



Contract for Supervision and Consultation Groups

Dear Colleague,

You have decided to pursue professional development work in a supervision and consultation group with me. In order to make this work a positive experience without misunderstandings of technical nature I would like to make you aware of a few basic rules.

- ☀ Professional development groups have a maximum of 8 participants.
- ☀ Group sessions are three hours in length and happen once a month. A detailed schedule is released upon registration with your registration confirmation.
- ☀ Sessions happen at my home office at 7 Selby St. In Cookstown, ON (L0L 1L0). Generally you may arrive at the location up to 15 minutes prior to start of the sessions.
- ☀ There are two cats living at the home where the office is located (and one of them sometimes manages to sneak into the group room). If you have allergies, please take the necessary precautions before attending a meeting.
- ☀ If you can not attend one of the scheduled meetings, please call or text me at **(416) 889-5291** or email me at **sabine@sabinecox.com**.
- ☀ Missed sessions will not be reimbursed. You will receive a credit for ONE 1-hour one-on-one session to be booked within 12 months of the missed meeting. If you can't fit this session into your schedule within one year, the session will be lost.
- ☀ Please be in time for the session. If you arrive late, please enter quietly and do not interrupt the group.
- ☀ The **fee for six sessions** currently (spring / summer 2017) is \$320.00 incl. HST.
- ☀ **Payment** for groups is **due upon registration, prior to the first session or latest on the day of the first session** unless other arrangements have been made. Payment methods: cheque (to be made out to Sabine Cox), PayPal, EMT (sabine@sabinecox.com), cash, Visa, Mastercard, Discovery Card, AmEx (in person only).
- ☀ The group format is *self-reporting*, meaning that I do not require you to provide written reports or recordings of sessions. You are asked to bring up your client work, questions, concerns re: training, transference, or counter-transference, and anything else you want to work with. Together with the group we will then explore those questions and concerns and strive to find the most appropriate answer / course of action for you to take.
- ☀ Groups have a mix of participants from counsellors (not registered with the CRPO) to full RPs to those applying or being in the 'qualifying' category of the RP designation.
- ☀ Some special requirements need to be met for those who are counsellors and / or who require full supervision. Please see Appendices to this contract if this applies to you.

- ☀ Neither I nor any of the other group members do in any form take on responsibility for your clients well-being. This responsibility remains entirely with you. Neither will you be held responsible for the well-being of other group members' clients. *For those who require full supervision, please see Appendix 1 - SV for more information.*
- ☀ Neither I nor any of the other group members do in any form take responsibility for the implementation of strategies or ideas discussed in the supervision group. It is up to you to decide when and in what way to do so. Neither will you be held responsible for the other group members' implementation of suggestions. *For those who require full supervision, please see Appendix 1 - SV for more information.*
- ☀ Any advice offered in the group on how to approach specific situations or concerns is understood to be given within the limitations of a third party perspective. You are asked to trust your professional understanding and therapeutic intuition when dealing with your clients in session. *For those who require full supervision, please see Appendix 1 - SV for more information.*
- ☀ If at any point you have concerns about the approach taken, the feedback given during group, or general group dynamics, please speak up. The group process is only as good as the input from all its members.
- ☀ **Limits of Confidentiality:** I take privacy very seriously. Everything you tell me in sessions is confidential; however there are a few exceptions/circumstances in which I cannot maintain confidentiality. Like you, I am required to disclose confidential information if any of the following conditions exist:
 1. First hand knowledge of a **child currently living in an abusive situation.**
 2. Information that **you or your client are / is planning to seriously harm yourself / himself / herself or someone else.**
 3. Therapist's / Counsellor's conduct with a client is deemed to be harming the client in spite of prior interventions (I will contact the appropriate regulating body, e.g. association, regulatory college, etc.)
 4. First hand knowledge of abuse of patients by a medical professional

Should I feel it necessary to break confidentiality in any of the above situations, I will strive to inform you prior to releasing this information and to involve you in the processes necessary to protect your client's and the general public's interests and safety.
- ☀ **Group Confidentiality:** Please treat the information shared within the group by other group members with the same confidentiality you would information given to you by clients.
- ☀ **Privacy:** I collect some information such as contact information for my files and professional communications with you. I will not sell, share, or otherwise release this information to any third party without your explicit permission or unless mandated to do so by law.
- ☀ Unless otherwise instructed I will include your professional contact information (email, phone, and location of practice) in the contact list of your group which will be handed out to all group members as well as in emails addressed to the group (via copy).

If you understand and accept the above, please sign below.

Date:

Name (please print):

Signature: