

Supervision Professional Disclosure Statement

Melissa Stancil, DrPH, LCMHCS, NCC

Office: 910-292-9062

E-mail: missy@opalwellbeing.com

Qualifications

I hold a Master of Arts in Mental Health Counseling from Campbell University (completed in 2013), and I completed a three-year postgraduate residency in spiritually integrated psychotherapy from Wake Forest Baptist Medical Center (completed in 2016). I hold a Doctorate of Public Health in Health Policy, Administration, and Leadership from East Carolina University (completed in 2023). I am a Licensed Clinical Mental Health Counselor Supervisor (LCMHCS) in North Carolina and my license number is S10638. I am also a National Certified Counselor (NCC), and my certificate number is 308479. I have 10 years' experience in counseling. My clinical supervision training includes 3 semester graduate credits from Campbell University, a regionally accredited institution of higher education. I follow the American Counseling Association's Code of Ethics and the Center for Credentialing and Education's Approved Clinical Supervisor Code of Ethics as set forth in Rule .0102 of this Chapter.

Nature of Supervision

My approach to supervision is informed by feminist theory, and as such, is developmental and strengths-based in nature. My role as supervisor is to support you as you develop as a counselor, including in self-awareness and exploration. Clinical supervision is a collaborative process in which the supervisor and supervisee work together in order to achieve the following goals:

- professional competence of supervisee in the practice of counseling, including theoretical orientation(s), assessment, treatment planning, skill and technique, and documentation;
- ethical practice of counseling by supervisee according to the ACA Code of Ethics;
- welfare and safety of supervisee's clients; and
- development of professional identity in light of larger health equity framework.

Each supervision session will include review and critique of audio and/or video recordings of your current work with clients. Evaluation procedures used in the supervisory relationship include: verbal and written feedback during weekly supervision sessions, as well quarterly and final supervision reports. Any areas of concern will be addressed with you prior to documentation in reports.

Counseling Background

In my private practice, I specialize in the treatment of post-traumatic stress disorder (PTSD), spiritually-integrated psychotherapy, and supporting & celebrating LGBTQ+ communities. Previously, I have worked as both a counselor and manager in outpatient behavioral health and higher education. Currently, I counsel adolescents, adults, couples, and groups with a variety of needs, with specific experience and training in trauma (including work-related (e.g., first responders), early-childhood (e.g., ACEs), sexual assault, & religious trauma), depression, anxiety, grief and loss, stress management, sexual identity, gender identity, and spiritually-integrated psychotherapy. My primary theoretical orientation is person-centered strongly informed by existential and feminist theories. I am trained in and utilize the following techniques: Eye Movement Desensitization and Reprocessing (EMDR), Sensorimotor Therapy, Internal Family Systems (IFS), Nature Therapy, Emotionally Focused Couples Therapy (EFCT), Mindfulness-Based Stress Reduction (MBSR), and Spiritually-Integrated Psychotherapy.

Confidentiality

The issues you 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 Professional 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.

Session Fees and Length of Service

Individual clinical supervision session length and fees are as follows: Supervisor with 1 supervisee is \$120 and will last 60 minutes; Supervisor with 2 supervisees is \$160 (\$80 per supervisee) and will last 60 minutes. Group supervision is not offered. Methods of payment accepted include check or credit card with payment at time of supervision session.

Supervisee's Responsibilities in Supervision

As the supervisee, you commit to the following:

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

Supervisor's Responsibilities in Supervision

As the supervisor, I commit to the following:

- 1) Prepare for and attend all sessions.
- 2) Provide feedback each session and a formal evaluation at each quarter and at the end of the supervision contract.
- 3) Review client case notes and other materials for quality control purposes.
- 4) Complete supervision record at each supervision session.
- 5) Maintain licensure as a clinical supervisor in North Carolina.

Emergency Contact

In case of emergency, you can reach me by phone at 910-292-9062.

Complaints

I abide by the NBCC, ACA, and NCBLPC Code of Ethics as well as the CCE's Standards for the Ethical Practice of Clinical Supervision. Although supervisees are encouraged to discuss any concerns with me first, you may file a complaint against me with any of these organizations should you feel I am in violation of any of these codes of ethics.

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@ncblpc.org

Supervision Arrangements

We will meet on the following day and time: _____

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Supervisee: _____ Date: _____

Supervisor: _____ Date: _____