

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

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Thank you for considering me as your clinical supervisor. 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), in a private practice.

I am certified as an approved clinical supervisor by the National Board of Certified Counselors (NCC), and am on the Arizona supervisory registry. I am trained to 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.

My training in clinical supervision includes being supervised myself, creating coursework, and teaching workshops since 2004. The method of clinical supervision employed is: <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 a clinical supervisor since 1979 and have held a variety of such positions in public agencies and private practice. I have published on the topic (see: <http://www.psychod.com/laing2006.pdf>) and attend a bi-monthly clinical consultation group since 1982.

The supervision portion of my practice includes individuals, groups, and the training of clinical supervisors. I work with mental health professionals who treat adolescents and adults, and have received training in gestalt therapy, gestalt family therapy, bioenergetic analysis, ego psychology, short-term psychotherapy, cognitive-behavioral therapy, psychodynamic 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 specifically men's groups. 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 that topic:
<http://www.psychod.com/PSRSyllabus.pdf>

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 or behaviors are stimulated by the client and interfere with the efficacious treatment effort. Any comments, however, will be limited to specific case-related issues as ethically I cannot provide therapy for you as part of our effort.

In addition to these roles, I will assist you to focus on the following skill and knowledge areas: therapeutic processes, personal and interpersonal awareness, conceptualizing treatment, professional identity, and administrative skills. The process skills comprise psychotherapy techniques and other essential aspects of the interview with a client. Awareness skills refer to the effort to be mindful of those aspects of your experience that arise in you while being a therapist, and the impact of these between you and your client. Conceptualizing focuses on how you think, write, plan and analyze your cases. The administrative functions include treatment planning, case files, etc.

Evaluation is an important and integral part of the supervision process. Evaluation involves making judgments and providing feedback about the strengths in your work, the need for improvement, and the observation of therapeutic boundaries. My feedback will be ongoing, emphasizing evidence, process and progress. At least once a year there will be a formal, planned evaluation. This evaluation will be based on your goals and other mutually agreed upon criteria.

I will provide you with the best supervision I can muster. 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, the primary concern will be client care. I am unable to guarantee any specific results regarding your learning goals, but agree to work with you to achieve the best possible results.

I will keep a record of our sessions together in a format that the State law demands. 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 annual continuing education report) 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.

Fees: My fee is a sliding scale from \$120 to \$160 per 50 minute individual supervision hour, \$75 per administrative hour and \$60 per group supervision hour. The fee is due at the beginning of each session. Cash, checks, credit cards 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.

Cancellations: If cancelling an appointment, you are agreeing to reschedule in that same week or to still be charged the fee. No charge for being sick/out of town an entire week.

Frequency: Meetings are held on a weekly basis, one a week, until you inform me you wish to end the contracted meeting events.

Contact Information: My meeting hours are Monday thru Wednesdays, 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 please leave a message 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 cannot guarantee emergency availability.

Important Limitations of Confidentiality: 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 without your written permission. 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

- When you report to me any forms of "unprofessional conduct," as profiled in A. R. S. 32-3251(12): (Please do log on and read: I am required by law to report these to the Board, available [here](#))

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
1740 W Adams St Ste 3600
Phoenix AZ 85007
(602) 542-1882

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

Print Name

Signature

Date

Form created 11/08, modified 9/12, 3/18, 6/19; copied (with modifications) from: Fall, M. & Sutton, J. (2004). Clinical Supervision. New York: Pearson Education, p. 28-31.