

## **Professional Disclosure Statement: Supervision**

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**Cell/Text Phone: 651-428-0160**

Thank you for participating with me in clinical supervision. There are many different aspects of clinical supervision that may bring up a lot of questions. In order to introduce myself to you, my supervisee, I have put together a description of my background, approaches and other important information you might want to know. The purpose of this form is to ensure that you are informed regarding the supervision process and relationship. Please read the form carefully and feel free to ask me any questions or clarifications regarding the information mentioned below. I am excited to begin our supervisory relationship and hope this year provides both of us with learning and growth opportunities.

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### **Credentials and Experience**

I received my undergraduate degree (BS) in Psychology from the University of Northwestern in St. Paul, MN in 2001, followed by a master's degree in Rehabilitation and Addiction Counseling at St. Cloud State University in St. Cloud, MN in 2018. I am currently a doctoral student in Counselor Education and Supervision at the University of Iowa in Iowa City. During my graduate studies, I gained experiences counseling individuals and groups as a Qualified Rehabilitation Counselor working in the Vocational Rehabilitation Department at the Minnesota Department of Labor and Industry. I obtained clinical expertise on topics such as the medical psychology of injury, adjustment to disability and return to work, depression, anxiety, substance use and other concerns. I am currently working in my advanced practicum as a mental health counselor at Murray, Wilson and Rose, LLC in Hiawatha, Iowa. My theoretical orientation for counseling is primarily Cognitive-Behavioral with a Person-Centered Approach.

I am a Certified Rehabilitation Counselor (CRC), a provisionally licensed Mental Health Counselor and provisionally licensed Certified Alcohol and Drug Counselor in Iowa. I am also a nationally certified and Iowa licensed American Sign Language Interpreter. I am qualified to supervise your master's clinical hours. Although I have received training to cover a wide range of mental health and substance use topics, my specialty is in assisting people with disabilities and others from marginalized communities achieve their goals.

### **Supervision Process**

As a clinical supervisor, I am expected to not only enhance the efficiency of the delivery of counseling services, but also offer support and education that directly improves supervisees' counseling skills and protects and benefits the client. As such, I take my role

very seriously and strive to provide supervisees with a safe place to directly explore any issues that relate to their professional development. Operating from the Integrative Developmental Model of Supervision (Stoltenberg & McNeill, 2010), I provide supervision matched to your developmental level. In the beginning, I may take on the role more as a teacher and as you progress in your skills I may become more of a consultant. I invite my supervisees to honestly address the process of becoming a counselor and recruit me in this exciting journey. Besides tape review or live observation, supervision may also involve staffing of cases, case file audits, and assigned readings/activities aimed to enhance supervisee skills. Supervision will generally become more active any time there is a concern regarding the clinical services that your client is receiving.

In the first session of supervision, I generally will establish goals for the supervisory experience. I am interested in learning about strengths, concerns, and skills that supervisees would like to develop and areas they would like to work on. Incorporating a theoretical orientation in clinical practice and case conceptualization is a big component of my clinical supervision, as well as providing you with supervision that is developmentally matched to your level of clinical skills. I generally evaluate supervisees twice during a semester on their performance which includes counseling performance skills (the skills and techniques used during the counseling session) and cognitive counseling skills (the thought process that takes place in and out of a session). In addition, I pay attention to comportment including timeliness, documentation, professional behavior and ability to hear feedback. Self-awareness and openness are great ways to improving clinical skills, and I work hard on modeling those behaviors as well. Supervisees are given the evaluation forms in the beginning of supervision and are also provided a chance to evaluate the supervisor. Throughout our relationship, respect is an essential component.

### **Supervision Guidelines**

Below are some general guidelines to further clarify the conditions of clinical supervision:

- We will generally meet once a week, for fifty (50) minutes, at an agreed-upon time (i.e. triadic or individual supervision).
- You are expected to arrive on your supervision session on time. If you need to reschedule a supervision session, allow at least a 24-hour notice.
- Supervision may include direct/live observation; audio or video recordings; and/or live supervision. Please inform me if there is a specific aspect on which you would like feedback/assistance. Even though we might incorporate written materials or supervisee self-report, this will not be the sole means of supervision.
- I will be evaluating you twice during this semester on your clinical and professional skills. You will get the chance to evaluate me as well on the quality of my supervision.
- We abide by the American Counseling Association Code of Ethics. A copy can be found in your Manual of Procedures and Policies or online at [www.counseling.org](http://www.counseling.org). Please review the ACA Code of Ethics prior to scheduling any counseling sessions. I expect you to bring up any ethical uncertainties or moral dilemmas.

One more note about the nature of supervision. Although I might employ both challenging and supportive roles as your clinical supervisor, my intent is to help you develop as a clinician, not serve as your personal therapist. In the event that addressing individual concerns through therapy becomes a need, I will make appropriate referral. It is not unusual for clinicians to also seek personal therapy as they further their clinical skills, and helping clients deal with difficult situations may prompt personal difficulties to arise in clinicians as well.

### **Confidentiality and Emergencies**

In my role as a clinical supervisor, I abide by the American Counseling Association Code of Ethics and the Code of Professional Ethics for Certified Rehabilitation Counselors (CRC). Clinical supervision upholds all legal and ethical considerations pertinent to counseling, including confidentiality. However, because you are seeking clinical supervision, and you may be completing practicum/internship or licensure requirements, I cannot guarantee confidentiality of information that emerges during our supervision sessions, if such information is relevant to your overall progress. Nevertheless, I can commit to honoring and respecting all information I receive in supervision about you and/or your clients and keeping all such information confidential to the degree possible. It should be noted that occasionally, there are situations that may make confidentiality impossible, including: threats to harm self and others, reasonable suspicion of abuse of a child or other vulnerable person, or when ordered by the court. Confidentiality may also be broken in one's defense against legal action before a court.

In the event of emergency, supervisees are asked to contact me directly on my cell phone (651-428-0160). Besides equipping you with a detailed protocol on steps to follow in the event of an emergency, supervisees will also be connected to a designated mental health professional that is assigned to provide immediate assistance when I am not available. Debriefing of all emergency situations usually takes place within 24 hours of such an incident. You may also call my cell phone number or email me at [carrie-wilbert@uiowa.edu](mailto:carrie-wilbert@uiowa.edu) for regular communication that does not constitute an emergency.

### **Additional Issues**

In the event that you feel you have not received adequate supervision from me, or a fair evaluation, please attempt to resolve this issue with me in accordance to the ACA or CRC code of ethics. If, however you are not satisfied by my attempt to address your concerns, you may contact the Department Executive Officer for additional assistance [noel-estradahernandez@uiowa.edu](mailto:noel-estradahernandez@uiowa.edu).

I appreciate the time that you have taken to read this. Again, if you have any questions or concerns now or at any point during your supervision, please feel free to let me know. Please sign below and indicate that you have read this and have had a chance to ask any questions. When we meet, I will give you a copy of this to keep for your records. I am looking forward to our work together.

I have read this document, discussed it with Carrie Wilbert, understand the information contained, and agree to participate in a supervisory relationship under the conditions described.

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Supervisee name

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Supervisee signature

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Supervisor Signature (Carrie Wilbert, MS, CRC, tCADDC, tLMHC, CI, CT)

Date: \_\_\_\_\_