

INFORMED CONSENT FOR SUPERVISION

Lea M. Larch, MA, LPC, NCC, AADC, ALPS

Licensed Professional Counselor

Nationally Certified Counselor

Advanced Alcohol and Drug Counselor

Approved Licensed Professional Supervisor

(681) 460-8911(o)

(304) 208-7674 (c)

Current Edition: July 2024

Clarity Counseling Services, LLC

Dunbar, WV 25064

Educational Background and Credentials

I have a Bachelor's degree in Counseling from Marshall University and a Master's degree in Clinical Mental Health Counseling also from Marshall University located in Huntington, WV. I am currently a Licensed Professional Counselor (license #2551) and an Approved Licensed Professional Supervisor through the West Virginia Board of Examiners in Counseling, a Nationally Certified Counselor (license #685070) through the National Board of Certified Counselors, and an Advanced Alcohol and Drug Counselor (license #22-312) through the National Association of Addiction and Prevention Professionals (NAADC).

I adhere to the American Counseling Association Code of Ethics and the National Association of Addiction and Prevention Professionals Code of Ethics (copies made available upon request). You may view the ACA Code of Ethics from their website at www.counseling.org or the NAADC Code of Ethics on their website at www.naadcc.org.

I am a member in good standing with the West Virginia Licensed Professional Counselors Association (WVLPAC), the American Mental Health Counselors Association (AMHCA), the West Virginia Addiction and Prevention Professionals Association (WVAPP) and the National Association of Addiction and Prevention Professionals.

Licensing Board Contact Information: I have active licenses in West Virginia, Colorado, Florida, Maine, Oregon, and Virginia.

West Virginia Board of Examiners in Counseling.

815 Quarrier Street, Suite 212 Charleston, West Virginia 25301 Phone: (304) 558-5494 www.wvbec.org

State Board of Licensed Professional Counselor Examiners

1560 Broadway, Suite 1350, Denver, CO 80202 Phone: (303) 894-7800

<https://dpo.colorado.gov/ProfessionalCounselor>

Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling

4052 Bald Cypress Way Bin C-08, Tallahassee, FL 32399 Phone: (850) 413-6982

<https://floridasmentalhealthprofessions.gov/>

Maine Board of Counseling Professionals Licensure

35 State House Station, Augusta, ME 04333, Phone (207) 624-8626

<https://www.maine.gov/pfr/professionallicensing/>

Oregon Board of License Professional Counselors and Therapies

3218 Pringle Road SE, Ste 120, Salem, OR 97302 Phone: (503) 378-5499

<https://www.oregon.gov/oblpc/pages/index.aspx>

Virginia Board of Health Professions

9960 Mayland Drive, Suite 300, Henrico, VA 23233 Phone: (804) 367-4400

<https://www.dhp.virginia.gov/>

Counseling Background

I have counseling work experience working with adults in inpatient, intensive outpatient, general outpatient, and medical assisted treatment programs including individual, group, family therapy, and crisis intervention. These settings are also inclusive to substance use disorders. I have experience working with adults providing personal, psychoeducational, and psychosocial counseling services.

My orientation to counseling is primarily Cognitive Behavioral Therapy and Dialectical Behavior Therapy in which we focus on determining maladaptive life patterns that have influenced the way one thinks, feels, and acts. I work on assisting in the development of new coping skills and tolerance skills to assist in regaining control and balance in one's life. I may also use techniques based on other known psychotherapy approaches, such as Rational Emotive Behavioral Therapy, Choice and Reality Therapy, Solution-Focused Therapy, Internal Family Systems, Acceptance and Commitment therapy, and Accelerated Resolution Therapy, when issues dictate these methods.

Supervision Background

My supervision experience has included at least two years of supervision with provisionally licensed counselors and counselors wanting an alcohol and drug certification, five years of overseeing undergraduate and graduate level students in counseling programs and assisting with co-therapists and managing clinical teams. Formal training for supervision was completed in July 2022 by completing the Approved Clinical Supervisor Training offered through West Virginia's Licensed Professional Counselors Association.

Supervision Approach

Discrimination Model – This model consists of three distinct focuses for supervision – intervention, conceptualization, and personalization – and three supervisor roles – teacher, counselor, and consultant. This model was developed by Janine Bernard in 1979 as an integrative model of supervision to be used no matter your therapeutic clinical approaches

First and foremost, therapy and supervision are about ethical responsibility. We have a responsibility to assure quality, evidenced-based services in a nonbiased environment for our clients while also acquiring self-confidence in developing a personal counseling style for ourselves. Clinical supervision is a team effort. My supervision approach is mix between psychodynamic model and the emotionally focused model. Structuring supervision in a way that allows the supervisee to engage in whatever is presently

going on within their world, then finding ways to increase interpersonal communication and focus on more technical skills will hopefully allow the supervisee to find a balance between processing current situations and learning new information for the future. Supervision, after all, is about making sure the client is protected and getting the best treatment possible. Keeping the client in mind, throughout supervision will be an important part of how supervision is led and what topics are discussed.

As the supervisee continues to develop, the roles will adapt to continue to ensure the identified goals of supervision are being met. Supervision may include and focus on interventions/techniques, case conceptualization, and professional behaviors and attitudes. While in supervision, as the supervisee continues to grow and improve in their own insight and awareness, their growth will be utilized to reflect on the ultimate goals set and develop the more intricate intervention skills and case conceptualizations

Supervision and personal counseling are separate entities and processes, despite any focus to personal issues and reactions and overlap in the techniques utilized. Any issues that are identified by the supervisee or supervisor as needing further exploration and attention will be referred to different qualified professional. There will be no therapeutic interventions for the supervisee outside of the scope of the client. Supervision requires evaluation, which is not compatible with personal counseling.

Evaluation Procedures

Goals are co-constructed and tailored supervisees' needs according to; experience, performance, setting, reason for supervision, and in accordance with current standards of practice and ethics in the field.

Supervisees will be provided continual feedback and assessed of any performance issues throughout supervision. Supervisees are provided opportunity for remediation, if needed, via written contract and procedures of due process (with exception of select gross ethical violations). Adherence to the ethical standards of ACA and WVBEC and any supervisory directives is expected and a basis for evaluation. Supervisees will be provided any written evaluation along with the WVBEC.

Types of Supervision

Supervision will take place in a secure place, for example a business or office setting. Supervision will not take place in any public setting, in order to maintain confidentiality. Electronic means, such as Skype or Teams can be used as long as you are in a private space in order to maintain confidentiality.

Group supervision will take place when there is more than one supervisee who is being supervised by the same Approved Licensed Professional Supervisor (ALPS). Group supervision will not exceed more than 50% of the total supervision requirement.

Individual supervision will take place with only the supervisee and Approved Licensed Professional Supervisor. The time and duration of these sessions can vary depending on the amount of clinical practice the supervisee has gained. See Frequency and Duration of Supervision for more details.

Frequency and Duration of Supervision

Supervision will remain a priority for both supervisor and supervisee. Per 20 hours clinical practice, there will be one documented hour of supervision, either group or individual. One hour of supervision must be provided every week, regardless of hours spent in practice. Dates and times of that supervision may vary depending on scheduling. Supervision will last a minimum of 19 months.

Confidentiality

Privileged communication is not applicable to supervision sessions. Every effort will be made to keep the content and process of supervision sessions confidential with a few noted exceptions; 1) the client's welfare is in danger of harm, 2) a written release of information is provided by the supervisee, or 3) the contract for supervision requires communication with a third-party (licensure board, etc.). If these events occur, efforts will be made to inform the supervisee of the disclosure.

Fee Schedule

Supervision for current staff of Clarity Counseling Services, LLC will be free of charge. For non-employees, payment will be based on the specific supervisory contract, including the modality of supervision (individual or group) and the purpose of supervision. The standard fee is \$25 per supervision hour. This can be paid after every individual or group supervision session, on a monthly basis (\$200/month), or in a lump sum for the entirety of supervision (\$3,800). If you are also participating in AADC supervision at the same time as ALPS supervision, there is only an additional \$200 fee for the extra supervision, application, and practice tests.

Emergency Situations

In the event of a client emergency, supervisees may contact me at my office or my cell phone. It is imperative to follow established protocols and chain of command when faced with client emergencies or ethical dilemmas. Any incidents should be either discussed or reported in a reasonable timeframe, especially if there is a diversion from the established procedures.