

Disclosure Statement for Clinical and Consulting Supervision
of Psychotherapists and Counselors
in Agencies and Private Practice

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I am pleased to have been selected as your clinical supervisor and look forward to a productive relationship. This professional disclosure statement is designed to acquaint you with my qualifications as a supervisor, to provide an overview of the supervision process, and to inform you of a number of administrative details.

I hold a master's degree in clinical social work from Arizona State University (1984). My professional biography is available at: http://www.psychod.com/?page_id=165. I am licensed in Arizona as a Licensed Clinical Social Worker (No. 0011).

I am certified as an approved clinical supervisor by the National Board of Certified Counselors (NCC), a private national counselor certifying agency. I offer "licensure-quality clinical supervision" (see: <http://www.psychod.com/licquality.pdf>), modeled after Arizona state laws regarding supervision that qualifies for state licensure of professional counselors, social workers, marriage and family and substance abuse counselors.

I have been a clinical supervisor since 1980 and have held a variety of such positions in public agencies and private practice. I have published in the psychotherapy and counseling field and attended a bi-monthly clinical supervision group since 1982.

My training in supervision includes direct experience, coursework and workshops attended since 1975. In addition, I have designed curricula and taught workshops and courses in clinical supervision. My method of clinical supervision is cited at: <http://psychod.com/ClinSupvPres.pdf>. My business has received Sponsorship Status as a provider of continuing education from the American Psychological Association.

I have been in a full-time private practice since 1982 in Tucson, AZ. The supervision portion of my practice includes individuals, groups, and the training of clinical supervisors. I supervise mental health professionals who treat adolescents and adults. I have received training in gestalt therapy, gestalt family therapy, bioenergetic analysis, ego psychology, short-term psychotherapy, and transpersonal psychotherapy.

I established myself as a generalist in mental health, working with a wide variety of mental disorders in individuals, couples, and groups since 1974. My areas of competence in psychotherapy include the treatment of depression, anxiety, substance abuse, and personality disorders. I am also a student of transpersonal psychology and have taught university-level coursework on the topic.

Clinical supervision is a process whereby one person is designated to facilitate the professional development and therapeutic competence of another person or persons. I have chosen to conduct my supervision using a model that employs three roles: teacher, psychotherapist, and consultant. Most often I use the teacher and consultant roles. The psychotherapist role is used at those times when the supervisee's thoughts or feelings are stimulated by the client to the point where they may interfere with the efficacious treatment of the client. Any intervention, however, will be limited to treatment-related issues, as ethically I cannot provide therapy for you as part of my supervision.

In addition to these roles, I will assist you to focus on the following skill and knowledge areas: therapeutic processes, personal awareness, conceptualizing, and administration. The process skills comprise psychotherapy techniques and other essential aspects of the interview process. Personal awareness refers the effort to be mindful of those aspects of your experience that relate to you as a person and the impact of these between you and your client. Conceptualizing focuses on how you think about, plan for, and analyze your cases. The administration function covers other aspects of psychotherapy from case notes to ethics, and licensure to business practices.

Evaluation is an important and integral part of the supervision process. Evaluation involves making judgments and providing feedback about the quality of work, need for improvement, and the observation of ethical boundaries. We will spend much of our time together focused on your work as a psychotherapist, and my feedback will be ongoing, emphasizing process and progress rather than outcome. At least once a year there will a formal, planned evaluation. This evaluation will be based on your goals and other mutually agreed upon criteria. The evaluation will be written and will become part of your administrative file.

I will provide you with the best supervision possible. Our relationship will be professional in nature and built upon mutual respect and trust. My supervision will be consistent with the ethical standards set forth by the National Association of Social Workers and the Arizona Board of Behavioral Health Examiners. Although the focus of supervision will be on you and your professional development as a psychotherapist, a primary concern will be client care.

I will keep a record of our sessions together. These records will be available to you to view at any time, and I will maintain them for seven years. I suggest that you also maintain your own records. As a supervisee, you are in control of the relationship and may end the supervision at any time, and I will be supportive of your decision.

If you are submitting these hours of clinical supervision for your professional license, you are responsible to keep track of the number of hours, how many you need of individual or group, the qualifications of your supervisors, etc. Be certain that I can document every hour of supervision that you submit. I too have to submit to the Board (in my continuing education materials) the number of hours that you complete.

You may request that I provide information to others, and I will do so after you have signed a release statement. If you have been mandated into clinical supervision by a licensing board action, you and I will discuss that board's reporting requirements and will

comply in a way that protects your client's confidentiality.

My fee is \$90 per individual supervision hour, \$75 per administrative hour and \$45 per group supervision hour. The fee is due at the beginning of each session. Cash or personal checks are acceptable for payment. I will provide you with a receipt for all fees paid at the end of each month. Please retain these with your records. If you are unable to keep an appointment, please notify me 24 hours in advance.

My regular hours are Monday thru Thursdays, 8am to 4pm. Supervision group happens from 11am to 1pm every other Tuesday. Appointments on other days may not be readily available. If you need to reach me please call (520) 519-8475 or email perk@psychod.com. If you are unable to reach me you may leave a message for me, and I will return your call as soon as possible. If you have an emergency and cannot reach me, my answering service will attempt to locate me, but I do not carry a beeper. Although I am unable to guarantee any specific results regarding your learning goals, we will work together to achieve the best possible results for you.

All information you share with me about your clients or yourself, including any records I may keep, will be kept confidential and will not be shared with others. There are several important exceptions that pertain to the release of confidential information. We are both required to break confidentiality under the following circumstances:

- Any threats to harm self or others
- Reasonable suspicion of the abuse of a child, elder, or an incapacitated person
- When ordered by the court or national security agency
- In defense against a legal action or formal complaint made before a court or regulatory board
- When you sign a request that I provide information to others

If at any time you are dissatisfied with my services, please let me know. It is important that we discuss your concerns in detail and attempt to resolve them. If I am unable to resolve your concerns, you may report your complaints to:

Arizona Board of Behavioral Health Examiners
3443 N Central Ave #1700
Phoenix, AZ 85012
(602) 542-1882

If you have any questions concerning what is contained in this statement or on other matters related to your supervision, please feel free to raise them at any time.

Please sign and date this form indicating that you understand and accept the policies cited in the above disclosure statement.

Print Name

Signature

Date