Professional Disclosure for Clinical Supervision
I am pleased to have the opportunity to serve you in the capacity as a supervisor. I hope that the information in this handout will be helpful in making an informed decision concerning my services.

Educational Qualifications: I hold a Ph.D. in psychology and counseling from New Orleans Baptist Theological Seminary. I also hold a Master of Arts degree in Marriage and Family Counseling, a Master of Divinity degree and a Master of Theology degree, all granted to me by New Orleans Baptist Theological Seminary. Additionally, I received a Bachelor of Science in Music Education and a Bachelor of Arts in Church Music from Southern Wesleyan University and a Master of Music degree in vocal performance from the University of South Carolina.

Professional Credentials and Supervisor Training:
- Licensed Professional Counselor, MHSP # 1816 - Tennessee Health Related Boards
  - original TN license date: 12/21/2004
- Licensed Marital and Family Therapist # 620 - Tennessee Health Related Boards
  - original TN license date: 8/25/2004

Tennessee Board for Professional Counselors and Marriage and Family Therapists, 227 French Landing, Suite 300, Heritage Place, MetroCenter Nashville, TN, 37243, 1 (800) 778-4123 Ext. 25138.

National Certified Counselor # 207395
Approved Clinical Supervisor # 830 recognized by CCE
American Counseling Association: Professional Member
Association for Counselor Education and Supervision
Association for Religious, Ethical and Spiritual Values in Counseling
International Association of Marriage and Family Counselors
Christian Association of Psychological Studies
Supervisor Training and Supervision of Supervision
Post-graduate course: CPIS 7903 Advanced Approaches in Individual, Marital and Family Counseling Supervision (Richmont Graduate University)
Supervision of Supervision by LPC supervisors (details available upon request)
AAMFT supervisor training – National conference, October, 2005
AAMFT supervisor refresher course – National conference, October, 2008
Clinical Member, American Association for Marriage and Family Therapists
AAMFT supervisor candidate under Philip A. Coyle, Ph.D.
Areas of Experience and Competence for Supervision:
The majority of my clinical experience has been working with clients affected by mental health concerns. Training and experience provide me with abilities to assist with concerns including anxiety, depression, stress, grief, victimization, behavior problems in adolescents, crisis situations, spiritual concerns, marriage and family counseling and other issues. I have been trained to work with problems of childhood, parenthood, marital difficulties and the difficulties which may arise related to family relationships. I have provided supervision for master’s level interns from 2001 through the present. I have worked with severe mental illness, and can work with diagnosis and treatment for a wide range of mental illnesses.

Model of Supervision: The role of the supervisor is to monitor the intern’s (supervisee’s) abilities to conceptualize cases, formulate appropriate diagnoses, and develop and carry out effective interventions. Additionally, the supervisor serves as a mentor for professional development and ethical conduct, guiding the intern to understand his or her professional role, understand the licensure process, and to recognize potential ethical dilemmas. Supervisees are expected to develop self-awareness with regard to their strengths and weaknesses as a counselor and to become cognizant of personal issues which might influence their view of clients and/or their abilities to be effective with clients. Whenever possible, interns are asked to bring in audio or video recordings of sessions. This may only occur with the written consent of the clients involved, and recordings and written records may only be transported to supervision with the knowledge and direction of the intern’s site supervisor. I will make every effort to visit the clinical setting where possible to observe live sessions where this permissible and with client consent. Interns are expected to come to supervision prepared to present cases about which they have specific questions and need direction. Interns in individual supervision are required to provide a basic roster of cases each week (anonymously) so that I have full knowledge of the case load and types. As a supervisor, I may require interns to do additional reading, and to seek out additional counseling experiences where possible in order to provide the broadest experience with regard to diagnosis, treatment and diversity. Additionally, should personal challenges become apparent, I may request that an intern seek professional counseling if necessary.

Evaluation Procedures: Throughout the supervisory process, interns will receive both written and verbal feedback regarding their clinical work, professionalism and self-awareness. Evaluation is based upon the intern’s participation, responsiveness to observations and professional and personal growth. Successful completion of the supervision process will be evaluated in light of consultation with others in a supervisory capacity and my personal conviction that the intern is ready to practice independently and has met all ethical and legal requirements to do so. Periodic evaluations will be conducted, initially at six-month intervals. Feedback concerning supervision will be honest and respectful. Clarity and forthrightness will be maintained, and either has the right to speak candidly. Disagreements as to method, theoretical approach, preference will also be handled with respect. If there is disagreement an appointment will be made to discuss the issue at a time agreeable to both. Interns who fail to attend individual or group supervision as prescribed by the Tennessee Rules for Professional Counselors and Marital and Family Therapists will not be endorsed for licensure, and lack of
attendance will be reported to the agency for which they provide service. Failure to disclose information (relevant case details, problems in the professional setting, errors in therapeutic judgment, etc.), and any misrepresentation of cases, or professional qualifications and competence are grounds for my withdrawal as your supervisor. No intern is guaranteed endorsement for licensure based solely on attendance to supervision sessions. I reserve the right to withdraw myself from any supervisory relationship which, I believe, does not meet legal or professional standards of care. My withdrawal would take place only after I have documented that clients of the intern in question would not suffer as a result of change of supervisors.

**Record Keeping:** The supervisee is required to keep a careful, ongoing record of direct and indirect hours of service. This should include hours of individual and group supervision. No intern may count as direct hours those which do not meet the requirements set by state of Tennessee. The supervisor will also keep records of the intern's supervision hours and the content of supervision.

**Confidentiality / Privileged Communication:** Interns presenting cases individually or in a group setting are asked to use pseudonyms in all written and verbal references to clients. Should interns in group supervision believe they are aware of a presented case through personal knowledge, they are asked to excuse themselves from the supervision group during that presentation. All interns are made aware of exceptions to confidentiality regarding child abuse, potential harm to self or others, suicidal ideation, and abuse to vulnerable adults. Should any intern need to make notification to authorities or others that is necessary by exceptions to confidentiality, the intern is required to notify me by phone as soon as possible after making the report. If there is no immediate danger, the intern is required to consult with me prior to making the report. I require a release to speak with off-campus clinical setting supervisors and others in a supervisory capacity. Additionally, occasions may arise where I request professional consultation regarding an intern’s case or the actions of an intern. If this is necessary, no identifiable information will be provided to the consultant. Interns are responsible to make sure that clients are aware of their status as an intern and that the clients have provided consent to receive treatment. In the event an intern is served with a subpoena or court order, he or she must contact me before providing any client information to an outside party.

**Advertising and Correspondence:** Advertising and publicity materials that indicate the supervisee’s professional credentials or scope of practice will be agreed upon by both of us before any materials are printed or distributed. Advertising and publicity materials will follow the TN Board of Examiners, and ACA ethical guidelines. In all cases, interns must clearly indicate their status in terms that are unambiguous to the general population.

**Malpractice Insurance:** Supervisee will obtain and maintain adequate malpractice insurance and Supervisor will maintain a copy of proof of coverage.

**Emergency Situations:** All interns must know the emergency procedures put in place by the agency for which they provide services. If your client has an emergency and cannot follow
through with the procedures in place by your agency, you are to instruct them or their family members to contact a local medical or psychiatric hospital or call 1-800-809-9957 or 499-2300. In the case of an emergency, the following procedure will be put into operation: first, the supervisee must do whatever is reasonable to make sure that the client is not in immediate danger. Then, the supervisee will attempt to contact the supervisor then a backup supervisor will be called. If needed, the following numbers can be called:

- Police 911 or 425-3580
- Child Abuse 266-0162
- Elder Abuse 634-6624
- Suicide Prevention 552-4636 or 622-5193 or 266-4862

Interns who are in an emergent situation may call my cell phone: 423-645-xxxx. In most non-emergency cases you may leave messages for me at 423-648-xxxx. When I am on vacation or unavailable, please contact Dr. Philip Coyle at 423-648-xxxx or 423-400-xxxx.

**Code of Conduct:** I am required by state law and my own personal convictions to adhere the ethics code endorsed by the Tennessee Board of Professional Counselors and Marital and Family Therapists (see address and telephone number above). This ethics code is produced by the American Counseling Association and is available to you upon request. Additionally, as a National Certified Counselor, and Approved Clinical Supervisor, I am bound by the standards of ethical practice as determined by the Center for Credentialing Education.

**Limits of Supervisor Responsibility:** I will provide you with supervision and consultation regarding your clients that you present to me through case records, audio/videotapes and case presentations. I am not responsible in any way for an intern’s entire caseload, clients that you do not present for my consultative feedback, or for those cases about which I am provided inaccurate or incomplete information.
Clinical Supervision Contract

Based on the above disclosure agreement, we have decided to enter into a supervision experience together and we have gone over a number of issues in order to help us create an agreed-upon context for that experience. The purpose of this contract is to outline these issues and to serve as a resource for our work together.

Supervisor: Cara Cochran, Ph.D., LPC-MHSP, LMFT
Supervisee: _________________________________________________________

• We have agreed to commit a year to this supervision contract, beginning ____________________ .
• We have decided to meet for one hour a week, at a time mutually agreed upon. The supervisee is responsible to schedule appointments.
• In case of a cancellation of a supervision session, we will reschedule again that week if possible. In case of Supervisor’s absence, an alternate supervisor will be provided.

Fees:

Expectations of Supervision: The following expectations have been identified:
• Supervision will follow ethical and legal guidelines set out by the ACA
• Supervisee will be supervised for his/her services which are in the scope of practice as a LPC
• Supervision will be focused on the enhancement of Supervisee’s skills and abilities as a professional counselor
• Supervisee will actively work toward licensure by planning for and taking the required tests.
• Supervisee will maintain awareness of any changes to licensure law.

Goals
1. To apply the principles, methods, and therapeutic techniques including diagnosis, appraisal, assessment, treatment and treatment planning, to a broad spectrum of client problems, including developmental, mental, emotional, family and DSM disorders.
2. To counsel clients from diverse backgrounds and a variety of clinical issues.
3. To gain experience in business and marketing aspects of family therapy practice.
4. To gain experience in working with couples, families, and individuals.
5.____________________________________________________________________________
6.____________________________________________________________________________

Termination of the Contract: This contract can be terminated at any time upon mutual consent of both parties providing that appropriate care of clients has been determined. The agreed-upon supervision offers no promise that the supervisee will successfully complete supervision and receive a recommendation for licensure. Accumulation of clinical and/or supervision hours does not commit the supervisor to a decision to recommend licensure or other
credential/certification. The supervisor maintains the right and privilege to terminate supervision, require remediation, recommend against licensure to licensure boards, or other actions based upon her professional judgment and responsibility to protect the public based upon reasonable expectations/assumptions if foreseen in the supervision process.

_________________________________       _________________________________
Therapist,      Supervisee Supervisor

_________________________________       _________________________________
Date       Date
Supervisee/Intern Information Form

Name:________________________________________________________________________
Cell Phone: ____________________________________________________________________
Address:_______________________________________________________________________
Home Phone: ___________________ Email address: _________________________________

Qualifying Master’s Degree
University:_____________________________________________________________________
Degree: _______________________________________________________________________
Date degree conferred: __________________________________________________________
Number of semester hours in degree: _______________________________________________

Which professional license(s) are you pursuing? (check all that apply)
☐ Professional Counseling MHSP ☐ Professional Counseling

Which examinations have you already completed toward licensure?
LPC-MHSP Examinations: ☐ NCE ☐ NCMHCE ☐ TN Jurisprudence

Internship Site: ________________________________________________________________
Physical Address: ______________________________________________________________
Mailing Address if different: _____________________________________________________
Phone number: ________________________________________________________________
Description of Clinical Setting: _________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please list at least two licensed individuals who are on site and the types of licenses held:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Who serves as your direct clinical supervisor on site? _________________________________
This is the person who will be asked to evaluate your clinical skills and professionalism on the
site, and the person to whom correspondence regarding your supervision will be directed.
All of the information above is accurate to the best of my knowledge, and my signature serves
as my acknowledgement that my supervisor, Cara Cochran, may contact my site to obtain
information regarding my work.
Intern Signature ___________________________ Date: __________________________

Supervision Communication Agreement

Cara Cochran, Ph.D., LPC (MHSP), LMFT
Richmont Graduate University
1815 McCallie Avenue
Chattanooga, TN 37404

______________________________ (supervisee’s name) has contracted with Cara Cochran, Ph.D. to receive post-master’s supervision toward Tennessee state licensure as a Professional Counselor (MHSP)

The site at which the above named intern will work is

Internship Site: ________________________________________________________________

Physical Address: ______________________________________________________________

Mailing Address if different: _____________________________________________________

Phone number: ________________________________________________________________

Communication and Evaluation: In order to better serve the intern in pursuit of licensure, it is helpful to make sure that communications between the clinical site and an off-site supervisor are clear when such communications need to take place. In my role as supervisor, I may ask that you fill out basic evaluation forms approximately every 6 months regarding the intern’s clinical skills and professionalism. Also, if you find that it would be helpful to communicate with me regarding the intern’s work at your site, I welcome any conversations that will help the intern be successful in pursuit of clinical growth.

Off-Site Supervisor Involvement: Recognizing the limits of confidentiality, I wish to be able to provide the best means of supervision possible to interns. If it can be accomplished within the ethical guidelines and policies of your site, and without compromising client care, I would welcome any opportunity to understand the mission of your site and to observe the intern conducting counseling, either by recording or through live supervision. If it is permissible for me to visit your site, to observe the intern in session, or for the intern to transport recordings or client records to supervisions sessions, I ask that you or an authorized representative of your site provide the specific requirements and guidelines of such activities on official letterhead signed by an authorized representative of the site.

Limits of Supervisor Responsibility: I provide interns with supervision and consultation regarding clients presented to me through case records, audio/videotapes and case presentations. I am not responsible in any way for an intern’s entire caseload, clients not presented for supervision or consultation, or for those cases about which I am provided inaccurate or incomplete information. As an authorized representative of the above named site, I acknowledge that the intern listed above has contracted with Cara Cochran, Ph.D. for supervision for state licensure as a mental health professional in the state of Tennessee. I agree to provide Dr. Cochran with occasional evaluations of the intern’s work and to contact her with any observations that will facilitate the intern’s successful work with clients.