

Professional Disclosure Statement

Contact Information	
Supervisor:	Supervisee: (Please complete)
Name: LaShauna Dean William Paterson University Email: deanl3@wpunj.edu Phone Number: 973-720-3923	Name: Email: Phone Number:
In the event that a supervision session is missed, the supervisee is responsible for contacting the supervisor via phone <u>and</u> by email. If the supervisee has an issue that needs to be addressed outside of a supervision session, the supervisee should contact the supervisor via email to discuss.	

This document will serve as a contract between (your name) ____, the supervisee, and the supervisor, LaShauna Dean, Ph.D, LPC, ACS, NCC, MAC. It will inform you of the purposes, goals, evaluative measures, confidentiality issues and requirements of supervision.

SUPERVISOR’S PROFESSIONAL BACKGROUND/ SUPERVISION STYLE:

I possess a Ph.D. in Counselor Education and Supervision, Master of Arts in Counseling, and a Bachelor of Arts in Psychology. I am currently an Associate Professor in the Special Education and Counseling Department at William Paterson University. I am a Licensed Professional Counselor in New Jersey, Approved Clinical Supervisor, Master Addictions Counselor, and I am a Nationally Certified Counselor. I have worked in the mental health field since 2003 and specialize in case conceptualization, diagnosis, severe mental health disorders, substance abuse treatment/education, crisis intervention, and the counseling of individuals with personality disorders. I have provided supervision to Master-level counseling students since 2010 in individual and group supervision formats.

I work from a Cognitive Therapy Framework with a Solution-Focused integration when counseling and from the Discrimination model when supervising. I will guide the supervisee towards improvement and efficacy in their counseling performance skills, cognitive counseling skills, self-awareness, and professional behaviors as well as integrate the importance of multiculturalism.

PURPOSE /GOALS OF SUPERVISION:

The purpose of supervision is to foster an improvement in the supervisees counseling skills, encourage confidence, and utilize self-evaluation to promote self-understanding. Supervision will be strength-based but also evaluative in that the supervisee will receive critical feedback.

The goal of supervision is to develop the supervisee as a professional and help guide decisions based on the ethical guidelines and standards of the area of counseling. With that in mind, my goals for supervision are as follows:

- I would like to help the supervisee always keep in mind the best interest of the client, while balancing the best interests of yourself, as a counseling professional, as well.
- Although I my theoretical orientation is Cognitive Therapy, I would like to foster the development of the supervisee’s theoretical orientation through the exploration of various readings, review of the supervisee’s counseling style and delivery, and practical applications.
- By abiding by the ACA Code of Ethics, the State of New Jersey Code of Ethics, and the Approved Clinical Supervisor Code of Ethics of the Center for Credentialing & Education, I hope to help develop an ethical framework and more importantly gain a deeper understanding of the ethical guidelines and principles set forth by the field of counseling.

Supervisee will develop personal goals for supervision during the first three supervision sessions which will be added to this document.

CONTENT OF SUPERVISION:

- One (1) clock hour of individual face to face supervision weekly;
- Individual supervision will be conducted on _____(day), from _____ to _____ (time)
- Supervision will utilize the following techniques: review of regular video/audio tapes, review of monthly case conceptualizations, interpersonal process recall, review of progress/case notes, review of Individualized Service Plans and treatment goals for the client, role-playing, and the Discrimination Model to track progress.

Fees:

- I agree to pay \$TBD for each scheduled hour of supervision. _____
(Initials)

METHOD OF EVALUATION:

- The Supervisor will provide feedback during each supervision session as a means of providing the Supervisee with guidance and analysis of skill progression. A formal quarterly evaluation will also be provided in writing to the Supervisee.
- The Supervisee will also provide an evaluation of the Supervisor using an evaluation form bi-annually; as well as conduct a quarterly self-evaluation.

DUTIES AND RESPONSIBILITIES OF THE SUPERVISOR & SUPERVISEE

I. SUPERVISOR

- Examine client presenting issues and review treatment plans and progress notes provided by Supervisee;
- View and evaluate videotapes and audiotapes of Supervisee’s counseling sessions;
- Monitor counseling skills of the Supervisee;

- Ensure ethical guidelines and professional standards are being met;
- Integrate multicultural perspectives;
- Provide evaluations of the Supervisee's progress and areas of needed improvement;
- Maintain weekly supervision notes;
- Cultivate and develop diagnostic skills by requiring case conceptualizations with rationalization for diagnosis chosen;
- Encourage professional development by modeling attendance at conferences and professional memberships

II. SUPERVISEE

- Uphold ethical guidelines and ensure client safety and welfare;
- Provide two monthly audio or videotapes for review in supervision and provide rationale and explanation for techniques used;
- Be prepared to discuss client cases and progress/case notes;
- Consult with Supervisor and Site Supervisor for client-related emergencies;
- Participate in trainings, conferences, and have membership in professional associations where applicable and able;
- The Supervisee is responsible for contacting the Supervisor via phone at 973-720-3923 or 757-749-3593 in case of emergencies.

CONFIDENTIALITY:

Supervision will involve the review and discussion of sensitive client information, therefore to protect the identity of the clients discussed, the Supervisee will remove all identifying information such as names and addresses from any paperwork brought into supervision. All video/audiotapes will be properly disposed within a timely manner. The Supervisor will only release information about the client and the Supervisee to the Supervisor's immediate supervisor.

COMPLAINT PROCEDURES:

If for any reason the Supervisee is dissatisfied, please first inform me. If the complaint cannot be resolved between the Supervisor and Supervisee in supervision, the Director of the Counseling program will be consulted. Additionally, you may report your concerns to the New Jersey Professional Counselor Examiners Committee at Milagros Collazo, Executive Director, State Board of Marriage and Family Therapy Examiners, PO Box 45007, Newark, NJ 07101; the American Counseling Association at American Counseling Association 5999 Stevenson Ave. Alexandria, VA 22304; and the Center for Credentialing & Education at 3 Terrace Way, Greensboro, NC 27403. All such correspondence should be marked ATTN: Ethics.

*This contract is subject to revision at any time, upon the request of either the Supervisor or Supervisee. In addition, the contract will be reviewed at Mid-term evaluation to ensure the appropriateness of the content listed.

This contract is in effect for the month of _____. Revisions were made on _____.

By signing below the Supervisee affirms that she/he has read and reviewed this supervision contract/disclosure statement and agrees to all the terms described in it.

Supervisee Signature
Date

LaShauna Dean, Ph.D., LPC, NCC
Date
(Assistant Professor, William Paterson University)