CREATE CENTRE FOR EXPRESSIVE ARTS THERAPY EDUCATION
A THREE-YEAR TRAINING PROGRAM IN EXPRESSIVE ARTS THERAPY

# THE CREATE INSTITUTE FACULTY SUPERVISION
## Supervisor/Student Supervisee Contract

***For the student and supervisor to review together and co-sign, and to be placed in the student's file by supervisor.***

The following document is an agreement between _____ (faculty supervisor) and _____ (student supervisee). It serves as a description of what supervision between all parties consists of in the context of The CREATE Institute.

• **The purpose of clinical supervision** is to protect the welfare of all clients, to facilitate the goals of therapy, to ensure the student supervisee's safe and effective use of self, and to help guide the professional development of the student supervisee.

• **The faculty supervisor may only supervise active or maintaining students who are *not* direct students of the faculty supervisor.** If a student supervisee becomes a direct student of the faculty supervisor (i.e. becomes a student in the faculty supervisor's regular weekly class), the supervisory contract shall be terminated at the earliest reasonable time, protecting the safety of all clients.

• **Supervision sessions may take place in person or virtually** via a telepractice platform that is PHIPA-compliant (e.g., Zoom for Healthcare), and/or on the telephone with the consent of the supervisee.

• **Supervision will prioritize and centre principles and practices of Expressive Arts Therapy**. Sessions may include art-making.

• **Supervision Fee:** The supervisee agrees to a $120 fee for a one-hour supervision session. This rate is commensurate if a longer session is agreed upon (e.g., $180 for a 90min session). The fee may be divided equally between 2-4 student supervisees in group supervision. Payments are to be made directly by Interac e-Transfer to admin@thecreateinstitute.org and should indicate "payment made to [*Faculty Supervisor Name*] for [*Individual* or *Group*] Faculty Supervision on [*Date/Time*]." Upon payment, a receipt will be provided to the supervisee.

• **Cancellations**: Supervisees must provide at least 24 hours' notice to cancel or reschedule a session. If a supervisee fails to provide this notice, they will be responsible for the full session fee, unless waived by the supervisor at their discretion (e.g., due to an emergency).

**Responsibilities of the Supervisor include the following:**

- To promote an environment of trust, support, creativity, encouragement and mutual respect, supporting the professional development of all supervisees.
- To centre an EXA therapeutic approach in accordance with CRPO Professional Practice Standards.
- To follow the code of ethics of The CREATE Institute and the Code of Ethics | CRPO.
- To provide supervision only within the scope of practice and competency of the supervisor.
- To guide the supervisee's clinical work in the best interests and protection of the clients.
- To review case record keeping and material involving client intake, progress notes, and artwork.
- To maintain records of all supervision sessions. These notes are the property of the supervisor and will be maintained in a confidential and secure manner.The supervisor will provide the supervisee with access to their supervision notes upon reasonable request and in compliance with CRPO's Professional Practice Standards.
- To review in advance steps to be taken during an emergency in the absence of the supervisor.
- To consult with The CREATE Institute faculty as needed, and to inform the supervisee when this occurs.

- All supervisors will consult with their supervisors as-needed.
- To provide resources to the supervisee as needed.
- To recommend therapy for the supervisee should the supervisee be unable to resolve personal issues compromising their safe and effective use of self.
- To co-evaluate the supervisory process on an ongoing basis.
- To be available to the supervisee between supervision sessions for brief consultation as needed..
- To arrange for a substitute faculty supervisor to be available to the supervisee should the primary supervisor be unavailable for a significant period of time.
- If the supervisory relationship ends before the contract is over, the supervisor will contact another faculty supervisor who will follow up with the student supervisee to ensure the student supervisee does not see clients without supervision.

**Responsibilities of the Student Supervisee include the following:**

- To complete the Consent Form with the client.
- To inform the client that the supervisee is in supervision and will be discussing clinical information with their supervisor, and that the supervisor is bound by the same confidentiality laws as the supervisee. To provide the client with the name, contact information and qualifications of the supervisor.
- To obtain and maintain professional liability insurance coverage.
- To follow the code of ethics of the CRPO.
- To practice within the supervisee's competency and scope of practice.
- To bring areas of difficulty or concern to the supervisor.
- To protect client confidentiality, including appropriate storage of artwork and session notes, and when using all modes of communication.
- To keep clinical notes of each client session.
- To submit clinical documentation for review by the supervisor upon request.
- To initiate as many supervisory meetings as are required (or needed) based on the number of clients.
- To review with the supervisor 'Safety Plan and Risk Assessment Information' as needed.
- To follow best practice protocols if a client becomes high-risk. To consult with their supervisor immediately after they follow through with procedural and legal obligations relevant to the safety of the client.
- If the supervisee's notes are subpoenaed by a court of law, the supervisee must attend to the notes and consult with their supervisor.

This contract is subject to revision at any time and is subject to new regulations re. qualifications and guidelines for supervision as outlined by The CREATE Institute and the College of Registered Psychotherapists of Ontario.

**( ☐ Individual Supervision; or ☐ Group Supervision – if Group Supervision, # Supervisees: _____**

**Duration and frequency of Supervision Sessions: _____ / _____**

By signing below, we attest that we have read and understood these terms, that there has been an opportunity for all parties to have discussed these terms prior to our work together, and that we both agree to uphold the above guidelines, principles, and practices outlined in this contract.

_____ / _____
Faculty Supervisor Name and Signature

_____ / _____
Student Supervisee Name and Signature

Date: _____