Thank you for considering me to be your clinical supervisor as you pursue licensure and/or bettering your clinical skills as a counselor. I take my role as a gatekeeper for the counseling profession seriously and ask that my supervisees hold themselves to a high standard. I will challenge my supervisees to become more knowledgeable with regards to skills and techniques, but also about themselves as individuals and as professionals.

Professional Qualifications

	EDUCATION			
Graduation Date	<u>Degree</u>	Institution		
2014	Doctor of Education (Ed.D.) Counselor Education and Supervision	Argosy University - NOVA Arlington, VA (CACREP Accredited)		
	Dissertation: The counselor-client relationship in a social mediated world: The counselor perspective			
2004 Monroe	Master of Education (M.Ed.)	University of Louisiana at		
Momoe	Community Counseling	Monroe, LA (CACREP Accredited)		
2002 Monroe	Master of Science (M.S.)	University of Louisiana at		
	Psychology	Monroe, LA		
2000	Bachelor of Science (B.S.) Psychology	Louisiana State University Baton Rouge, LA		
CERTIFICATIONS & LICENSURE				

<u>Licensure/Certificate Title</u>	State/Organization	1

Licensed Professional Counselor & Supervisor State of Virginia, License #0701005993

Licensed Professional Counselor State of Louisiana, #8416

National Certified Counselor National Board for Certified Counselors, Certificate #258344

Approved Clinical Supervisor Center for Credentialing & Education, Certificate #ACS01835

Board Certified-TeleMental Health Provider Center for Credentialing & Education,

Certificate BC-TMH 1374

Licensed Clinical Professional Counselor State of Maryland, License #LC2394

(inactive 1/31/2022)

Board Approved Supervisor State of Maryland, Reference #818

Supervision Philosophy

I practice a culturally aware and sensitive mindset. I understand the importance of unconditional positive regard and respecting the individual as a whole and helping them grow into competent and ethical professional counselors. I approach supervision from a collaborative framework, typically serving as an educator, consultant, and/or counselor. Professional development, skill acquisition, client/case conceptualization, and increasing self-awareness are examples of the general areas I cover in supervision.

Facilitating the alliance between supervisor and supervisee is imperative, as is recognizing differences within the supervisory relationship. For example, while it is realistic that a supervisor has an outside perspective on the therapeutic process, which allows for more objectivity, it is not practical to assume supervisory omnipotence. I have found I can learn from my supervisees just as they can learn from me. This collaborative approach allows me to respond intentionally. However, I do want to be clear in that I can only supervise based on the knowledge that I have from the supervisee, which requires my supervisee being transparent about all cases and caseload.

Within the supervision process, I typically use case reports from the supervisee to help guide the process. However, at times, I may ask for audio-recordings of sessions. I will also review case notes and treatment plans as a way to provide feedback to the supervisee. At times I may also ask for group supervision to take place to allow multiple viewpoints into the supervision process.

I understand I have a responsibility to both the individuals I supervise and the clients they serve. With this in mind, general limitations to confidentiality and privileged communication are:

- (1) when harm to self or others is serious and foreseeable;
- (2) when child abuse, elderly abuse or abuse of persons with disabilities is suspected; or
- (3) if a court order mandates information to be shared and/or testimony.
- (4) confidentiality is not maintained if there is compelling evidence that the supervisee is impaired or unable to provide competent counseling services.

Expectations

I carry liability insurance through HPSO and I require supervisees to have their own personal coverage.

I understand that paying for clinical supervision can be somewhat of a financial burden for those starting out in the field. However, it has been my experience that supervisees can benefit from either multiple supervisors (i.e., free supervision provided through place of employment and a group supervisor) that can offer different perspectives and different levels of availability. Additionally, I believe it is important to remember that any clinical supervisor is not only providing the time for the actual supervision, but also their

professional experience and knowledge, as well as accepting a level of liability for their supervisees' choices and behaviors. Therefore, I do see value in paying someone for that knowledge and accepted risk. Therefore, my supervision fees are as follows: Individual supervision \$100/hr and for Triadic and Group supervision \$50/hr. Group Supervision typically lasts at least 1.5 hours and up to 3 hours depending on group size.

Supervisees are expected to come to supervision with cases they wish to discuss as well as complete a supervision form per session.

Supervisees are provided with my mailing address, email address, business number, and personal cell phone number. Supervisees are asked to call me on **my cell** in case of an emergency. I will also provide each supervisee with the names and phone numbers of agencies in the local community that respond to crisis situations.

I follow the ACS Code of Ethics as well as the NBCC Code of Ethics and ACA Code of Ethics. All supervisees receive copies of these codes.

Acknowledgement of Consent

I have read (or had read to me) the issues and points stated in Ultreya Therapy, Inc.'s Supervision Disclosure Statement. I discussed with Dr. Wade any points that required additional clarification, had my questions fully answered, and understand and agree to comply with the policies aforementioned. I hereby agree to enter into clinical supervision with Dr. Michelle E. Wade as indicated by my signature here:

Signature of supervisee	Date
Signature of Supervisor	Date