Expectations of Primary Supervisors

This form is to be reviewed and signed with each new individual supervisee.

Trainee: _____________________________________________  Semester  _____ Fall

Supervisor: ___________________________________________  _____ Summer

- Operate within the bounds of the laws and regulations of the State of Texas.
- Adhere to the policies and procedures of UHCL Counseling Services.
- Practice in a manner that conforms to the professional standards of Counseling Services.
- Utilize the developmental training model to support and challenge supervisees at their individual developmental levels.
- Be responsive to trainees in need of consultation.
- Participate in supervision regularly, punctually, and without interruption.
- Reschedule supervision if missed.
- When a trainee is unexpectedly absent, ensure that scheduled appointments and events are attended to.
- Track the trainee’s caseload and assist with caseload management.
- Review clients to verify appropriateness for trainee including therapist training level.
- Include a review of recorded work during weekly supervision.
- Review at least one full recorded session outside of supervision during each semester and provide feedback.
- Review crisis notes as soon as possible, and other case notes within 5 business days.
- Discuss with trainees the APA Ethics Code as applied to the trainee’s clinical work and professional conduct (e.g., ethical dilemmas, multicultural considerations in treatment and supervision, sexual attraction to clients, multiple relationships, starting and ending client sessions on time, maintaining clear boundaries with client and supervisees, consulting with staff).
- Incorporate psychological theories and research into case conceptualization and treatment planning discussions.
- Promote a healthy training environment for trainees characterized by trust, support, and effective challenge.
- Mid semester: provide written feedback to trainee.
- End of semester: exchange written detailed feedback with trainee (keep copies, original goes to the Training Director).

Supervisor Signature______________________________ Date__________________________________