

Supervision Professional Disclosure Statement



Approved Clinical
SUPERVISORTM

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Credentials

Master of Arts in Clinical Psychology, University of Hartford, CT., 1990.
Licensed Professional Counselor, New Jersey # 37PC00145100
Registered Yoga Teacher -RYT 200

Supervision in the following areas:

Clinical Mental Health Counseling for adults.
Marriage and Couples Counseling of all orientations.
Group Therapy.

I have 27 years of extensive clinical experience in inpatient, outpatient, residential, crisis care and managed care and have been in private practice 16 years providing services to individuals, couples, families, and groups within a wide variety of cultural backgrounds. While I am truly a Gestalt Theorist, Therapist, and Trainor, I draw from my knowledge of other orientations as clinically appropriate. This includes person centered therapy, CBT, DBT, Motivational Interviewing, IFS, EMDR, Psychodynamic, Somatic Psychotherapy, and Developmental Couples therapy. I am also informed by my 20-year yoga practice and two yoga teacher certifications. I incorporate eastern oriented approaches such as yoga, meditation, mindfulness and other embodied approaches when requested and indicated.

Supervision Training and Experience

I received formal training in clinical supervision through "Family Intervention Service" in Denville New Jersey. There I completed the following: 20-hour training course in Clinical

Supervision; 5-hour training in Developmental Clinical Supervision; 5-hour training in Group Clinical supervision; 5-hour training in Ethical Issues in Clinical Supervision; 5-hour training in Culturally Competent Clinical Supervision; 5-hour training in Trauma Informed Clinical Supervision.

I held two substantial clinical supervisor positions in my career prior to private practice. I was a clinical supervisor of a crisis center and hotline, Waterbury hospital CT. and Assistant Clinical Director of mental health residential services, Saint Clare's hospital, NJ. Additional supervision experience from my Gestalt institute training using video tapes and live supervision in practicum as well as collaborative style supervision groups where I received and provided supervision to others. I am currently a member of 3 such groups that occur monthly. Supervision is a passion, both giving supervision and receiving it.

Model and Approach to supervision

My supervision style is relational, developmental, existential and experiential, in that order. Building a rapport with my supervisee is most important. Then discovering their knowledge base/clinical development and working with them at their growing edge. I then introduce the existential and experiential as developmentally appropriate. For example, more structure and direction for new therapists as they acquire assessment and counseling skills and how to conceptualize a case while maintaining appropriate boundaries and ethics. I use less structure and direction for seasoned therapists who tend to do best when challenged deeper into their own process work using existential and experiential approaches. This is not to be confused with personal therapy. Personal reactions are explored as they relate to the content and process of the case/client and how to use those reactions in your work with the client. When personal reactions are strong, personal therapy may be sought out and will improve the supervisees ability to do this work. Supervision groups have an added component of the group dynamic, group process and peer support. Supervisees learn from their case presentations and their colleagues'.

Counseling skills will be reviewed through case presentations/conceptualizations, case notes, video or audio taped sessions, and the manner of the supervisee's participation in the supervision process itself.

Goals of supervision

- To develop competence in standard mental health assessment and treatment modalities while encouraging learning and growing within the field.

- To gain a thorough understanding of theoretical orientations and their practical application.
- To develop clinical skills in assessment, treatment planning, implementation and documentation.
- To oversee the development of ethical decision making in the clinical setting.
- To model and promote appropriate ways to work with issues of culture, gender, sexual identity and preference, religious affiliation or other difference in the counseling setting.
- To develop the counselor's self-awareness and ability to discern his/her issues from the issues to avoid the misuse of counter transference in therapy. While clinical supervision is not therapy, in these instances it may brush up against that boundary as we discern which issues need to be discussed in supervision and which would best be addressed within the supervisee's own therapy.
- To assist the supervisee in reducing their own professional performance anxiety while increasing their professional identity and areas of expertise.

Evaluation Procedure

I use several tools in establishing goals and evaluation of these goals in supervision:

- Mutual discussion of strengths and weaknesses over time
- Self-assessment tools
- *Therapist Evaluation Checklist* by Hall-Marley (2000)

Using these tools, we will establish mutually agreed upon goals that we will review during supervision sessions and/or as required by your school or licensing board. I will keep brief session notes and have formal meetings to measure your progress on goals and identify areas that need improvement. You will be expected to repair areas of concern in a reasonable time frame unless there is a gross ethical violation.

Confidentiality

All information shared with me in the context of clinical supervision is held in confidence with the following exceptions:

- If the supervisee exhibits signs of impairment
- If the supervisee exhibits behaviors that are unethical and/or dangerous to the client
- If I, as a supervisor, am court ordered to testify about the nature of a supervision relationship or of a client of the supervisee
- If a client's welfare is in danger and it is deemed the supervisee is unable to assist the client adequately
- If a child, elderly person, or dependent person is being abused
- If I, as a supervisor, seek supervision from another licensed mental health professional or consult on your behalf to a university or licensing board.

Supervisees must inform their clients that they are obtaining clinical supervision and the bounds of confidentiality within the supervision relationship.

Fee Schedule

Professional Supervision:	\$150/hour
Group Supervision (2 supervisees):	\$75/pp/hour
Group Supervision (3+ supervisees):	\$60 pp /90min
Tape/Document Review and/or Production:	\$25/15-minutes

Contact Information

First and foremost, you must follow the emergency protocol at the facility where you are providing counseling services. Then report the issue to me along with what action you took. I can be reached at 973-601-7788. Please leave a detailed message and a number where you can be reached and a window of time. In my absence, I will designate a contact.

Code of Ethics

As your supervisor, I adhere to the *ACS Code of Ethics* as well as the *ACA Code of Ethics*. You are responsible for following the Code of Ethics applicable to your credentialing body. As an EMDR practitioner I also follow ethics related to that modality. As a Yoga Teacher, I am also accountable to the Yoga Alliance code of ethics. I encourage open dialogue with my supervisees. If you are dissatisfied with my work, please discuss it openly with me and we will work together to resolve the issue.