

Pauline O'Brien's Clinical Supervision and Consultation Agreement

Draft revised: October 23, 2026

This agreement describes our professional relationship, responsibilities, confidentiality, evaluation, fees, and arrangements for working together. We will complete the applicable fields before beginning, review the agreement when circumstances change, and each retain a signed copy.

1. Professional disclosure

I am a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario (CRPO #001225).

I hold an Honours Bachelor of Arts (BA) in Psychology (2002) and a Master of Education (M.Ed.) in Counselling (2004) from the University of Ottawa, and an Ed.D. in Counselling Psychology from the Ontario Institute for Studies in Education, University of Toronto (2016).

I am also a Canadian Certified Counsellor-Supervisor (#249) with the Canadian Counselling and Psychotherapy Association.

I have more than 20 years of counselling and psychotherapy experience and have supervised clinicians and students since 2007. My work includes psychotherapy, clinical supervision, and teaching in Yorkville University's Master of Arts in Counselling Psychology program.

My practice experience includes work with 2SLGBTQIA+ communities, clinical complexity, neurodivergence, mental health, addictions, trauma, Indigenous mental health, perinatal mood concerns, and crisis intervention. We will establish whether my competence and experience are appropriate for the services you provide.

I undertake supervision only where I meet the applicable qualifications. CRPO does not individually approve or certify clinical supervisors. My CRPO registration and CCPA supervisor credential do not constitute BCACC's Approved Clinical Supervisor designation.

2. Service and purpose

Name: _____

Professional designation, registration number, and jurisdiction:

Practice, employer, or education program:

Service agreed upon:

- ☐ Clinical supervision
- ☐ Professional consultation
- ☐ Supervision of supervision - separate addendum required

Clinical supervision involves professional learning, support, evaluation, and oversight within an agreed scope. Client welfare, safe care, and public safety take priority alongside supervisee development.

Consultation provides advice and reflection on specified practice questions. The practitioner remains responsible for deciding how to use recommendations. Consultation does not automatically establish a

supervisory relationship or satisfy required supervision.

These services do not establish a psychotherapy relationship between us. Personal experiences may be explored when relevant to practice; personal treatment needs will be referred to a separate provider.

3. Approach, learning, and cultural safety

My approach is collaborative, relational, reflective, trauma-informed, and attentive to power and professional context.

We may explore clinical formulation, treatment planning, therapeutic relationships, ethics, documentation, professional boundaries, client safety, vicarious trauma, burnout, accessibility, and sustainable practice.

I aim to practise with cultural humility and to examine how my assumptions, identities, privileges, and professional authority influence our work. We will attend to racism, colonialism, systemic inequities, Indigenous cultural safety, and the cultural and community contexts of clients and supervisees.

We will discuss learning preferences, accessibility needs, and ways to make feedback useful. Consultation with culturally relevant resources or other professionals may be recommended where appropriate.

Learning goals:

Client populations, settings, and therapeutic approaches included:

Services or activities outside the agreed scope:

Supervision may involve challenging feedback and reflection on mistakes or uncertainty. You are encouraged to discuss concerns about our relationship or approach. Particular learning outcomes, registration decisions, or placement results cannot be guaranteed.

4. Responsibilities and client accountability

My responsibilities

I will:

- Work within my competence and the agreed supervisory role.
- Provide respectful feedback and identify concerns about competence or safety.
- Adapt supervision to your experience, caseload, and clinical needs.
- Maintain appropriate records, boundaries, and professional liability coverage.
- Seek consultation or supervision of supervision when needed.
- Fulfil applicable legal, ethical, and professional obligations.

Your responsibilities

You agree to:

- Accurately describe your qualifications, registration status, practice, and supervision requirements.
- Practise within your competence and legal authority.

- Attend prepared and disclose material information needed for effective supervision.
- Raise significant safety concerns, adverse events, complaints, and difficulties practising safely promptly.
- Discuss feedback, uncertainties, disagreements, and barriers to implementing recommendations.
- Maintain required client consent, records, insurance, and supervision logs.
- Identify other supervisors and clarify overlapping responsibilities.

Neither party's accountability is removed by this agreement.

Whose clients are involved?

- ☐ Your practice ☐ Agency/placement ☐ My practice
☐ Other: _____

Responsibility for ongoing care, clinical decisions, emergency response, and referrals:

Custodian or organization responsible for client records:

Other supervisors, organizational contacts, and respective responsibilities:

These arrangements must be clarified before supervision begins.

5. Meetings and methods

Start date: _____

Review date: _____

Format: ☐ Individual ☐ Dyadic ☐ Group

Number of supervisees: _____

Frequency and duration: _____

Location/platform: _____

Methods may include case discussion, self-report, formulation, clinical-record review, skills practice, live observation, or review of recordings with appropriate consent.

Agreed review methods:

Frequency and methods will be reviewed when caseload, competence, complexity, or safety needs change.

For dyadic or group work, records will distinguish attendance, active presentation, and observed clinical work. Hour categories will be applied according to the relevant organization's requirements; attendance alone does not establish entitlement to every category of credit.

6. Feedback, evaluation, and concerns

Clinical supervision includes ongoing evaluation. We will establish learning goals and evaluation criteria alongside applicable professional, educational, and client-safety requirements.

Evaluation may include my observations, your self-assessment, your feedback on supervision, and client feedback where appropriate and available.

Criteria, methods, and review dates:

Formal reports, recipients, and disclosure arrangements:

If concerns arise, I will ordinarily explain and document them, invite your response, and establish a learning or remediation plan where appropriate. Additional training, closer supervision, changes to clinical activities, or referral may be necessary.

Routine mistakes and learning needs are not automatically grounds for reporting. Serious unsafe practice, misconduct, or incompetence may require protective action or a report under applicable obligations.

Payment does not guarantee a favourable evaluation, reference, or attestation.

7. Confidentiality and reporting

Information shared in supervision or consultation is confidential within the agreed arrangements and applicable law.

We will identify any planned disclosures to educational institutions, employers, placement sites, other supervisors, or professional organizations, including their purpose and scope. Appropriate consent will be obtained unless disclosure is otherwise legally permitted or required.

Limits may include significant risks of serious harm, applicable mandatory reports, legally compelled disclosure, regulatory processes, and agreed evaluation or placement reporting.

Where reasonably possible and legally permitted, I will discuss a necessary disclosure beforehand. Urgent circumstances or legal requirements may prevent advance discussion. Disclosure will be limited to what is reasonably necessary.

8. Client information, records, and privacy

You must inform clients of applicable supervision arrangements and obtain appropriate consent before sharing identifiable information, documents, or recordings. Where applicable, clients will receive my identity, contact details, role, and information about contacting me concerning supervised services.

Use de-identified information wherever reasonably possible. Identifiable material must be exchanged only through an agreed, appropriately secure method.

Clinical supervision records maintained in my practice are stored securely in Jane App. Further information is available in my Privacy Policy.

We will identify the privacy laws and organizational requirements applicable to both parties and the client setting. These may include Ontario's PHIPA, British Columbia's PIPA or public-sector privacy legislation, and federal legislation where applicable. This agreement does not replace either party's legal obligations.

Information shared, secure-transfer method, permitted access, storage, retention, and disposal arrangements:

Recordings, transcription, and AI tools require prior discussion, appropriate consent, and suitable safeguards. This agreement does not authorize uploading identifiable client material to an AI service.

Group participants must protect information about clients and colleagues. Other participants' confidentiality cannot be guaranteed.

I maintain records of attendance, duration, format, issues discussed, feedback, directions, and relevant concerns. You must maintain your own accurate supervision records.

Requests for supervision documentation will be addressed within a negotiated, reasonable timeframe, subject to privacy obligations and lawful exceptions.

9. Recognition and verification of hours

We will identify the professional or educational purpose of supervision before relying on it for recognition.

Organization and specific requirements:

Required forms and deadlines:

I will verify only activities and hours I can substantiate. Consultation will not be characterized as qualifying supervision unless the arrangement and work meet the applicable requirements.

Regulators, associations, educational institutions, and certifying bodies determine acceptance. Recognition cannot be guaranteed.

BCACC ACS-related supervision of supervision requires the separate addendum below and confirmation that the supervisor and arrangement meet the relevant criteria.

10. Remote services and availability

Services may occur in Hamilton, Ontario, or through Jane Video, Zoom, or telephone, as agreed.

Both parties will use private settings and discuss technology risks, safeguards, and a backup plan. Please disclose participation from another jurisdiction so relevant requirements and insurance coverage can be reviewed.

Routine contact method and expected response timeframe:

Urgent/off-schedule consultation procedure:

Backup supervisor or organizational contact during absence:

I do not provide continuous monitoring or guaranteed emergency availability. Do not delay necessary protective action while waiting for a response. Follow applicable workplace procedures, professional obligations, and local emergency arrangements.

11. Fees and cancellations

My fee is \$225 for a full 60-minute individual supervision or consultation session, unless otherwise agreed in writing. Other durations, formats, taxes, and additional charges will be confirmed before booking.

Sessions end at the scheduled time. Late arrival generally does not extend the session or reduce the booked fee.

Payment is due at the end of the session unless otherwise arranged. The professional fee is waived for interns of The Compassion Project where included in their placement agreement.

Please provide at least 24 hours' notice to cancel or reschedule. Any cancellation charge must be specified and agreed upon below.

Fee, applicable tax, and payer:

Late-cancellation/missed-appointment charge:

Report or administrative fees:

Reasonable advance notice will be provided for fee changes. Financial concerns will be discussed before discontinuing ongoing supervision.

12. Boundaries, conflicts, and disagreements

I recognize the power imbalance in supervision and aim to create a respectful environment for uncertainty, mistakes, and disagreement.

I will not undertake supervision of a former psychotherapy client. We will screen for overlapping relationships, including social relationships with your clients, and avoid arrangements that compromise judgment, confidentiality, or safety.

Where a proposed case involves my former client, we will address the conflict and appropriate express client consent before discussing case content. Independent supervision may be needed.

I will not request testimonials from current supervisees.

You may raise concerns verbally or in writing. We will clarify the issue and seek resolution, using independent consultation or an appropriate organizational process when necessary. You may approach the relevant professional body directly without first raising the concern with me.

13. Reviewing or ending services

Either party may request review of this agreement. Changes will be documented and agreed upon.

You may end services without an additional termination penalty. Agreed charges for booked appointments still apply.

If supervision is required for your practice, you must arrange replacement supervision before continuing work that requires it.

If I discontinue services, I will explain the reasons and provide reasonable notice and transition assistance where possible. We will address continuity of client care, outstanding evaluations, records, and any immediate safety or reporting obligations.

14. Contact and complaints

Pauline O'Brien, RP, CCC-S
paulineobrienrp@gmail.com
905-536-8830

CRPO: <https://crpo.ca>
416-479-4330 or 1-844-712-1364

BCACC: <https://bcacc.ca>
250-595-4448 or 1-800-909-6303

Complaint jurisdiction depends on the professional's registration or membership and the matter involved. Providing BCACC's contact details does not represent that I hold BCACC membership or ACS designation.

Agreement

We confirm that we have reviewed this agreement, completed the relevant arrangements, and had an opportunity to ask questions.

Supervisee/consultee name: _____

Signature: _____ Date: _____

Supervisor/consultant: Pauline O'Brien, RP, CCC-S

Signature: _____ Date: _____

Applicable addenda:

- ☐ Student placement
- ☐ BCACC supervision of supervision
- ☐ RP (Qualifying)
- ☐ CCPA-related supervision
- ☐ Other: _____