Signature Date Supervisor Signature Date