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## **PROFESSIONAL DISCLOSURE STATEMENT FOR CLINICAL SUPERVISION**

Thank you for considering me as your clinical supervisor. I look forward to building a relationship of trust and growth with you. This document should answer your questions about my qualifications but feel free to ask me any questions that you have and I will gladly answer them and provide you with other supporting documents as needed. At the end of this document is the Clinical Supervision Agreement Form for you to sign should we enter into a contractual agreement for supervision.

### **Professional Experience and Credentials**

I hold a Master's Degree in Counseling Psychology from Goddard College in Vermont, obtained in 1996. I was licensed in the State of North Carolina as a Licensed Clinical Mental Health Counselor (#3203) in 1998. I have been a Licensed Clinical Mental Health Counselor Supervisor in North Carolina (#S3203) since December 2011. I completed the 45 hours of training in Clinical Supervision required for licensure as an LPCS in NC between the years 2005 and 2011. I attended many different trainings and conferences during those years and met the requirements to be grandfathered in prior to the newer 45 hours course now offered through LPCANC, while working in the field as an LPC (now called LCMHC). I also served as the Clinical Coordinator at KiDScope in Orange County from Oct 2005 until May of 2007 providing Clinical Supervision to clinical staff there.

In my twenty years of post- licensure counseling experience, I have worked in two agency settings and maintained a part-time private practice giving me a broad view of the field. I work with children and families from conception through adulthood, providing play therapy, Child Parent Psychotherapy, interactive therapy for older children and adolescents, individual therapy for adults, couples therapy and family therapy. I sometimes provide psycho-educational therapy groups and parenting classes; as well as, consultation on early childhood behavioral issues and identifying and reporting child abuse and neglect. Between 2005 and 2007 I served as the Clinical Coordinator providing clinical and administrative supervision to a staff of 4-5 therapists in an agency setting. This included performing all administrative and documentation requirements as a therapist and as a clinical supervisor. Currently I provide individual clinical supervision when I feel it is a good fit with dedicated LPCA's.

I use a variety of methods and styles in therapy. This is determined by who the client is (child, adult, couple, or family) and the diagnosis, presenting issues and needs assessment. I have extensive experience treating children and adults with trauma and working in a multi-team approach with child protective services, schools and other systems where needed. I use a culturally sensitive, strengths-based approach with families and have quite a bit of experience working with immigrant families and the issues of acculturation in general. With younger children, I employ play therapy to engage them and assist them to identify and express their feelings and concerns and to introduce corrective strategies and problem solving where needed. With older children and adolescents, I use more cognitive-behavioral approaches especially where anxiety, phobias and obsessive-compulsive behavior are an issue. When working with children I involve parents as much as possible while maintaining confidentiality for the child, if I'm seeing them individually (unless there are forensic reasons or court orders not to). With adults, I employ a variety of therapeutic styles depending on their needs. I incorporate somatic and mindfulness work to assist with stress management along with parent education, Polyvagal Theory and am trained in the Safe and Sound Protocol by Dr. Stephen Porges, CBT, DBT, Family Systems Work, and the Gottman Method. I hold an empathic client centered presence while being able to challenge a client to grow when needed.

I provide clinical supervision to those seeking licensure as a Licensed Clinical Mental Health Counselor in North Carolina (whether just out of school or relocating to our state mid-career) and to those seeking professional growth post licensure. I offer supervision for clinicians serving children, adolescents, couples, and families. I do not offer supervision in the areas of career counseling, school counseling or substance abuse counseling, EMDR or Somatic Experiencing. I am a Healing Touch Certified Practitioner however, and can work with issues of Energy Medicine as they pertain to a counseling setting for people who are interested in that path of study.

### **Supervision Model**

Supervision is a place to develop the necessary skills, discernment and practice of counseling to protect one's clients and become a competent practitioner. There are many styles and types of supervision. The model of supervision that speaks to me the most is a Developmental Model which adjusts for and to the level of expertise of the supervisee. Upon entering the field, we know what we know from school and quickly learn what we do not know. The clinical supervisor is there to help us learn what *we don't know that we don't know* in a safe and supportive environment that allows the supervisee to be accountable while learning. The needs of the supervisee will change substantially over time and I aim to support and spur that growth while assuring client and therapist safety. I use a reflective model of supervision whether in group supervision, reviewing tapes, or live supervision as the situation allows or dictates. The goals of clinical supervision are:

- To develop competence in standard mental health assessment and treatment modalities while encouraging a lifelong love of learning and growing within the field.
- To gain a thorough underpinning of theoretical orientations and their practical application.
- To develop clinical skills in assessment, treatment planning, implementation and documentation.
- To oversee the development of solid ethical decision making in the clinical setting.
- To model and promote appropriate ways to work with issues of culture, race, 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 what are his/her issues to sort through in clinical supervision and what are the client's issues so as to avoid counter transference in the 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 Process**

I use several tools in establishing the goals in supervision with supervisees:

- 1) *Therapist Evaluation Checklist* by Hall-Marley (2000).
- 2) *Four Stage Model of Clinical Development and Supervision* by Robert Taibbi (1995).
- 3) Mutual discussion of the strengths and weaknesses of the supervisee over time.

Using these tools, we will establish mutually agreed upon goals that we will review during supervision sessions and as required by your school or the NCBLPC. I will keep brief session notes and provide written evaluation for you when supervision is finished or as needed.

### **Confidentiality**

Most of what we discuss in clinical supervision will be confidential but there are a few exceptions based on my liability for your work with clients and my accountability to the school or licensing body whose requirements you are meeting.

- If I have reason to believe a client of yours may be at risk of serious harm I may need to take an action to seek help for that client; therefore, your clients should likewise know that you are receiving supervision for which you must share confidential information with me.
- If you report to me that a client of yours presents a serious risk to self or other and I am not confident that it has been adequately addressed in the therapy I may need to break confidentiality to seek assistance for the client or other person in harm's way.
- If you are participating in a group supervision session with me I will not divulge private information about you to other group members. They will be operating under a confidentiality agreement as well with stated

consequences for breaching it. However, I am not responsible for the actions of any group members who fail to honor this confidentiality agreement.

- I will have to give feedback in various forms to the NCBLCMHC if you are seeking licensure as a Licensed Clinical Mental Health ,Counselor) in North Carolina and to your school if you are seeking a graduate degree.

### **Expectations of One Another**

#### **You can expect me to:**

- Maintain a confidential record of our sessions containing our contractual agreement, session notes, evaluations and other documents needed to verify our work together.
- Maintain my own credentialing and licensure requirements to provide clinical supervision.
- Maintain my own liability insurance.
- Focus on your professional development (regardless of the developmental stage in which you find yourself) in an open, honest, compassionate and respectful manner while providing feedback about your work with clients. If I feel the need to challenge or confront, I will do so in an equally professional manner that focuses on skill building.
- Keep a keen eye on the ethical guidelines and legal statutes that govern our work with clients and intervene if I feel a client's welfare is in jeopardy.
- Be sensitive to issues of diversity within our relationship and the relationships between you and your clients.
- Be available to you in the case of emergency or to provide you with back-up in the event that I would be away for an extended period of time.

#### **I will expect you to:**

- Understand the requirements of your supervision and/or training and to provide me the necessary information to track your progress (i.e. number of hours needed, **person to contact at your job**, school etc.).
- Attend all scheduled supervision sessions or provide me with **24 hour notice of cancellation** or pay the fee unless it is a true and unavoidable emergency.
- Provide me with a copy of your individual malpractice insurance with minimum limits of 1million/3million aggregate provide a copy of this to me. **I will need you to add me to your liability insurance as a covered entity. There is either a minimal or no added fee for this.**
- Follow the ACA Code of Ethics and legal statutes as they relate to the counseling profession, as well as the requirements of your place of employment.
- Have a **crisis plan** in place for your clients should you have an emergency and provide me with a written copy of it.
- Reflect upon your core values and beliefs as they impact your counseling relationships and your rapport and outcomes with clients.
- Inform all of your clients that you are receiving clinical supervision with me and my contact information should they not be able to reach you.
- Remember that clinical supervision is not psychotherapy but if your personal issues interfere with your ability to provide competent services, I will recommend individual therapy for you to resolve those issues.
- Remember that I am liable for all your work with clients so a full accounting of your work with clients is important for me to understand the scope and quality of your skills. I will want to see case notes, tapes (audio or video) as well as hear your reflections on what is going well and what is challenging in all client cases. I will need an **up to date list of your case load at all times with contact info clients in case of an emergency.**
- To have a **contract with a secondary supervisor** to cover your needs if I am out of town, ill, or otherwise unavailable due to the board's requirements of supervision for every 40 hours worked with no pre or post make up.

### Fees and Scheduling

**\$100 per hour** for Individual Supervision.

**\$ 70.00 per hour** for Group Supervision.

- **In the event of any legal or licensure related issues** that require me to attend meetings on your behalf (with board, legal representation, etc.) I charge **\$125.00 per hour** including travel time.
- **Depositions and Testimony** as fact or expert witness: **\$295.00 per hour** for preparing for and giving deposition. Travel to and from court or lawyer's office at **\$125.00 per hour**. These fees are due in advance and/or day of service based on estimate of time required.
- **All other Services:** This includes phone calls, letters, providing documentation (plus copying cost), email, and telephone consultation above and beyond the standard notes and documentation for Quarterly reports and Final reports are billed in **15 minute increments at \$40.00 per hour**. Frequent phone calls outside of an emergency context indicate to me that more frequent supervision may be needed.
- **Any time and money spent recouping costs for unpaid bills** will be charged at **\$40.00 per hour**. If a collection service or attorney is required to recoup cost, you are responsible for these charges.
- At this time, I accept cash or check and payment via credit card on my Simple Practice EHR as forms of payment.

I will do my best to secure a regular time slot that works for us both, while being as flexible as I can should the need arise. I also require my supervisees to have a back-up supervisor, in the event that illness or travel schedules on either of our parts prevent us from meeting the 40 hour/1 hour ration of practice to supervision. I will always do my utmost to be available. Your growth and development as a therapist are important to me and I want it to be a rewarding time for you. I will do my best to help you to shine.

### Emergency Contact Information

In the event of an emergency I can be reached at

Home/Office: (919) 304-5754 or Cell (919) 618-4919 (emergency)

E-Mail: [miriam.lieberman@integralcounselingservices.com](mailto:miriam.lieberman@integralcounselingservices.com) (While this is an encrypted Email, please do not include any identifying information about clients in an email).

### Concerns

I follow the American Counseling Association's Code of Ethics, as well as; the Center for Credentialing and Education's Approved Clinical Supervisor Code of Ethics as set forth in Rule .0102 of this Chapter.

I will do everything in my power to earn your trust and build a relationship of open communication with full recognition of the inherent power differential implied in a supervisor/supervisee relationship. I hope that if you have an issue with me for any reason that you will first come to me to resolve it. I will always listen and welcome your honest feedback and value the opportunity to support you in becoming a Licensed Professional Counselor in North Carolina. Should you need to share your concerns you can write to me at:

**Miriam Lieberman 1920 Western Trail Chapel Hill, NC 27516.** In the event that you have a grievance that we could not resolve to your satisfaction, you may write to the: **North Carolina Board of Licensed Clinical Mental Health Counselors at: PO Box 77819 Greensboro, North Carolina 27417** or call them at (844) 622-3572 or (336) 217-6007.

By signing this document below, we are entering into a contractual agreement and accepting the terms herein:

Supervisee signature

Print Name \_\_\_\_\_

\_\_\_\_\_ Date

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Clinical Supervisor  
Miriam Lieberman, MA, LCMHCS, HTCP

\_\_\_\_\_ Date