



### **Professional Disclosure Statement: Supervision**

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Thank you for choosing me as your clinical supervisor. The purpose of this professional disclosure is to acquaint you with the goals for supervision, to give an overview of the supervision process, and to outline the expectations.

#### **Qualifications:**

- MA Clinical Mental Health Counseling, Valparaiso University
- LPC # 6401013878, Michigan, obtained in 2013.
- NCC#333930, obtained in 2013.
- CAADC #C-03642, obtained in 2018.
- Forty-five additional hours of continuing education in clinical supervision, obtained in 2021.
- Supervision experience began in 2021.
- Clinical counseling experience: substance use disorders, mental health, eating disorders, individual (adults and adolescents), group, family, and crisis intervention. Settings included outpatient, intensive in-home therapy, Level I, II, and II/IOP, jail, residential, and telephone crisis line.
- Areas of expertise in direct client work and in providing supervision include: family therapy, eating disorders, substance use disorders, suicidal and self-harming behaviors, Borderline Personality Disorder, anxiety, and depression with adolescent, adults, and families.

#### **Approach:**

I use the Developmental Model (Stoltenberg & Delworth) and the Discrimination Model (Bernard) in Supervision. I use a life long learner approach to the craft of counseling and I encourage you to always work towards and maintain excellence. The supervisor's role is to teach, coach, and provide consultation to the supervisee. The goal of supervision is to assist supervisees to increase their clinical skills as counselors, grow in excellence, and practice independently. Objectives for this goal are 1) Develop clinical skills in assessment, case conceptualization, and utilization of the DSM-5; 2) Gain a thorough understanding of different models of therapy.

Supervision is provided through formal case presentations, ongoing evaluation, and live supervision (audio/video recordings and/or live observation). Constructive feedback is provided to help the supervisee learn and build excellence in their ability to serve their clients.

### **Evaluation:**

All counselors need informal and formal evaluation processes to grow and develop over the course of their careers. My style of supervision is based on a cooperative relationship dedicated to building and maintaining your clinical excellence. There are two types of evaluation this supervision relationship will include. First we will have formative conversations in which you can practice improving your skills. Second is a summative evaluation, which is written, more formal, and occurs twice a year.

Evaluations are based around 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; 8) discharge planning; and 9) professional ethics and understanding legal standards of care.

Supervision will be based on some or all 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 evaluation.

### **Confidentiality:**

Client information that counselors discuss is confidential unless special circumstances occur which require reporting. These circumstances include abuse of a child, elderly individual, or vulnerable adult; reasonable belief that a client is a danger to self or others; court order; or need to provide response to a legal action or formal complaint.

In accordance with the Michigan Board of Counseling, all supervisees present clients with a written document that explains their supervisee status, notes the supervisee will discuss cases with the supervisor, indicates that the supervisor will be provided access to treatment records, and also gives the supervisor's name and phone number.

### **Fees:**

- \$100 for each 50 minute supervision session and/or \$50 for each group supervision session. Exceptions for this are if this supervision is being paid for directly by your organization.
- Please note: Fees will also be charged for the time spent between supervision sessions reviewing your tapes and noting feedback to share with you during supervision, maintaining and submitting paperwork, visiting your site, and/or consulting with you between supervision sessions should there be a need to do so.
- If you wish to cancel or re-schedule your supervision session, a 24-hour notice must be given (for both individual and group supervision). Otherwise, the supervisee will be charged the full amount for the scheduled supervision meeting.
- Payment for supervision is accepted by credit/debit card or check. If a check is returned due to insufficient funds, there is a \$25 fee in addition to the supervision payment to be

paid in cash within two weeks from the time bank notification of insufficient funds was received.

**Emergency Contact:**

Please feel free to call my cell phone whenever you have any concern about a client. My cell phone number is (616) 920-1892. You may also use my cell phone number for regular communications as well as my e-mail at [Sophia@Family-Wholeness.com](mailto:Sophia@Family-Wholeness.com). In case of an emergency, when I am out of town, you will be advised regarding a contact person in my absence.

**Ethics:**

I adhere to the CCE Approved Clinical Supervisor (ACS) Code of Ethics and the National Board for Certified Counselors Code of Ethics. I also adhere to the Michigan Board of Counseling's ethical standards and disciplinary rules.