



Professional Disclosure Statement for Supervision

Professional Disclosure

I earned a Masters Degree in Clinical Mental Health Counseling from Western Kentucky University and am a Licensed Professional Counselor in the states of Colorado & Texas. I am also an approved supervisor for LPCC's in the state of Colorado. I am a member of the Colorado Counseling Association. I have worked in agencies, Community Mental Health, group practice and now private practice, all since 2015. My theoretical orientation for counseling and supervision combines humanistic/existential, person centered and cognitive behavioral therapies.

Explanation of Dual Relationships & Policies of Supervisory Relationship

To adequately work on your professional development, we need to meet on a regular basis. At this time in the state of Colorado, there are no minimal hours of clinical supervision required, however, considering you are new to the field and my job as your supervisor is to not only supervise you *but understand and monitor, in depth, all of your clients*. Because of this, I ask that we meet weekly. Depending on the severity of your caseload, we may decide that we need more or less, but a minimum of 2 meetings per month is standard and an expectation set by me if you are seeing 10 or more clients a week. I offer a flat rate of \$125 per 50 minute hour. Fees may vary based on my perception of current rates and any agreement that I may come to with you. If you miss a scheduled session with less than 24 hours' notice and cannot reschedule within that week, you will be charged for that supervision session. Flexibility is under the discretion of me, the supervisor, for any reason at any time. I do prefer that we meet in person for the majority of our visits however if for some reason we cannot, virtual meetings are still appropriate.

I do have an expectation that you will continually keep up with all of your hours: direct, indirect and supervision. I will not sign off on hours that I have not supervised you for. We will discuss numbers at each supervision session to ensure clarity on hours being signed off on.

If you need to speak to me between sessions or in case of a client emergency, you may e-mail, text or call me. I will get back to you as soon as possible. I check my email frequently during the weekdays. I am unavailable to clients on Fridays, however, available to you if you need me due to an emergent client situation that cannot wait until the next business day. If I am going to be unavailable for whatever reason, we will arrange for you to have the contact information of a licensed clinician who will be available to you in my absence.

Supervision is not intended to provide you with personal counseling or therapy. If personal issues or concerns arise that seem to negatively affect your clinical practice, I may ask you to seek personal



psychotherapy. I am also willing to explore these issues with you however not taking the consistent role of therapist to you.

Supervision Process

My goal is for your supervision to be a rewarding and caring experience. It is an interactive process that improves the quality of client care, increases your clinical skills and nurtures your professional growth. You can expect to receive timely feedback about your interventions and to have a supportive environment in which to explore client-related concerns, inclusive of transference issues that invariably arise.

I will be using an eclectic approach for supervision but predominantly will work via the Empowerment Model of Clinical Supervision as formed by Khara Croswaite Brindle, MA, LPC, ACS, CFT-I & Christina Murphy MA, LPC, NCC, CPP, ACS. This model outlines how I as your supervisor will show up for you, specifically in these roles: **Teacher, leader, colleague, researcher, and consultant.**

As I am legally responsible, as are you, for the quality of clinical care you provide to your clients, you may be asked to do extra readings, attend certain classes, or participate in additional supervision hours if education is needed for you to adequately practice as a therapist. You may be asked to bring in audio or videotapes of your work. These potential growth areas are designed to improve your counseling competencies and support your professional identity. I invite you to ask questions, explore alternatives, address ethical concerns and receive feedback and suggestions on your counseling interventions. You also give me permission to discuss your clinical work with any other approved supervisors from whom you are receiving supervision from.

Legally, you must notify your clients that you are receiving supervision from me and that I am entitled to all of their information as we treatment plan and consult their situations together. Your clients will need to sign an agreement permitting you to receive supervision either as part of your client disclosure form or in a separate document. Thus, all parties are informed about our supervision relationship.

You understand that as the supervisee, you are responsible for ensuring any paperwork necessary or required of me, the supervisor, is brought to my attention in a timely manner.

You understand that this supervisory relationship may be terminated at any time, for any reason, by either party provided there is adequate lead time to ensure the protection of clients. If it is decided to terminate supervision, both parties agree to inform one another as far in advance as possible, though a minimum of 4 weeks' notice is recommended. You understand that with a supervisory relationship of any length, termination and closure are very important processes and most people find their experience to be incomplete if there has not been an adequate opportunity for ending.



Confidentiality

The content of our sessions and evaluations are confidential with certain exceptions. Limits to confidentiality include but are not limited to, treatment of a client that violates the legal or ethical standards set forth by professional associations and government agencies. I also have the ethical responsibility of requiring you to have additional supervision if necessary to bring your practice up to minimal standards. While I don't anticipate needing to do any of these things, it is in the interest of good supervision to be clear about our respective responsibilities.

Fee per clinical supervision session \$_____

By signing this document, I, the supervisee, agree I have read and understand the above policy & disclosure statement.

Print supervisee name

Supervisee credentials & license number

Supervisee signature

Date

Name _____

Work # _____ Cell # _____

Address _____ City _____ ZIP _____

Emergency Name & Relation to you _____

Phone: _____

Please list any other current supervisors you have; Their names, credentials, and contact information.

Supervisor signature, Credentials & License Number

Date

Supervisor Phone & Email