

### **Professional Disclosure Statement for Clinical Supervision / Consultation**

Thank you for choosing me as your clinical supervisor. This document explains my qualifications to provide clinical supervision, my view of supervision, and how I conduct supervision sessions. Please read it closely and ask me if you have questions or need further clarification. Please also see my [Clinical Supervision Agreement Form](#) which specifies individual arrangements for clinical supervision.

#### **Education and credentials:**

My advanced degrees are a Master of Science degree in Counseling Psychology earned in 1995 from Gannon University and a Doctor of Philosophy degree in Psychology earned in 2009 from Northcentral University. I am a National Certified Counselor (#39107) and hold licensure in the state of North Carolina as a Licensed Clinical Mental Health Counselor Supervisor (#S3868). In addition, I am a Registered Play Therapist/Supervisor (#T-1354).

I have been self-employed in private practice since 2001. My primary practice is the assessment and treatment of children and adolescents, birth through age 19, with mental health disorders. I offer clinical assessment and screenings for children, individual and group counseling services for children, family counseling, and parenting education and training. I specialize in treating adopted children with trauma-related conditions, including child maltreatment, posttraumatic stress disorder, reactive attachment disorder, and disinhibited social engagement disorder. In addition to working with children, I assess and counsel adults dealing with adjustment difficulties, mood and anxiety issues, and adult survivors of trauma or abuse. Within the community I provide presentations and trainings for organizations and agencies servicing adopted children and children who have mental health issues.

I utilize a variety of methods in the counseling process choosing techniques based on the assessment results of each client, the presenting issues, and the client's cultural background. With young children I use developmentally-based play therapies to assist children with self-expression, developing self-awareness, and problem resolution. With older children and adolescents I often utilize cognitive-behavioral approaches and trauma informed modalities. Additionally, my work with children involves parenting education and support and family therapy when there are stressors within the family system. My approach to working with adults typically involves client-centered, psychodynamic, and cognitive-behavioral modalities.

My work as a clinical supervisor includes working with those seeking counselor licensure in the state of North Carolina, those seeking certification as a Registered Play Therapist, those seeking supervision as required by a graduate internship or practicum, and those seeking peer consultation to collaborate on cases. My qualifications to provide clinical supervision include initially earning 52 hours of continuing education in supervision. As required by licensure I continue to accrue training in supervision at a rate of 20 hours of supervisory training every two years.

Please visit my website for more information about my practice. There you will find my curriculum vita which further details my professional training and experience.

#### **View of supervision:**

Simply stated I view clinical supervision as the process required for you to develop the skills necessary to become a competent clinician and to protect your clients during this learning period.

There are a multitude of theoretical orientations regarding clinical supervision. I view clinical supervision as a developmental and competency based process — particularly with counselors at the beginning of their careers — in which supervisees gain increasing competence throughout the process of supervision. Goals typically include the following:

- Develop competence in standard mental health assessment and treatment techniques
- Develop ability to conceptualize cases (i.e. synthesizing all client data into a unified treatment plan)

- Develop a solid understanding of theoretical orientations and match orientation to counseling practice
- Recognize and respond appropriately to multicultural issues and ethical issues
- Develop a good sense of counselor self-awareness (e.g., identifying professional strengths and weaknesses, identifying and responding to countertransference issues)

### **Evaluation process:**

When setting initial goals in supervision with supervisees I often refer to the Therapist Evaluation Checklist by Hall-Marley. With assistance from this form we will establish agreed upon goals for supervision. Progress is reviewed at each supervisory session. I also write brief session notes after each supervisory session, and I may provide a formal written evaluation for you when supervision is finished.

### **Confidentiality:**

There are a few limits to confidentiality in the supervisor-supervisee relationship. As your supervisor I am liable for the care you provide to your clients; therefore, confidentiality may not be maintained if I believe you have placed a client at risk of serious harm. Confidentiality may also not be maintained if you report to me that a client has placed him/herself at serious risk (e.g., suicidal or homicidal ideation, client plans to do lethal harm to another identified person).

If you are involved in small group supervision sessions, you can be assured that I will not share your information with others. However, I cannot guarantee that other supervisees will do the same (although all supervisees in group supervision will be required to sign a confidentiality agreement and will be in breach of this agreement should they break confidentiality).

Finally, confidentiality limits exits regarding my relationship with the North Carolina Board of Licensed Professional Counselors (if the purpose of supervision is to become a Licensed Professional Counselor) or the Play Therapy Association (if the purpose of supervision is to become a Registered Play Therapist). I am required by these associations to provide feedback regarding your clinical skills.

### **Our responsibilities:**

The supervisory relationship is a two-way process in which we both have responsibilities to one another as explained below.

#### **My Responsibilities as Supervisor**

- Develop and maintain a confidential supervision file for you that includes our supervision contract, session notes, and other data related to supervision.
- Communicate openly and respectfully to you during supervision, focusing on your professional development and providing feedback regarding the services you provide to your clients.
- Ensure that ethical guidelines and legal statutes are followed and intervene should I feel that a client's welfare is at risk.
- Be respectful of and address diversity differences in our relationship as well as your relationship with clients.
- Be available for you during client-related emergencies. If I am unavailable for an extended period of time (e.g., vacation) the name and telephone number of a colleague will be provided for needed assistance.
- Maintain good standing with the NCBLPC and remain clinically competent in clinical supervision.
- Maintain adequate malpractice insurance.

#### **Your Responsibilities as Supervisee**

- Understand the supervisory and training requirements of LPC licensure and/or play therapy certification. I will assist you with this, but ultimately it is your responsibility to be sure you understand how many hours of supervision you need, the specific training required, etc.

- Be prepared to discuss all client cases using clinical notes and direct work samples.
- Attend all supervisory sessions and provide me the courtesy of 24 hour notice for cancellations.
- Adhere to the ACA code of ethics and legal statutes related to counseling, as well as the requirements of your employment.
- Maintain individual malpractice insurance with minimum limits of 1 million/3 million aggregate and provide a copy of this to me.
- Be willing to explore and reflect upon your values and beliefs as they impact counseling relationships with clients.
- Understand that supervision is not psychotherapy. Personal psychotherapy may be warranted if personal issues are preventing you from being able to competently provide services to clients.
- Inform all clients that you are currently receiving clinical supervision with me.
- Have a crisis plan in place at your work site for clients should an emergency arise, and provide a copy of this plan to me.
- Share complete information with me about your clinical work with clients. It is important for you to understand that as your supervisor, I bear liability for all that you do with all of your clients during our supervisory period.

**Scheduling/Supervision site:**

I will do my best to negotiate a routine schedule with you that works for both of us. This typically includes meeting at the same day and time each week for one hour at my Raleigh office.

**Fees:**

My fees for supervision are \$150 per hour for individual supervision and \$80 for small group supervision, which includes 2-3 supervisees. I accept cash and checks as payment.

**Emergency contact:**

I may be reached in the following ways should an emergency arise:

Work: 919-784-0205, ext 1                      Cell: 919-946-7609

E-mail: [zuckphd@gmail.com](mailto:zuckphd@gmail.com). Please be mindful that e-mail is not a secure means of communication; therefore, please do not use identifying information about a client in e-mail.

**Concerns:**

It is my sincere hope that we will develop an open and trusting relationship and that you will feel comfortable expressing any concerns or grievances you have about the supervisory process. If you have an issue and we cannot resolve the issue to your satisfaction you may express your concerns to the North Carolina Board of Clinical Mental Health Counselors at: P.O. Box 77819, Greensboro, N.C. 27417. Phone number (844) 622-3572.

Thank you for your consideration. Please acknowledge your acceptance of these policies and procedures by signing and dating below.

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Supervisee

\_\_\_\_\_

Date

Print Name: \_\_\_\_\_

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Supervisor

Greta Zuck, PhD, LCMHCS, NCC, RPT-S

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Date