

CHARRISSE T. SOMME, MS, LCMHC-S

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(336)978-5783

Professional Disclosure Statement - Clinical Supervision

This statement is written to provide you with information regarding my approach to supervision, my clinical skills and my ability to meet your training needs. I look forward to the opportunity to serve you and hope that this information will help you make an informed decision regarding my services. In addition, this statement will enhance your understanding of what to expect in our professional relationship. If you have questions about the information presented in this disclosure statement, please feel free to contact me.

Credentials and Education:

I received a Master of Science Degree in Agency Counseling from North Carolina Agricultural and Technical State University in May 2000. In November of 2000 I passed the National Counselors Examination and as a result I became a National Certified Counselor (66545). I applied for licensure as a professional counselor in the state of North Carolina in 2003 post 2 years of supervised experience. Upon review by the accrediting body I was issued licensure and able to utilize the title of North Carolina Licensed Professional Counselor (4464). In 2012, I obtained the credentials to supervise associate professionals seeking licensure (S4464). I have been practicing as a counselor since October of 2000 through self employment and professional positions as a counselor, family therapist, associate professor, and group facilitator. The licensing board in North Carolina changed the designation of Licensed Professional Counselor to Licensed Clinical Mental Health Counselor. This is the current credential that will be utilized for supervision and services associated with counseling.

Philosophy, Training, Education and Approach to Clinical Supervision:

I view supervision as a partnership that is enriched through collaboration and the development of a trusting relationship between the supervisor and the supervisee. I have had the opportunity to provide both administrative and clinical supervision to employees that reported to me. During those experiences the supervision sessions addressed goal setting, problem solving, ethical dilemmas, and the development of the employees' professional competence.

It is my belief that professional growth and development is an ongoing process that requires training, peer review and consultation. By this being my belief system, I engage in these activities and receive supervision periodically and upon learning new models and/or techniques. In my quest to pursue licensure as a supervisor for LCMHC's I have completed over 2500 direct contact counseling hours and received 45 hours of continuing education credits in the area of supervision.

Upon receiving training in the area of supervision, I valued all of the theoretical frameworks but found that the developmental approach supported my style of supervision. In using this approach, I would be able to impact the supervision experience at every level by employing the roles of teacher, counselor, consultant and evaluator as supervisee change and develop through their clinical experiences.

General areas of Competence in Mental Health Practice:

- In working with diverse people with variety of issues, I believe it is best to use an integrative approach to treatment which combines different theories and different techniques. It is in my general practice to be guided by ethics, to have an unconditional positive regard for clients and do no harm to the client's that receive clinical services. In my experience as a counselor, I have had the opportunity to work with children, adolescents, adults, couples, families, and groups. As a provider of counseling services, I have had the opportunity to assist clients who presented an array of issues. In working with clients I have addressed issues such as Mood Disorders, ADHD, self esteem, marital and relational issues, stress and anger management, and parenting and communication skills. Through self employment on two occasions I had the chance to work on the cutting edge in mental health research as a team member in the Department of Psychiatry and Behavioral Medicine at Wake Forest University School of Medicine. These experiences afforded me the opportunity to develop new skills and put into practice the newest and most effective methods of treatment. In addition, I taught classes at the Community College and supervised student's completing internship experiences. Furthermore, I worked with military members and their families providing supportive counseling through the cycles of Deployment. These experiences have afforded me the opportunity to understand Military culture and address mental health issues such as Post traumatic stress disorder, life transitions, and grief and loss. Furthermore, I received EMDRIA approved EMDR training presented by Roy Kiessling which has prepared me to utilize this evidenced based model effectively.

Methods and Modalities of Supervisee Training:

Supervision shall occur on a set and agreed upon schedule as indicated in the supervisory contract that will be reviewed and signed prior to supervision sessions occurring. Supervision will be:

- Individual weekly supervision sessions for one hour
- Group supervision, when appropriate
- Feedback and guidance on counseling techniques, application of theories, differential diagnosis, and ethics
- Review of case notes and other documentation and/or recorded client sessions, as feasible and appropriate

The period of the agreement shall be from the start date until supervisee meets the hours and supervision requirements for licensure, or the agreement is otherwise terminated upon 30 days notice. The agreement may be immediately terminated if either party does not meet necessary qualifications or fails to meet ACA Code of Ethics.

Role of Supervisor and goals of Supervision

- Assist in developing a supervision plan with measurable learning objectives.
- Keep a record of your individual and group supervision sessions.
- At a minimum quarterly, evaluations concerning your counseling development will be discussed in major clinical areas.
- Consultation on your clients that you present to me. I am not responsible for your clients that you do not present for my consultative feedback.

- Provide you with training, or information on where to receive training, to increase your counseling knowledge and skills.
- Complete the necessary forms to satisfy the supervision requirement for licensure in NC.
- Professional services consistent with the NBCC and ACA Code of Ethics.

Limits of Supervisor Responsibility:

I will provide consultation on the clients that are presented to me through case records, audio/videotapes and case presentations. I will not be responsible in any way for your entire caseload or clients that you do not present for consultative feedback.

Role of Supervisee

- Submit Resume and complete all on-boarding requirements
- Prepare for and attend sessions.
- Complete homework or assignments.
- Watch videotapes of counseling sessions and complete a tape critique.
- Keep supervisor informed regarding all client issues and progress.
- Maintain liability insurance at all times (minimum \$1M single incident/ \$3M aggregate)
- Complete supervision record at each supervision session.

Evaluation:

I believe that evaluation is a fundamental component of supervision as an ongoing process that is linked to care for the client, as well as the goals of the supervisee. Evaluation and feedback are embedded in the supervision process by giving positive and constructive feedback. Supervisees are asked to provide their own self-evaluation as well. Supervisees also evaluate the supervision process at the midpoint of the process and at the end of the process.

Limits and Scope of Confidentiality: The general limits of confidentiality are when harm to self or others is clear and imminent, when child abuse, elderly abuse or abuse of persons with disabilities is suspected, or if court proceedings compel the supervisor to testify. Sessions are confidential. In rare circumstances, Professional Counselors can be ordered by a Judge to release information. Otherwise, information about you or your clients' treatment, diagnosis, or history is confidential and will not be released without your full knowledge and usually a signed "Release of Information Form". Charrisse carries liability insurance and will require her supervisees to carry insurance as well. Each supervisee will submit a copy of his or her "Professional Disclosure Statement" that is given to clients.

Fees: Fees charged reflect the community standard and the supervisee's ability to pay. Rates for supervision are set at :

Individual Sessions-	\$75.00	Group Sessions-	\$45.00 (per person)
Tape/Documentation Review -			\$20/15-minutes
Distance Supervision (phone or video chat)-			Same Rates apply as individual

Cancellations must be made 24 hours in advance to avoid full charges. Payments can be made using cash, checks, pay pal ,money orders or zelle. Compensation is due at the beginning of each session.

In Case of Emergency: Supervisees are asked to contact Charrisse at (336)978-5783 if a client emergency occurs. If you have an urgent situation that you feel needs immediate support and I am not available, please contact the nearest emergency room or dial 911.

Code of Ethics Charrisse follows the Code of Ethics of the American Counseling Association, the Center for Credentialing and Education's Approved Clinical Supervisor (ACS) Code of Ethics and the NC Board of Licensed Professional Counselors Code of Ethics.

Governing Professional Board

It is my hope that an open and honest relationship will develop and that each supervisee will feel comfortable expressing any concerns or grievances that he/she may have about the supervisory process. If we are unable to resolve the issue to your satisfaction contact can be made with the professional organization to which I am held accountable for my practice in the state of North Carolina.

North Carolina Board of Licensed Clinical Mental Health Counselors

P.O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

E-mail: Complaints@ncblcmhc.org

Signature of Supervisee

Date

Signature of Supervisor

Date