

Supervision Professional Disclosure Statement

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Thank you for selecting me as your clinical supervisor. In this role, I am responsible for the clinical supervision you receive as you work towards acquiring your licensure as a (*marriage and family therapist, or professional counselor, or clinical social worker*). My objective in giving this disclosure statement to you is to familiarize you with my goals for supervision, provide you with an overview of the supervision process, and to outline some of the conditions under which we both must operate.

First, I would like to share my credentials for conducting supervision with developing clinicians. My qualifications are listed below:

- Master's Degree in Mental Health Counseling, Monmouth University, August 2015.
- Licensed Professional Counselor (LPC #37PC00706800) obtained in January 2020.
- National Certified Counselor (NCC # 683261) obtained in February 2016.
- 45-hour training course on clinical supervision from Advanced Counselor Training, obtained July 2022

My direct client experience includes work with teenage girls ages 12-17 in a residential treatment facility (PCH level of care) providing individual, group and family therapy. During the four years I worked at the residential treatment facility (PCH), I supervised multiple interns from various schools. I have also worked with high school students ages 14-18 experiencing academic and personal issues; and in my private practice I work with clients experiencing depression, relationship problems, anxiety, and other personal and family concerns. In my clinical career I have worked with children, adolescents, and adults and have experience with parent-child relational problems, academic failure, problematic social media use, relationship issues, and lesbian, gay, bisexual, transgender, and questioning issues.

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

- Family therapy
- Anxiety
- Relationships/couples
- Self-esteem
- Depression

As your supervisor, "I adhere to the CCE Approved Clinical Supervisor (ACS) Code of Ethics." I also follow the ACA Code of Ethics and the NBCC's Code of Ethics.

There are two simple goals for Clinical supervision 1) the development of the clinical skills of the clinician-in-training (supervisee) and 2) the protection of the client. These goals coincide with each other

during supervision. Majority of the time, it will appear as though the primary focus is given to your developing skills. However, this would only be the case when/if it is determined that your client(s) is receiving safe and adequate services. If 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.

There are a multitude of theoretical orientations regarding clinical supervision. I utilize person-centered theoretical model and integrated developmental model. The person-centered model focuses on the personal and professional development of the supervisee. The developmental model focuses on the fact that supervisees need different teaching approaches to be used by their supervisors, based on their characteristics of their development. As your supervisor, I will encourage you to consider your thoughts, your behaviors and your 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. In the teacher role, I will provide direction and education. In the counselor role, I will use counseling skills to motivate, and model behaviors for you or facilitate your exploration of personal responses and feelings. In the consultant role, I will collaboratively problem-solve client problems via brainstorming. As your supervisor, I will help you achieve the following goals:

- 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)

In order to achieve these goals, we will utilize different modalities such as: case review, and live orientation.

During supervision, we will mutually agree upon goals based on the following competencies: 1) intervention skills competence (ability to carry out specific interventions); 2) assessment techniques and client conceptualization (assessing the client's diagnosis, level of care necessity, etc.); 3) assessing a client's interpersonal skills; 4) utilization/understanding of individual differences as it relates to the client, yourself, the agency, community, etc.; 5) utilization of theoretical orientation; 6) treatment planning and other record keeping; 7) case management and referral abilities; 7) discharge planning; and 8) professional ethics and understanding legal standards of care. I will utilize various evaluation tools such as: mutual discussion of strengths and weaknesses over time, self-assessment tools, University provided therapist evaluations, and Therapist Evaluation Checklist – by Hall-Marley. You will be provided with verbal and/or written feedback regarding my observations of your clinical work. I will keep brief session notes and provide written evaluations for you when supervision is finished or as needed.

Our supervision sessions will be for fifty (45) minutes once a week at an agreed upon time, unless other arrangements are made. 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 will not be the sole basis of any supervision session. We agree to the fee of \$50 for each fifty (45) minute supervision session and/or \$20 for each group supervision session. If you need to cancel or re-schedule your supervision session, a 24-hour notice must be given (for both individual and group supervision); otherwise, the supervisee may be charged the full amount for the scheduled supervision meeting. Payment for supervision is accepted by cash or check.

There are a few limits to confidentiality in the supervisor-supervisee relationship. Being that you are in supervision, may be fulfilling practicum and/or internship requirements through a university program, I have to report your progress to the State Board of New Jersey, I cannot guarantee confidentiality of information gained in supervision if it is relevant to your overall progress towards licensure as a professional clinician. 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).

Please feel free to call my cell whenever you have any concern about a client. My cell phone number is 848-218-5449. You may also use my cell phone number for regular communications as well as my e-mail at alittletouchofhopecounseling@gmail.com. If I am ever going to be unavailable for any reason, you will be advised regarding a contact person in my absence.

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 State Board of Marriage and Family Therapists at 124 Halsey Street, Newark, NJ 07102. Should you feel that I have violated an ethical standard, you may contact State Board, the American Association for Marriage and Family Therapy, and the Center for Credentialing & Education at 3 Terrace Way Greensboro, NC 27403. All such correspondence should be marked ATTN: ETHICS.

Please sign, date and return one copy of this form to me.

Supervisee Name (please print)

Supervisee Signature

Supervisor Signature (Jane Smith, Ph.D., LMFT, ACS)

Date: _____