**Supervision Professional Disclosure Statement**

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**INTRODUCTION:**

The purpose of this form is to acquaint you with your clinical supervisor, to describe the supervision process, to involve you in structuring your supervision experience, and to give you the opportunity to ask any questions you may have regarding supervision. (Adapted from Bernard & Goodyear, 2004 & McCarthy et al., 1995)

**PROFESSIONAL TRAINING AND EXPERIENCE:**

2019- Current: PhD candidate in Counselor Education and Supervisionthrough Walden University, (CACREP accredited).   
2014- MA in Biblical Studies, Reformed Theological Seminary, Jackson, MS  
2012- MA in Marriage and Family Therapy, Reformed Theological Seminary, Jackson, MS.   
2003- BS in Early Childhood Education from Ouachita Baptist University, Arkadelphia, AR

Licensed Professional Counselor (LPC)   
Licensed Marriage and Family Therapist (LMFT)   
Certified Sexual Addictions Therapist (CSAT)  
Certified EMDR Therapist

American Counseling Association (ACA)  
Association for Counselor Education and Supervision (ACES)

**PROFESSIONAL DISCLOSURE**:

As the clinical director, I am responsible for the individual and group supervision you receive this semester as well as for the overall practicum course. I’d like to review my qualifications for conducting supervision. Supervision was a focus of my doctoral work, and I have experience supervising graduate levels students. I have specialized training in addiction, trauma, and relational issues, as well as over 10,000 hours of face to face counseling, which has given me a vast amount of experiences for a whole host of issues which often come up with clients. I adhere to the APA and ACA Code of Ethics and to the ACA and ACS Ethical Code for Supervisors. In my doctoral work, I had two years of formal training as a clinical supervisor, specifically, one course in clinical supervision that included supervised supervisor practica. The training I received at Walden University placed a heavy emphasis on multicultural and diversity issues.

**PRACTICAL CONCERNS**: The schedule for supervision will be given to you at the beginning of each semester. Attendance at all sessions is mandatory. In the event that you are unable to attend a session, contact me in advance. You are also required to develop specific learning goals, including competencies, skills, and knowledge you wish to develop, special developmental activities you wish to accomplish, and an anticipated timeline. Should you need to speak with me between sessions, please contact me via my office phone or via e-mail. Remember that in the event of a client emergency, you are to contact the clinical supervisor of the day as well as me.

**SUPERVISION PROCESS**: Clinical supervision has two goals*: the professional development and welfare of the supervisee (therapist-in-training), and the welfare of the client.* These are always operating simultaneously when clinical supervision is occurring. Most of the time, it will seem that primary attention is being paid to your developing competencies and skills. When this is so, it is because a judgment has been made that your client(s) are receiving adequate clinical services. When there is any question about the adequacy of the counseling/therapy that your client(s) is receiving, supervision will become more active and, perhaps, more intrusive.

More specifically, the broad goals of clinical supervision include (a) development of diagnostic and case conceptualization skills in a multicultural context, (b) development of the ability to translate theory and research into practice, (c) enhancement and refinement of interviewing, testing, assessment, consulting, administrative, and therapeutic techniques (within session behavior), (d) understanding of relationship and process issues and their emotional components in the supervisory and clinical contexts, especially from a diversity perspective, and (e) personal and professional development.

Supervision is an interactive process intended to monitor the quality of client care, improve your clinical and administrative competence and skills, and facilitate your professional and personal growth. As your supervisor, I will draw from different clinical supervision models. I will adopt different roles, as needed - teacher, consultant, counselor, and evaluator. I will discuss these roles during our first session. You will be encouraged to consider your thoughts, your behaviors, and your feelings as you conduct therapy/counseling sessions. The supervision you receive will include discussions about cultural context (your own, the supervisor’s, and the client’s) and how these affect the counseling relationships of which you are a part. The supervision you receive will be sensitive to your personal goals for yourself as a therapist/counselor and will be consistent with how you conceptualize therapy and client issues theoretically. You can expect to receive timely verbal and written feedback on your clinical interventions and to have a supportive environment in which to explore client-related concerns and to promote your professional development. You will be expected to participate actively in the supervision process, to arrive on time and prepared for each session, and to complete all required written work in a timely manner.

Possible benefits of supervision to you include improvement of your clinical conceptualization and intervention skills and an increased sense of professional identity. Possible risks to you include discomfort arising from challenges to your therapeutic knowledge, abilities, and/or skills. A typical session will include an oral case presentation supported by audio- or video- recorded therapy segments highlighting any issue(s) that you wish to discuss. Brief written case notes will also be reviewed. You will have the opportunity to ask questions, explore alternative interventions, address diversity and ethical concerns, and receive feedback and suggestions on your therapeutic interventions. Specific guidelines for oral and written requirements will follow at a later date.

Because therapy/counseling is an immensely personal and emotional experience for both client and therapist, you can expect to be challenged personally throughout your practicum experience. You are likely to find yourself questioning aspects of your own personality as well as re-interpreting your past experiences as a child and as an adult. You may also find the process of beginning to identify yourself as a professional psychologist/counselor to be quite disturbing, and this process may have ramifications in your personal and family relationships. These issues are normal and expectable. As such, they are appropriate topics for discussion in supervision.

As one example, you may find that you have difficulty allowing a client to express strong emotions (e.g., anger, pain, tears) or in confronting a client. (This is common!) The extent to which such a walling-off of feeling is characteristic of you or is due to experiencing a personal crisis in your own life may become part of our dialog in supervision. While these discussions may have secondary therapeutic benefits for you, the goal is not counseling or psychotherapy. In other words, while we may explore your conflicts in supervision as they relate to your work with clients, the ultimate goal is not to modify your personality. The goal is, rather, to identify specific personal barriers that impede your work with culturally diverse clients, that impede your participation in individual or group supervision, or that impede your professional development. It is your task to address and remedy the barriers and problems we identity. The resolution of personal difficulties cannot be attained through supervision (i.e., supervision is not personal counseling/therapy).

Such dialog is, of course, confidential **IF** it is not relevant to your overall progress in the doctoral program. Evaluation of your clinical skills and professionalism is not confidential. I will not share anything I have not discussed first with you, unless it is an emergency situation. I will not evaluate you based on any feelings, weaknesses, or inadequacies you discuss in supervision (unless they negatively impact the client or are a threat to client or colleague welfare). I will, however, expect you to be willing to explore personal reactions to clients and to supervision and to be open to considering your own personal contribution to the therapeutic context. Although these are often difficult to share, I expect you to disclose and talk about your feelings and reactions (a) to the client and to therapy, and (b) to me and to supervision (e.g., feeling anger, rage, shame, guilt, fear/scared, unsafe, hurt/wounded, resentment, lost, overwhelmed, etc.; sexual attraction; mistakes, missing something important; and so forth).

**EVALUATION AND DUE PROCESS**: As your supervisor, I will provide you with ongoing written and verbal feedback throughout the semester. I will conduct a formal written evaluation and complete the evaluation form for you at the end of the semester. Evaluation criteria include, but are not limited to, oral and written case reports, your professional attitude and professionalism, interactions with the supervisor, colleagues and staff, ability to give and receive supervision, review of therapy sessions (via audio or video recordings or direct observation), and the degree to which you accomplish the goals set forth in the course syllabus. Please refer to the syllabus for clarification. I solicit from you ongoing evaluation of my supervision with you and a formal evaluation of my supervision at the end of the semester. If at any time you are dissatisfied with your supervision or the evaluation process, please discuss this with me. If we are unable to resolve your concerns, please refer to the grievance process as outlined in the Doctoral Student Handbook. Also please see the attached *Supervisee Rights and Responsibilities* and description of typical supervision experiences.

**LEGAL/ETHICAL ISSUES**: Because it is inappropriate to provide personal counseling or therapy for you in supervision, you are strongly encouraged to seek counseling/therapy if any personal concerns arise in your clinical work or in supervision. It is not unusual for a student to seek personal counseling while working toward a counseling psychologist degree. In general, I am committed to honoring and respecting all information I receive in supervision about you and your clients and keeping all such information confidential to the degree possible. However, I cannot guarantee that the information gained from our sessions will be confidential. Evaluation of your competencies, skills, and professionalism is not confidential and will be shared as necessary with members of the faculty in the Reformed Theological Seminary Master of Arts in Counseling. Limits to confidentiality include, but are not limited to, treatment of a client or colleague that violates the legal or ethical standards set forth by government agencies and professional associations.

Although it is rare, occasionally a student does not feel that he or she has 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, this practicum course is protected by the same appeal procedure as any other course as is outlined in the MAC program guidelines.

Please note that despite the formality of this document the practicum will be relaxed with an emphasis on individualized learning. The intent is to provide an opportunity to share cases and experiences and to learn from one another, for example in group supervision. 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 profession.

**CONSENT TO AUDIO-VIDEO RECORDING**: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , consent to having the clinical services I provide videotaped or otherwise recorded or observed (e.g., via one-way mirror or audio-video monitors). Such recordings may produce visual images of my therapy/counseling sessions with or without sound, or it may produce sound recordings alone. I understand that my face or voice, or both, may be recognizable in these recordings. The primary purpose of these recordings is to develop my clinical and professional skills. I understand that all tapes and recordings will be erased no later than at the conclusion of the practicum.

I consent also to the use of such recordings, whether video or audio, for the purposes of consultation and supervision, as well as the use of recordings for supervision with Branden Henry.

I hereby release Reformed Theological Seminary from liability for the making of the above recordings and for their use as described above. I understand that no other use will be made of the recordings without my further consent.

**STATEMENT OF AGREEMENT**: I have read and understand the information contained in this document, the course syllabus, and the attached *Supervisee Rights and Responsibilities*.

This authorization is in effect for the duration of my tenure as a student in one of the [*insert department* -- Division of Counseling Psychology] graduate training programs.

Supervisee Signature Date

Supervisor Signature Date

Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision*, (3rd ed., pp. 308-309). Boston: Pearson Allyn & Bacon.

McCarthy, P., Sugden, S., Koker, M., Lamendola, F., Maurer, S., & Renninger, S. (1995). A practical guide to informed consent in clinical supervision. *Counselor Education and Supervision, 35*, 130-138

**Supervisee Rights and Responsibilities**

(adapted from Ellis, Chapin, Dennin, & Anderson-Hanley, 1996; and Giordano, Altekruse, & Kern, 2000)

The purpose of the Supervisee Rights and Responsibilities is to inform you of your rights and responsibilities in the clinical supervision process. The intent is for you to make the most of the clinical supervision experience.

***Supervisee Bill of Rights***

**As a supervisee, you have the right to…**

***Be supervised***

•Have your supervisor invested in committed to supervision and your professional development

•Meet with your supervisor face-to-face on a regular basis (minimum of 1 hour per week)

•Meet with the supervisor in a professional environment that insures appropriate confidentiality

•Be informed of an alternative supervisor who will be available in case of crisis situations or known absences

***Know the expectations, goals, and objectives of supervision***

•Be provided information regarding expectations, goals, responsibilities, and roles of the supervisory process

•Be informed of the supervisor’s expectations of the supervisory relationship

•Discuss the supervisor’s expectations regarding the structure and/or the nature of supervision sessions

•Be informed of the supervisor’s expectations regarding preparation for supervision sessions

•Receive the supervisor’s help in identifying and attaining your professional development and growth

•Work with a supervisor who is responsive to your theoretical orientation, identity status(es), and developmental needs

•Be informed of the supervisor’s clinical and supervision theoretical orientation and how the theoretical orientations may influence the supervision process

***Feedback and evaluation***

•Be provided with the criteria for evaluation

•Receive accurate and timely feedback on your professional performance and observed clinical work

•Routinely receive verbal feedback and periodic formal written feedback (evaluation)

•Request additional written feedback, written evaluation, or review-critique of a full session

***Be respected and treated as an individual***

•Ask respectfully for what you want and need

•Be treated with respect and dignity

•Be recognized as an individual

•Be treated with respect and sensitivity to culture, race, and diversity identities

•Discuss openly the influence of race, ethnicity, gender, sexual identity, religion, age, social class, and such on clinical work and supervision

***Address and resolve conflicts***

•Discuss problems and issues you have with your supervisor or supervision

•Disagree respectfully with your supervisor

•Appeal unsatisfactory evaluations

•Due process

***Be treated ethically***

•Not be harmed, exploited, or abused by your supervisor or colleagues

•Be free from sexual or other harassment from your supervisor or colleagues

•Be free from being counseled in issues irrelevant to your work with clients or your professional development

•Be free of other exploitative relationships with your supervisor

•Expect the supervisor to consult with his or her peers regarding supervisory concerns and issues

•To solicit advisement, counseling or legal action, whether inside or outside of my training program, in the event that I am unable to resolve a harmful experience with my supervisor

***Supervisee Responsibilities: What is expected of me?***

To read and comply with the *Supervisee Informed Consent* and *the* *Supervisee Rights and Responsibilities*

To provide written informed consent at the outset of treatment and to explain verbally the limits of confidentially, my status as a trainee under your supervision, and that therapy/counseling sessions will be recorded (audio- visual taping) and observed

To be familiar with and adhere to accepted ethical professional standards (e.g., APA and ACA Ethics Code) and legal requirements

To be familiar and act in accordance with all agency policies and procedures (e.g., case notes and charts done in a timely manner)

To determine areas for professional growth and development and further training experiences

To identify and discuss therapeutic skills that I would like to develop further discuss with the supervisor my expectations of supervision and the supervisory relationship.

To discuss how I will resolve and address conflicts with my supervisor in the event that relationship concerns exist, I will recognize the mutual commitment I have with my supervisor to discuss concerns and work towards resolving differences.

To discuss how I want the supervisor to help increase my awareness of my personal reactions to client(s)

To describe how I would like to increase my awareness of personal cultural assumptions and ability to work with clients from diverse cultures, identities, or values.

To develop and utilize one or more theoretical orientation(s) for conceptualizing and guiding work with clients

To review and critique my clinical sessions and audio-video- recordings on a weekly basis

To prepare for supervisory meetings (e.g., identify what I need most is supervision, have client files up do date and ready to present in supervision, clinical session - recordings queued to review in supervision)

To be open and honest with my supervisor

To be challenged to justify my client case conceptualizations and in-session behaviors (e.g., intentions, emotional reactions, approach, and techniques used in counseling)

To recognize my personal cultural assumptions, values, and biases and strive to not impose them on clients

To discuss with the supervisor how my personal cultural assumptions, values, and biases influence my interactions with the clinical process and individual concerns of each client

To develop a plan to increase my awareness and knowledge of cultural assumptions, values, and biases of clients from diverse cultures, identities, and value systems

To implement supervisory suggestions and directives in subsequent clinical sessions

To provide regular feedback to the supervisor about the supervisory process oTo discusses termination of the supervisory relationship

To consent to remedial assistance as recommended by my supervisor in a timely manner if he/she becomes aware of personal issues or professional competency problems that impede my professional performance

To inform my supervisor immediately if potential for legal action is presented (e.g., Court subpoena, mandated reporting)

To inform my supervisor immediately of significant client welfare issues that may be presented (e.g., potential for harm to self and others, trauma, decompensation) and of significant changes in clients’ status (e.g., hospitalization, removal from home, arrest, detoxification)

***What overall experiences are typical in supervision?***

¬ You can expect that your supervisor will sometimes not know what you need or want and that you may have to tell her or him. It's OK for you to do that! In addition, you can't get everything from one supervisor – get the most that you can, and remember that you are likely to have a number of supervisors throughout your career.

¬ You can expect to experience self-doubt, anxiety, self-questioning, and some concern about your performance and adequacy.

¬ You can expect to work with supervisors whose theoretical orientations are quite different than your own. There are a number of ways to deal with this: a) Identify their strengths and learn those skills that they are especially

competent at. b) Think about how their point of view may inform your own. How can you integrate apparently divergent material from your different perspectives? c) Consider what the supervisor has to offer you that you can integrate into your approach or way of thinking. d) Ask yourself if/how their perspective calls into question some of your cherished beliefs, and if those beliefs can withstand this scrutiny or if they need to be changed. This process, of course, can be very stressful because you are being stretched. But that’s exactly what may be needed to stimulate new growth in your understanding and application of counseling.

¬ In some settings, and perhaps in most settings, you can expect that your supervisor may not have as much time to spend with you as you might like. To the extent that you can, identify in advance what you need from your supervisor to facilitate the supervision process. In addition, you may find that you need to seek out other support. This may come from classmates and peers, from other supervisors at the site (where applicable), from peer supervision groups that you may join or initiate, or from outside supervision that you purchase yourself.

¬ You can expect to grow the most when you present your most challenging, difficult cases, especially when you take the risk to present the segments of audio-visual- recordings where things went badly or when you got stuck (i.e., the segments that are most difficult to view). It is equally important to present segments of recorded sessions where you did something exceptionally well.

¬ It is common for you to not want to disclose or discuss feelings and reactions to clients and therapy as well as feelings and reactions to the supervisor and supervision (e.g., sexual attraction; feelings of anger, shame, fear/scared, unsafe, distrust, resentment, guilt; mistakes, missing something important; your personal issues, biases, and values affecting therapy or supervision; and so forth). It is essential to do so. These are often indicators of important issues playing out in the therapeutic or supervisory relationship, and the greatest opportunities for growth and professional development.

¬ You can expect your growth to be discontinuous. At times, you may feel you've reached a plateau, where minimal growth seems to be occurring. At other times, you will feel yourself being stressed and stretched as new issues emerge for you and as you grow personally and professionally. Supervision can be wonderfully helpful as you struggle with new issues.

¬ It takes a long time (years) to acquire these skills. Trust yourself - trust the process.

Ellis, M. V., Chapin, J., Dennin, M., & Anderson-Hanley, C. (1996, August). *Role induction for clinical supervision: Impact on neophyte supervisees*. Paper presented at the meeting of the American Psychological Association, Toronto, Canada.

Giordano, M. A., Altekruse, M. K., & Kern, C. W. (2000). In J. M. Bernard & R.

K. Goodyear, 2004, *Fundamentals of clinical supervision* (3rd ed.) (pp. 310-315). Boston: Pearson Allyn & Bacon.

**The supervisor**

¬ Has the proper credentials as defined by the supervisor’s discipline or profession;

¬ Has the appropriate knowledge of and skills for clinical supervision and an awareness of his or her limitations;

¬Obtains informed consent for supervision or uses a supervision contract;

¬ Provides a minimum of one hour of face-to-face individual supervision per week;

¬Observes, reviews, or monitors supervisee’s therapy/counseling sessions (or parts thereof)

¬ Provides evaluative feedback to the supervisee that is fair, respectful, honest, ongoing, and formal;

¬ Promotes and is invested in the supervisee’s welfare, professional growth and development;

¬ Is attentive to multicultural and diversity issues in supervision and in therapy/counseling;

¬Maintains supervisee confidentiality (as appropriate);

¬ Is aware of and attentive to the power differential (and boundaries) between the supervisee and supervisor and its effects on the supervisory relationship; and

¬Serves as a gatekeeper to the profession.

**Inadequate and Harmful Supervision**

In Ellis et al.’s (2014) framework, inadequate clinical supervision subsumes harmful clinical supervision. That is, all harmful supervision is by definition inadequate supervision. Both inadequate and harmful supervision can occur in individual or group clinical supervision or supervisor supervision, and with one or more supervisors.

Inadequate clinical supervision occurs when the supervisor is unable or unwilling to provide the minimal level of supervisory care as established by his or her discipline or profession, or by law, or by failure to meet the minimally adequate supervision criteria; or behaves unethically (Ellis et al., 2014). Usually, inadequate supervision refers to an ongoing supervisory situation or relationship; however, it may encompass one truly inadequate supervision session or incident.

Ellis et al. (2014) defined harmful clinical supervision as supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee. The two essential components of harmful supervision are: (a) that the supervisee was genuinely harmed in some way by the supervisor’s behaviors, or (b) the supervisor’s behavior is known to cause harm, even though the supervisee may not identify the behaviors as harmful. Thus, harmful supervision may result from the supervisor acting inappropriately or with malice, or from supervisor negligence. Harmful supervision behaviors may harm clients as well. Harmful supervision can consist of one or more incidents, or can be an ongoing supervisory situation.

Harmful supervision should be distinguished from those instances where a supervisee struggled with painful issues in supervision, or when a supervisor gave painful-to-hear, emotionally upsetting feedback about the supervisee’s professional inadequacies that was necessary for the supervisee’s professional growth. We are attempting to differentiate between the supervisor’s behaviors that focused on the supervisee’s professional growth and development – and respectful of the supervisee’s boundaries – within

the context of a positive supervisory relationship from those instances where the supervisee’s best interests were not primary Ellis et al., 2014). A potentially harmful impasse between the supervisee and supervisor that is successfully resolved in supervision would not be considered harmful supervision.

Ellis, M. V., Berger, L., Hanus, A. E., Ayala, E. E., Swords, B. A., & Siembor, M. (2014). Inadequate and harmful clinical supervision: Testing a revised framework and assessing occurrence. *The Counseling Psychologist, 42*, 434-472. doi: 10.1177/0011000013508656