**Supervision Contract**

Supervision Agreement between:

……………..................................................................... (Trainee) &

………………………..................................................... (University Supervisor) & ........................................................................................ (Workplace Supervisor)

**Practicalities University supervision**

* One session each …........…… for ………….........…….. hours/minutes
* The venue the session (s) will take place at is ……………….....................
* The person responsible for booking the accommodation is …………..........
* Cancellation arrangements…………………………………..........................

**Practicalities Workplace supervision**

* One session each ……........…… for ………….........…….. hours/minutes
* The venue the session (s) will take place at is ……………….....................
* The person responsible for booking the accommodation is …………..........
* Cancellation arrangements…………………………………..........................

**IAPT Mandatory Requirements**

N.B. Children/young people must have a diagnosis or suspected ASD and /or LD.

Adapted CBT work: Three different cases with individual child/young person. Minimum of six sessions of client contact and five hours supervision per case: concerns related to mental health (e.g. possible depression, anxiety).

VIG work: Three, closely supervised, completed individual cases with parents and/or professionals (seen for a minimum of 5 cycles across the cases) and have received a minimum number of 6-8 supervision hours as per AVIGuk requirements: concerns related to social interaction and communication; identified need to build relationships, attunement and attachment.

Behaviour that Challenges: Three different cases with parents and/or professionals. Minimum of six sessions of client contact and five hours supervision per case: concerns related to behaviour that challenges.

**University supervision** –

Supervision of Adapted CBT and Behaviour that Challenges

VIG supervision, including 1:1 supervision

**Workplace supervision** –

Supervision of three different Adapted CBT cases of work with individual child/young person and three different Behaviour that Challenges cases of work with individual parent(s) and/or professionals over the year: Minimum of six sessions of client contact and five hours supervision per case.

Caseload review:

*VIG supervision:*

Supervision of three families and/or professionals using VIG, for a minimum of 5 cycles, over a minimum of 6-8 supervision sessions.

Trainee observation of supervisor /experienced therapist in practice – at least once within the year

Observed clinical practice (in vivo, tape, video) throughout the programme at least once per term

**Aims of Supervision**

The primary focus of supervision is the welfare of the client through the supervisee’s learning process, in terms of knowledge attainment, attitude refinement, and skills development.

**Professional Guidelines/BABCP Code of Standards and Ethics/AVIGuk Values and Beliefs to which I will adhere:**

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In addition I agree to adhere to my workplace policies relating to supervision and ethical practice …………………………………………….

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Goals for University supervision:

1.

2.

3.

4.

Goals for Workplace supervision:

1.

2.

3.

4.

**Steps in the event of a breakdown in the arrangements for clinical supervision:**

In the event of inappropriate behaviour by the supervisor/supervisee this should be discussed together initially. If this is unsuccessful or the behaviour is of a serious and immediate nature then …………………..…………………...................... (University) or .............................................. (Workplace) should be informed IMMEDIATELY.

In the unlikely event that the relationship between the supervisee and supervisor deteriorates, each person is responsible for attempting to work together to resolve the problem.

**Changes to this agreement and timescale:**

Changes to this agreement can be negotiated at any time.

This agreement covers the period ………………………….………………………….

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_ University Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_ Workplace Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

[Adapted from BABCP template]