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PROFESSIONAL DISCLOSURE STATEMENT: SUPERVISION Elizabeth H. Carr, M.A, LPC, NCC, ACS

### Email: ecarrlpc@gmail.com

Cell phone: (248) 939-3007

### **Qualifications**

Thank you for choosing me (Elizabeth Carr, M.A, LPC, NCC, ACS) as your clinical supervisor. In this role, I am responsible for the clinical supervision you receive as you work towards obtaining your Michigan licensure as a Licensed Professional Counselor. My purpose in presenting this disclosure statement to you is to acquaint you with some of my goals for supervision, to provide you with an overview of the supervision process, and to outline some of the conditions under which we both must operate.

Prior to addressing the points listed above, I would like to review my qualifications for conducting supervision with developing clinicians. I have the following degrees and certifications:

- M.A in Community Counseling, Argosy University 2012
- Licensed Professional Counselor (Texas LPC #69737)
- Licensed Professional Counselor (Michigan LPC #6401014557)
- National Certified Counselor (NCC #307826)
- Approved Clinical Supervisor (ACS #3471)

I have been a practicing LPC in both Texas and Michigan for over 10 years, in private practice, school and community mental health based environments. I adhere to the National Board for Certified Counselors (NBCC) Code of Ethics, the Texas State Board of

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Examiners of Professional Counselors Code of Ethics, and the Public Health Code, Public Act 368 of 1978 which was amended to create the Michigan Board of Counseling.

As an Approved Clinical Supervisor I adhere the ACS Code of Ethics. ACS Credential holders have the obligation to maintain high standards of integrity and conduct, act in a manner that protects the welfare and interests of both supervisees and the clients they serve, facilitate additional skill acquisition, promote supervisees development of ethical and legal decision-making skills and model quality service provision.

# **Clinical Background**

My direct client experience includes work with psychiatrically hospitalized adults suffering with several mental health disorders including bi-polar depression, and those recovering from attempts to die by suicide. Children and families; K-12 students in public/private school environments; academic struggles, LBGTQ+ issues, children designated as SED, children with ADHD, EFD and ODD. In private practice, I provide counseling for teenage through adult clients who suffer from anxiety disorders, depression, ADHD, relationship problems, parental struggles and other personal and family concerns.

My areas of expertise in direct client work and in providing supervision include:

- Mental Health issues (both general and severe psychological concerns)
- School Counseling
- Borderline Personality Disorder

- Chronic self-harming behaviors and suicidality
- Family Therapy
- Academic/educational counseling
- Childhood mental illness

# **Philosophy of Clinical Supervision**

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Clinical supervision has two basic goals: the development of the clinical skills of the clinician-in-training (supervisee) and the protection of the client. These are simultaneous goals during supervision. Most of the time, it will seem that primary attention is being paid to your developing skills. When this is so, it is because a judgment has been made that your client(s) is receiving safe and adequate services. When there is any question about the adequacy of the clinical services that your client(s) is receiving, supervision will become more active and, perhaps, more intrusive. In addition, if you are working with a university and/or site supervisor, they will be informed of the need to address any concerns regarding clinical services your client(s) is receiving.

My supervision draws from, cognitive-behavioral, and dialectical behaviorally informed models. As your supervisor, I will encourage you to consider your own thoughts, behaviors, and feelings as you conduct clinical sessions and interact with your clients. My supervision encompasses the roles of teacher, consultant, and counselor to assist you with your own development as a clinician. (Please note that I will not serve as your own personal therapist; rather, I will model therapeutic behaviors to assist you in your development as a clinician). The clinical supervision you will be offered will be individualized so that it matches your level of experience and your therapeutic abilities. The supervision you receive will include discussions about cultural context (your own, the supervisor's and the client's) and how those affect the clinical and supervisory relationships of which you are a part.

Although there may be times when I appear to be in a therapeutic role, it is important for you to understand that this is only to help you understand any personal reactions you may be having that are diminishing your positive effect as a clinician. The resolution of personal difficulties cannot be attained through supervision. I will make appropriate referrals for you to consider should it appear that you would benefit from addressing personal concerns within the context of individual therapy for yourself. It is not unusual for clinicians-in-

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training to seek personal therapy while working toward a degree or while developing their skills post-degree.

#### **Supervision Specifics**

Unless agreed to otherwise, our supervision sessions will be for one hour once a week at a mutually agreed upon time. Supervision will be based on one of the following forms of observation or a combination of the following forms: direct/live observation; co-therapy; audio or video recordings; and/or live supervision. Written materials and self-reports by the supervisee may supplement the supervision process but shall not be the sole basis of any supervision session. We agree to the fee of ninety dollars (\$90) for each sixty (60) minute supervision session and/or seventy dollars (\$70) for each group supervision session. Please note: This fee includes the time I spend between our supervision sessions reviewing your tapes and noting feedback to share with you during supervision, maintaining and submitting paperwork, visiting your site, and/or consulting with you between supervision sessions should there be a need to do so. If you wish to cancel or re-schedule your supervision session, a 24-hour notice must be given (for both individual and group supervision); otherwise, the supervisee will be charged the full amount for the scheduled supervision meeting. Payment for supervision is accepted via invoice electronically, cash, check or PayPal. If a check is returned due to insufficient funds, there is a \$25 fee in addition to the supervision payment to be paid in cash within two weeks from the time bank notification of insufficient funds was received.

#### **Evaluation and Feedback**

I will provide you with verbal and/or written feedback regarding my observations of your clinical work (i.e., live observation, audiotapes, videotapes, etc.). Given the fact you are in supervision, that you may be fulfilling practicum and/or internship requirements through a university program, and/or I have to report your progress to the State Board of Michigan;

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LARA. I cannot guarantee confidentiality of information gained in supervision if it is relevant to your overall progress towards licensure as a professional clinician. I can, however, commit to honoring and respecting all information I receive in supervision about you and/or your clients and keeping all information confidential to the degree possible. Occasionally there are situations that occur that make confidentiality impossible. These include:

- any threats to harm self or others
- reasonable suspicion of abuse of a child or other vulnerable person; and
- when ordered by the court. Confidentiality may also be broken in one's defense against a legal action before a court.

Please feel free to call my cell phone whenever you have any concern about a client. My cell phone number is **248-939-3007**. You may also use my cell phone number for regular communications as well as my e-mail at **ecarrlpc@gmail.com** In case of an emergency, when I am out of town, you will be advised regarding a contact person in my absence.

# **Complaints/Grievances**

Although it is rare, occasionally a supervisee feels she or he has not received adequate supervision or a fair evaluation. If this should occur, your first step is to attempt to resolve the issue with me. If you remain dissatisfied, you may report your concerns to the:

National Board for Certified Counselors, NBCC 3 Terrace Way Greensboro, North Carolina 27403-3660;

Michigan Department of Licensing and Regulatory Affairs P.O Box 30004 Lansing, MI 48909;

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Texas State Board of Examiners of Professional Counselors Mail Code 1982 P.O Box 149347 Austin, Texas 78714

Should you feel that I have violated an ethical standard, you may also contact the governing boards above in addition to The Center for Credentialing & Education at 3 Terrace Way Greensboro, NC 27403. All such correspondence should be marked ATTN: ETHICS.

Although the process of supervision may appear overwhelming or intimidating at times, please be assured that I consider this a very exciting time in your professional development as a clinician and am privileged to be a part of this process with you. I look forward to working with you and to celebrating your progress as you take the next step in your goal of entering a noble and rewarding profession.