Angela Brooks-Livingston, MA, NCC, LCMHCS, LCAS, CCS (they/she)
916 F St. North Wilkesboro, NC 28659 336/902-4256
angelabrookslivingston@gmail.com

Professional Disclosure for Supervision

Degree
Master of Arts, Clinical Mental Health Counseling, 2011, Appalachian State University
Addictions Certification, 2011, Appalachian State University
Expressive Arts Certification, 2012, Appalachian State University

Licensure/Certifications
Licensed Clinical Mental Health Counselor Supervisor, State of North Carolina #S9367
Licensed Clinical Addictions Specialist, State of North Carolina #22083
Certified Clinical Supervisor, State of North Carolina #20826
National Certified Counselor, National Board for Certified Counselors #292154

Qualifications
I have worked as a counselor for 15 years, and as a supervisor for 10 years. While in graduate school, I received training on supervision through a class, Introduction to Supervision. I attended a 45-hour institute at Appalachian State University in June, 2016, entitled Clinical Supervision and Consultation. My general areas of competency include addictions counseling, DBT model of therapy, working with LGBTQGEIAP+ clients, trauma, and working with children, adolescents, and families.

Counseling Background
As a counselor, I served clients in a variety of settings. During my practicum training, I worked with college students who were struggling with substance use. In internship, I was part of a private practice for a short time where I worked with individuals and couples, along with working at a domestic violence agency with clients in crisis and fleeing intimate partner violence. The second half of my internship was at the ASU Counseling Center where I worked with college students dealing with a variety of concerns including anxiety, depression, adjustment issues, suicide, self-injurious behavior, and identity development. After graduation and obtaining my license, I worked for 8 years at Daymark Recovery Services seeing children, adolescents, adults, and families struggling with substance use, depression, anxiety, trauma, defiant behavior, suicide ideation, self-harm, affectional orientation, and gender identity. I worked with clients in individual therapy, group therapy, intensive in-home, and day treatment.

My clinical interests include anti-oppression and liberation psychology, the LGBTQGEIAP+ community, activism, and supervision. I devoted my research as a Master's student to the gender diverse community and how counselors can assist these clients.

Approach to Supervision
My model of supervision is the Bernard Discrimination Model, which means throughout supervision I am evaluating my supervisees' development, knowledge, skills, emotional

response, and professional growth. During a supervision session, I may provide emotional support, consultation, education, or skills building, depending on what arises in the supervision session. My goal is for supervision to be a safe space where supervisees can discuss anything affecting their work as a counselor. I am not your therapist and will provide referrals if I feel therapy is needed for the supervisee.

According to NC Administrative Code, each supervision must include "raw data from clinical work which is made available to the supervisor through such means as direct (live) observation, co-therapy, audio and video recordings, and live supervision" (21 NCAC 53 .0208). After reviewing raw data, we will discuss what went well, suggestions on interventions to use with the client, and what you need to work on in regards to skills. I maintain a supervision log where I document what is discussed in each supervision session, along with direct/indirect hours. This is to ensure the supervisee is not going beyond numbers of hours per supervision session. My goal as a supervisor is to assist the supervisee in professional growth, to problem solve difficult cases, learn new skills, and enhance their case-conceptualization skills. For CSI supervision, I require raw data so that I may observe your supervision skills and provide feedback.

Confidentiality and Ethics

As a supervisor, I follow the American Counseling Association"s Code of Ethics and the Center for Credentialing and Education's Approved Clinical Supervisor Code of Ethics. The contents we discuss in supervision will be confidential with the following exceptions:

1) Your performance and conduct in this clinical experience will be described in general terms when I submit quarterly reports and verification of supervision forms to the NC Board of Licensed Clinical Mental Health Counselors and other credentialing boards or when consultation with another professional is necessary.
2) If I am asked to provide information about your clinical experience in the form of a recommendation for a job, licensure, or certification.
3) Disclosures made in triadic or group supervision cannot be absolutely guaranteed as confidential. Although I will take every measure to encourage confidentiality and act appropriately if confidentiality is not upheld.
4) In the event I am presented with a court order to disclose information related to you as my supervisee.
5) You disclose you are in danger of killing yourself or someone else, or abuse of a vulnerable person.

Fees

Individual and triadic supervision sessions will last 1 hour. Group supervision is 2 hours. Currently, I charge $50 for supervision for ASU CMHC alumni. I charge $75 for non-ASU CMHC alumni. For group supervision, I charge $40 for ASU CMHC alumni and $50 for non-ASU alumni. The fee for CSI supervision is $80 for ASU CMHC alumni and $100 for non-ASU alumni.

Supervisee's Responsibility in Supervision

As you are a professional in the field, I expect supervisees to come to session on time and prepared. Being prepared means you reviewed raw data you are presenting in supervision and

have specific questions regarding technique or case conceptualization. You are also responsible for keeping a supervision log of hours and topics discussed in each supervision session. It is also your responsibility to be aware of deadlines for paperwork to the NCBLCMHC. I require supervisees to have a backup supervisor to ensure you have supervision when I go vacation or if I become incapacitated for any reason. If you are going to be late, please text or call me. If you need to reschedule supervision, please email with possible dates and times to reschedule. Be aware, supervisees may not practice beyond 40 hours a week without receiving supervision. If you work on a part-time basis, we still need to meet every other week at the beginning of supervision. This is to protect liability for both of us. I accept supervisees who are in private practice on a case-by-case basis. If you are in a private practice and I accept you as a supervisee, I require you have a consultation group that you meet with regularly outside of supervision.

Supervisor's Responsibility in Supervision

As a supervisor, I vacillate between teacher, counselor, evaluator, and consultant. There will be times supervision feels like counseling because of emotions and personal distresses brought into supervision. I will attend to the supervisee in the supervision session. I will not provide on-going counseling to a supervisee. I expect the supervisee will follow the ACA Code of Ethics, to be honest in their self-reporting, and be open to my recommendations and suggestions. If at any time I assess that the supervisee is impaired, I will bring this to the supervisee's attention and we will develop a plan to address this impairment. If we cannot develop a plan or if the impairment is severe enough to warrant immediate action, I will request that all counseling activities stop until the supervisee receives the necessary counseling/medical care to eliminate the impairment. In this case, I will ask for evidence of the supervisee's ability to return to work. I will report my concerns to the NCBLCMHC and any other necessary authority in accordance to the supervisee's position (i.e. students, or counselor).

At times, I may need to consult with my mentor. During these sessions, I may share information about my interactions and about me as a supervisor, which may or may not include our supervisory interactions. I will keep information about supervisees confidential. My relationship with my mentor is professional, confidential, and focused on my professional growth.

I abide by the NBCC, ACA, NCASPPB, and NCBLCMHC Code of Ethics as well as the CCE's Standards for the Ethical Practice of Clinical Supervision. If at any time a supervisee feels I have acted unethically, I hope we can address this in supervision. However, if a supervisee does not feel comfortable addressing the issue in supervision, they are welcome to contact the appropriate licensure body:

North Carolina Board of Licensed Clinical Mental Health Counselors
PO Box 77819, Greensboro, NC 27417
844/622-3572

North Carolina Addictions Specialist Professional Practice Board
PO Box 10126
Raleigh, NC 27605
919/832-0975

In an emergency, you can reach me at 336/902-4256. When I am traveling out of state or on vacation, I will give you two weeks' notice so you are able to schedule with your backup supervisor.

Acceptance of Terms
We agree to these terms and will abide by these guidelines.

Supervisee: _____ Date: _____

Supervisor: _____ Date: _____

Supervision Arrangements
Contact Information for Supervisee

Supervisee Name:_____

License Number_____Date license was award:_____

Date and time for supervision:_____

Supervisee Home US Postal Mailing address:

_____

_____

E-mail address:_____

Phone number:_____

Agency:_____

Agency's mailing address:

_____

_____

Your agency's e-mail address:_____

Your agency's phone number:_____