

Professional Disclosure Statement for Clinical Supervision

My name is Kathleen H. Driscoll I am pleased you have selected me as your clinical supervisor. This document is designed to inform you about my background, theoretical orientation, and experience as a clinical supervisor to ensure that you understand our professional relationship. I provide this document as part of my ethical obligation to my profession, but it is also part of my commitment to keep you fully informed of every part of your supervision experience. I expect this relationship to be collaborative, so I welcome comments or suggestions so we can develop the working relationship that mutually works.

Current Employment

2019 - present KHD Counseling Private Practice

Education, Qualifications, and Licensure

2023 Approved Clinical Supervisor National Board for Certified Counselors
(ACS #4772)

2023 Board Certified TeleMental National Board for Certified Counselors
Health Provider (BC-TMH #3883)

2023 Licensed Clinical Mental North Carolina Board of Licensed Clinical
Health Counselor (LCMHC #13682) Mental Health Counselors

2022 National Certified Counselor National Board for Certified Counselors
(NCC #1058111)

2020 PhD *University of North Carolina at Greensboro*
Counselor Education & Supervision

2016 M.Ed/Ed.S *University of Florida*
Mental Health Counseling

2014 B.S. *Virginia Tech*
Psychology & Human Development

Supervision Training, Approach, and Experience

I earned my clinical supervision education and training in 2020 through my doctoral program at the University of North Carolina at Greensboro, which is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). I completed a three-semester hour graduate course in clinical supervision where I learned theory, ethics, methods of supervision, and culturally responsive approaches. I also participated in applied training where I supervised student therapists in their clinical work, while under my own supervision with a faculty member, in accordance with course expectations and requirements.

I have experience clinically treating diverse clients in private practice, college, hospital, and community settings. In my counseling practice I typically utilize person-centered, Gestalt, existential, and trauma informed theories. This means that I primarily use empathy and authenticity to engage with my clients as well as interweave some existential philosophies and trauma informed care. In client conceptualization, I tend to use a more humanistic, relational, and holistic approaches in order to aid in the wellness of the client. My clinical conceptualizations and interests often infuse into my supervision practices.

In regard to my supervision experience and abilities, I am well trained and qualified in supervising supervisees in the following settings: university/college counseling centers, community agencies, private/group practices, and inpatient and outpatient medical treatment centers. In terms of clinical competency, I am qualified in supervising supervisees who are treating trauma, relational/attachment issues, life transitions, depression, anxiety, bipolar disorder, family conflict, and identity development. I primarily have worked with adults, so I am qualified to supervise those treating adults in individual therapy and couples therapy. I have been supervising supervisees primarily at the graduate training level for the past six years. Modes of supervision have included individual, triadic, and group sessions.

My supervision approach is similar to my clinical orientation in that I use a person-centered approach to our relationship. I utilize a developmental approach to supervision, meaning that I meet supervisees where they are at in terms of their development, and co-construct supervision goals in line with their wants and needs as a future fully licensed counselor. Goals and objectives for supervision will be developed early on and will be assessed and revisited over the course of the supervision relationship. In my role as supervisor and through this developmental approach, I will be assessing supervisees on skills, self-awareness, professional identity, personal attributes, and the cultivation of counselor identity. I will integrate counseling theory and counseling ethics for a well-rounded educational, yet professional clinical experience. Our relationship as supervisor and supervisee is integral to our work together, as I see modeling and mentorship as a part of my role as supervisor. While I am attuned to the development of supervisees' progress, I am also attuned to the relational work that will unfold during our working relationship. Modalities of supervision and observation will include the following but are not limited to video recording, live supervision, and audio recording (all obtained with appropriate consent from clients).

In terms of evaluation and assessing for supervision goals and objectives, I will engage in formal and informal evaluation processes. I will provide ongoing verbal and written feedback on observed sessions and complete necessary State Licensing Board formal evaluation paperwork for licensure purposes.

Supervisee Responsibilities and Session Fees

In my practice, I offer a 15-minute phone or zoom consultation prior to our first meeting in order to give the supervisee autonomy and choice to proceed with supervision services. During that consultation, conversations about needs and wants for supervision, relational fitness, and rates and availability will be discussed. Supervision sessions are 60-90 minutes in duration. The supervisee and supervisor will agree on a time limit that works best; this can evolve over time if necessary. Typically, supervision sessions are held once a week or at the needs of the supervisee based on clinical work and State Licensing Board compliance standards. Supervision meetings are \$150/hr and only cash, check, or Zelle payments are accepted for services. Supervisees will pay at the time services and payment. If payment is not received on the date of services, I will reach out to you via email and develop a plan for payment to be completed. Pro bono services are only offered in extenuating circumstances.

Every supervisee is expected to keep their scheduled meetings. I reserve the right to not hold a session with a supervisee who comes more than 15 minutes late, and if two or more sessions are missed (without notification via email or phone) services may no longer be offered. Please communicate with me about scheduling difficulties if they arise. Should you need to reschedule your meeting, please inform me 24 hours in advance through my phone number or email address. I understand that life circumstances happen, please let me know your situation so I can best assist you in relation to scheduling.

Privacy and Confidentiality

Although we will likely discuss personal issues affecting your work as a counselor, it is important to note that supervision is not therapy. You may wish to consider individual therapy to address any personal issues that are affecting your ability to be objective with your clients. It is my belief that every counselor should experience their own therapy in order to fully understand what it is like to be in a clinical relationship from the client's point of view, as well as to understand your own intrapersonal dynamics. I will work with you, if and when, that concern arises in order to avoid a dual relationship and keep the supervisory relationship intact.

Privileged communication is not applicable in supervision sessions meaning that I may need to break confidentiality in the following instances: a) the welfare of the client or supervisee is at risk, b) a written release is provided by the supervisee, c) the contract for supervision requires communication with a third party (i.e. site supervisor, licensure board, etc.), d) legal action is involved in some aspect of our work together, e) ethical concerns arise that require intervention or remediation. I will make every effort to keep the content and process of supervision sessions confidential and within professional guidelines.

In the event of an emergency, supervisees may contact via phone or email (see contact information above on page 1). It is critical to inform me of any client emergency or supervisee emergency in a reasonable time frame. This includes, if and when, the supervisee is breaking any of the confidentiality statutes of the State Licensing Board or the American Counseling Association related to client welfare. Those statutes for breaking client confidentiality are as follows, but are not limited to: a) a client discloses directly or it is reasonably suspected that they pose an imminent danger to the health and safety of themselves (suicide) or others (assault/murder), b) if a client at any point discloses that a child or elder adult has been or will be abused or neglected, c) if a court order requires the release of case records or direct testimony, d) if a client requests the counselor in writing to disclose information to someone else.

Complaints and Ethical Adherence

I adhere to the National Board of Certified Counselors (NBCC) Code of Ethics, the Center for Credentialing & Education (CCE) Approved Clinical Supervisor Code of Ethics, and the applicable supervision sections of the American Counseling Association (ACA) Code of Ethics. Although supervisees are encouraged to discuss any concerns with me, you may file a complaint against me with the organizations below should you feel I am in violation. Contact information for NBCC and ACA are as follows:

Organization Name	Address	Phone Number	Email
The National Board of Certified Counselors	3 Terrace Way Greensboro, NC 27403	336-547-0607	nbcc@nbcc.org
The Center for Credentialing & Education	3 Terrace Way Greensboro, NC 27403	336-482-2856	cce@cce-global.org
The American Counseling Association	6101 Stevenson Ave Alexandria, VA 22304	703-823-9800	ethics@counseling.org

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Please sign and date both copies of this form so we can each keep one for our records.

Supervisor: _____ Date: _____

Supervisee: _____ Date: _____