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“Helping Everyday People Achieve Growth, Healing, and Change”

SUPERVISION PROFESSIONAL COUNSELING DISCLOSURE STATEMENT

The purpose of this disclosure is to provide you with information pertaining to my background and training in counseling and supervision. Specifically, this disclosure will inform you of my professional credentials, evaluative methods, fee schedule, therapeutic orientation and style as it relates to supervision and the fulfillment of supervisory responsibilities.

Professional Certifications/Licensures

National Certified Counselor since 2009- Certificate #254591

Licensed Professional Counselor in Georgia- License # LPC007142

Licensed Marriage and Family Therapist in Georgia – License #MFT001424

Registered Play Therapist – T-2333

Registered Play Therapist Supervisor – S1914

Approved Clinical Supervisor – ACS02232

Education/Training

A.A. in Psychology, South Georgia College, 2003

B.S. in Psychology, Minor in History, The University of Georgia- 2005

MEd, Professional Counseling, Specialization in School Counseling, The University of Georgia – 2009

PhD, Counseling and Student Personnel Services, The University of Georgia – 2017

Teaching Experience

Assistant Professor of Psychology and Human Services – Gordon State College (2014-2017)

Adjunct Professor of Psychology – General Education Department at Central Georgia Technical College (2015-present)

Co-teacher of Family Therapy Overview at Brighter Tomorrows (COUN 7285) (2014)

Counseling/Supervision Experience

Depression

ADHD

Bipolar Disorder

Disability Adjustment

Career Development and Transition

Life Transitions

Addictive Behaviors: Alcohol and Drug Abuse, Compulsive Spending

Stress and Anxiety Management

Women's Issues

Grief and Loss

Relationships

Adolescent Life Transitions

Anger Management

Stress and Transitions Related to Involvement with Social Service Agencies

Play Therapy

Career Transitions and Related Issues

School Problems

Counseling Work Settings Where I Obtained Experience

Private Practice

Community Mental Health

High School Counseling Program

Elementary School Counseling Program

At-Risk Youth Service Agency

Wrap-Around Service Provider/Department of Family and Children Services

Non-Profit Counseling and Child Services Agency

Supervision Training and Experience

University of Georgia ECHD 8680 School Counseling Supervision 2011

This course explored theories, concepts, and models of supervision in counseling.

University of Georgia ECHD 9760 Practicum and Professional Ethics 2011-2012

This course included a practicum component in supervision, lecture, and small group supervisory discussion where I acquired a minimum of 200 hours of supervisory experience.

Professional Organizations Where I Have Maintained Memberships

American Counseling Association

Association for Play Therapy

National Organization for Human Services

Georgia Association for Play Therapy

Licensed Professional Counselor's Association Georgia

American Mental Health Counselors Association

Southern Association for Counselor Education and Supervision

Clinical Supervision Philosophy

The goals of clinical supervision are to develop the counseling skills of the counselor in training and to ensure that all efforts are made to preserve the general well-being of the client. The clinical professional counselor supervisor encourages compliance with legal, ethical, and professional standards, teaches therapeutic skills, and provides regular feedback and evaluation. Both supervisor and supervisee work together to address learning objectives that will aid in professional identity development and professional counselor competence. I believe that the supervisory relationship is an experiential learning process that is mutually beneficial to the supervisee and supervisor. Clinical supervision, although it overlaps with teaching, psychotherapy, and mental health consultation, has an embedded evaluative role.

As a Clinical Supervisor, I adhere to the ACA and AAMFT Code of Ethics in addition to the NBCC Clinical Supervision Standards of Practice. I typically employ supervision interventions on the basis of the Discrimination Model proposed by Bernard (1997). This model allows me to attend to various foci which aims to capture the complex roles of supervisees and supervisors. Given the Discrimination Model, there are several roles, duties, and responsibilities inherent to the supervisory process that must be stated. These duties, roles, and responsibilities are as follows:

Duties and Responsibilities of Supervisor and Supervisee:

A. Supervisor

- a. To provide nurturance and support, explaining the relationship of theory to practice, suggesting specific actions, assisting the supervisee in exploring various models for practice, and challenging discrepancies in practice
- b. Examine and explore with supervisee presenting complaints, treatment plans, and selected interventions
- c. To uphold ethical guidelines and professional standards
- d. To identify theoretical orientation(s) used in supervision and in therapy and take responsibility for integrating theory in supervision process, assessing supervisee theoretical understanding/training/orientation(s)
- e. To introduce and model use of personal factors such as belief structures, worldview, values, culture, transference, countertransference, parallel process, and isomorphism in therapy and supervision
- f. To create and maintain a supervision file containing supervision records and other documents relating to development and training
- g. To ensure supervisee familiarity with important literature in the field
- h. To intervene when client welfare is at risk. Confidentiality will be maintained except in the event of suspected child or elder abuse/neglect, intent of client to harm other or self. In these cases the supervisee will be expected to take appropriate steps, and in failure to do so, the supervisor will act as required by the law
- i. To monitor the supervisee's performance
- j. To support supervisee and agreed upon personal development plan
- k. To ensure that supervisee is clear about his/her role and responsibilities
- l. To ensure a high level of professionalism in all interactions

B. Supervisee

- a. To justify client case conceptualization, approach, and techniques used
- b. To come prepared to discuss client cases with necessary supporting documentation and a prepared conceptualization, questions, and/or literature on relevant evidence-based practices
- c. To present an integrated case conceptualization that is culturally competent
- d. To bring to supervision personal factors, transference, countertransference, and parallel process, and to be willing to discuss these
- e. To identify goals and tasks to achieve in supervision to attain specific competencies
- f. To identify specific needs relative to supervisor input
- g. To expect supervisor to carry out agreed action or provide an appropriate explanation, within an agreed time frame

- h. To uphold and adhere to ACA and other applicable codes of ethics in addition to corresponding state laws
- i. Review client video/audio tapes before supervision
- j. To identify to client his/her status as supervisee, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor
- k. To disclose errors, concerns, and clinical issues as they arise
- l. To raise issues or disagreements that arise in supervision process to move towards resolution
- m. To provide feedback weekly to supervisor on supervision process
- n. To respond nondefensively to supervisor feedback
- o. To consult with supervisor or delegated supervisor in all cases of emergency
- p. To implement supervisor directives in subsequent sessions or before as indicated
- q. To maintain professional liability insurance policy at all times and provide current copy to supervisor
- r. To represent self using state-approved designations (i.e. LAPC, LAMFT, etc.)

Context of Services

The context of supervision will focus on the acquisition of knowledge, conceptualization, and skills within the defined scope of practice. The supervisee's case notes, treatment plans and audio/videotapes will be reviewed and evaluated in each supervision session. Under specific circumstances, live supervision may be appropriate if discussed and agreed upon by supervisee and supervisor. Issues related to supervisee's professional development will be discussed. This includes issues relevant to supervisee's development in accordance to the Discrimination model of supervision. The supervisor will also utilize the Counseling Skills Scale and other measures to assess the supervisee's developmental level as demonstrated on audio/videotapes. The clinical supervisor will provide one (1) clock hour of individual or two (2) clock hours of group supervision weekly/bi-weekly at times agreed upon by the supervisor and supervisee at the supervisor's office at 507 N Davis Drive Suite 1A Warner Robins, GA 31093. The supervisee is advised to call within 24 hours to cancel or reschedule an appointment should circumstances or events arise that would warrant such cancellation. Failure to do so will result in payment for missed session being due at next supervision session.

Fee Structure

The supervisee will pay the supervisor \$60 per session for individual supervision, \$30 per person if two persons share the session, or \$15 per hour for group rates (as defined by 4 persons but not to exceed 8). Each session must be scheduled in advance. Fees are due at the time supervision is provided. Supervisees agree to pay cancelled check or credit card chargeback fees of \$40 per occurrence, and agree to pay any other fees in the event the account goes to collections; supervisees also agree to pay full fee for appointments not cancelled within 24 hours. Forms of payment accepted include the following: Visa, MasterCard, Discover, Cash, Check, and Money Order.

Method of Evaluation

The supervisor will provide oral feedback during each meeting, to include: openness to new ideas, flexibility, cooperativeness with others, willingness to accept and use feedback, awareness of own impact on others, ability to deal with conflict, ability to accept personal responsibility, ability to express feelings effectively and appropriately, attention to ethical and legal considerations, and initiative and motivation. Feedback will be provided in each supervision session. During the initial meeting, the supervisee shall be provided with a copy of the formal evaluation tool(s) that will be used by the supervisor. Feedback will be related to competency documents. Summative evaluation will occur at 9 week intervals per year and may be formulated to be commensurate with practicum and/or internship evaluative methods. Forms used in summative evaluation are available at supervisee's request. If the supervisee does not meet criteria for successful completion, the supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the supervisee. If the supervisee continues not to meet criteria for successful completion, the steps in place and procedures laid out will be followed. The supervisee will be asked to complete an evaluation of the supervisor and the supervision process at points to be determined by the supervisor and supervisee.

In Case of Emergency: I am available to you at all times (see contact numbers below) and encourage you to contact me in cases of therapeutic emergencies. My office address is 1000 Executive Court Drive Suite B Warner Robins, GA 31093.

Contact Information:

Cell phone: (478) 238-3795
 Office phone: (478) 225-6192
 Home phone: (same as cell)

When addressing suicidal or homicidal ideation or other high risk situations, please remember that we are subject to what is called a “duty to warn” whereby we are expected to take appropriate action in cases where we assess there is a threat of harm to self or others. If a third party is clearly identified to be at risk of harm, we are required to try to warn that person (and document your efforts to do so) as well as notify the authorities. If a person is assessed to be at risk for suicide, steps should be taken to assure they receive proper treatment which includes hospitalization. We are also mandated reporters in cases of abuse or neglect; these cases are reported to the Department of Family and Children Services. Any questionable situations can be staffed with me using the contact information provided.

Ethics and Issues in the Supervisory Relationship (Bernard & Goodyear, 2009)

1. **Code of Ethics & Standards of Practice:** The supervisor will insure that the supervisee understands and adheres to the American Counseling Association Code of Ethics and Standards of Practice, as well as the code of ethics and standards of practice for any other applicable credentialing and/or professional body. Additionally, the supervisor will insure that the supervisee understands legal responsibilities. The supervisor will discuss sections and laws applicable with the supervisee. The clinical supervisor adheres to the aforementioned ethics in addition to those outlined by the ACS Code of Ethics.
2. **Confidentiality:** All communications between clients and their licensed professional counselor are considered privileged. Additionally, an LPC must maintain privileged communications and patient confidentiality. The counseling relationship, assessments, records, and correspondences remain confidential. Failure to keep information confidential is a violation of the ethical code and the counselor is subject to a malpractice suit. The client must sign a written consent prior to counselor’s consultation.
 - a. *Confidentiality Exceptions:*
 - i. We are mandated reporters for suspected abuse, neglect of children or vulnerable adults
 - ii. We have a duty to warn if there is clear and immediate danger to a person or persons
 - iii. We have an obligation to take action to protect a threatened third party
3. **Dual Relationships:** Since a power differential exists in the supervisory relationship, the supervisor shall not utilize the differential to their gain. Since dual relationships may affect the objectivity of the supervisor, the supervisee shall not be asked to engage in social interaction that would compromise the professional nature of the supervisory relationship.
4. **Due Process:** During the initial meeting, supervisors provide the supervisee information regarding expectations, goals, and roles of the supervisory process. The supervisee has the right to regular verbal feedback and periodic formal written feedback signed by both individuals.
5. **Evaluation:** During the initial supervisory session, the supervisor provides the supervisee a copy of the summative evaluation instrument used to assess the supervisee’s progress.
6. **Informed Consent:** The supervisee informs the client she is in training, is being supervised, and receives written permission from the client to audiotape or videotape.
7. **Vicarious Liability:** The supervisor is ultimately liable for the welfare of the supervisee’s clients. The supervisee is expected to discuss with the supervisor the counseling process and individual concerns of each client
8. **Supervisor Consultation:** The supervisor consults with peers regarding supervisory concerns and issues
9. **Termination of Supervision:** The supervisor discusses termination of the supervisory relationship and helps the supervisee identify areas for continued growth and explore professional goals.