

A bit about Me and my Philosophy

As a bi-racial Black cis-gendered woman with a fat and able body, who may never fully escape the lower class machine, I am passionate about supporting supervisees of color and those who take up the particularly complex task of doing this work from within marginalized identities. Additionally, I'm committed to all supervisees exploring ways to extract their professional work and clinical thinking from the influences of dominant culture whenever possible and navigating the complexities of persisting in and grieving how it is not yet.

I draw from a variety of supervision models, counseling orientations, as well as cultural concepts of this thing we do called 'relating'. Supervision Models include the Multicultural Relational Perspective, the Relational Alliance Model, and the Integrated Developmental Model, though I also consider aspects of the Common factors Model and Competency-Based Model important.

Formal education, training & related influences I bring to the Supervisory Relationship

I hold a masters degree in Clinical Mental Health Counseling from Goddard College. I am also a Certified Hakomi Therapist. I completed the two-year Mindful Experiential Therapy Approaches (M.E.T.A.)/ Hakomi Comprehensive Training where I learned the Hakomi method, a mindfulness-based somatic depth psychotherapy, and I deepened those skills by going on to complete M.E.T.A.'s Hakomi Professional Skills, Advanced Clinical Maps, and Primary Attachment Therapy modules, as well as the Re-Creation of the Self Model of Human systems - a Hakomi-rooted parts-work approach. I have participated in a year-long cohort of communal consultations with Resmaa Menakem, exploring his Somatic Experiencing™ influenced approach called Somatic Abolitionism.

My extensive work with The Hakomi Method, in conjunction with newer explorations with NeuroAffective Touch Therapy as well as my personal and professional experiences with Polyvagal work, EMDR, Sexological Bodywork, The Wheel of Consent, and psychedelic-assisted psychotherapy has given me particular skill with, and orientation around, the appropriate and ethical use of clinical touch and the use of direct engagement of the consent process as well as the bodies granting that consent in therapeutic relationship. I'm passionate about curbing the re-creation of abuse or neglect in therapy that is all-too-common for folx in bodies that land outside of the manufactured ideals of American dominant culture.

I have completed 30 hours of post-master's degree supervision training with Dr. K Hixon. I am a supervision candidate under the supervision of Anne-Marie Benjamin, who you can email at: ambenji@gmail.com.

Scope of Practice

I knew from the start that working the way I wanted to, in a way that supported me and my personal and professional development, meant working in private practice. As a result, I feel skilled in supporting supervisees who are investing in their work being a source of support and nourishment, and the many behind-the-scenes tasks of being self-employed. Additionally, I am passionate about my supervisees' "personhood" development, engaging clinical countertransference as a path towards greater clinical humility, and genuine shared humanity as key components of creating reparative relationships with their clients.

I feel comfortable supervising clinicians who work with adult clients whose lives are constantly impacted by their racialized and minoritized identities and exploited classes. Additionally, I enjoy orienting toward supervisees who long to help Clients navigate attachment wounding through abuse or neglect and complex trauma.

Expectations for Supervision & Maintaining the Supervisory Relationship

- It's both of our responsibility to bring up concerns or ruptures that occur in the supervisory relationship. I treat this as a real relationship that necessarily includes real feelings, messiness, repair, and mutualism.
- As the Associate, you are responsible for tracking your clinical hours accurately and bringing your 6-month report to supervision promptly. (Please track the dates this is due). We will complete the report during supervision time.
- As the Associate, you are responsible for tracking how much supervision you need each month and getting it scheduled with me including when you need to reschedule/move sessions. I am happy to share ideas on how to make this fairly straightforward.
- As the Associate, you are expected to practice within your scope. This means that you have education, special training, or experience working with a particular client issue or diagnosis. I may also advise the consideration of what you're currently carrying professionally and personally - you may be right for this client, but are you right for them *right now*? Are they right for you? I will actively lobby that you should not abuse yourself to support another.
- As the Associate, you will notify me immediately of any legal or ethical concerns surrounding your practice or work with clients.
- We both agree to abide by the OBLPCT laws and rules and the ACA Code of Ethics.
- You are responsible for understanding the board's rules, requirements, and guidelines for clinical supervision from your position as an Associate. Please familiarize yourself with all OBLPCT requirements. This includes staying up-to-date with the policies as they change. I aim to help you remember, follow, and recognize potential issues that could arise or put you out of compliance, but that does not replace your responsibility to track yourself as well.
- You agree for me to discuss my supervision with any of your other supervisors of record although I will discuss this with you before reaching out to anyone.
- As an Associate, you agree to carry malpractice insurance. While this may not be required if you are employed by an agency or group practice, it is recommended that you have Board Complaint coverage in the case you are investigated by the OBLPCT.

- You agree that we will review several aspects of your work, which may include reviewing progress notes, reviewing recordings of sessions, and reviewing workflows for ethical and legal practices.

What supervision is not

As your supervisor, I may function as a support to you in many ways. However, there are some roles that I cannot and will not fill. I am explicit about this so that we can both be clear about this and so that we can work together to find appropriate people and systems who can and will fill those roles for you.

Your therapist - our work together will often engage your personal growth. However, whenever possible that engagement will be limited to the personal growth relevant to how you are in the role of the therapist. Beyond that, we may plant “flags” in personal material for you to explore in depth within your own therapeutic relationship. I am happy to support you in finding a therapist of your own should that be needed.

Your Vacation/Illness Coverage - Please do not assume that I am the person your clients should call while you are unavailable. It is important to arrange interim coverage for your clients with another therapist in advance of any unusual absence from your practice. I am happy to guide you through this process.

A Skills/Modality tutor - Our work together is designed to prepare you for independent practice, and while particular skills may get explored or reviewed on occasion, reviews of particular modality interventions or techniques will not be the focus of our work together. I will support you with research and contacts of ways to get educational assistance as needed.

Clinical Emergencies

In the event of a client emergency, supervisees are required to contact me (or one of your supervisors) immediately. If for any reason I am not available, supervisees will call my Supervisor, Anne-Marie Benjamin, at 503-771-3884.

Confidentiality & Privacy in Supervision

As a supervisee, you will be required to disclose to clients that you are my supervisee and explain how this affects the limits of confidentiality. My information must appear in your Professional Disclosure Statement and be made available to your clients.

Our supervision is not confidential - we do not have a privileged relationship like you do with your clients. Our work together is, however, *private*. I will keep the activities of our supervision private, with a handful of exceptions. These exceptions include:

- I learn of or witness unethical, illegal, or otherwise unsafe practices that place your clients at risk and necessitate action.

- As required or requested by the board.
- With your explicit consent to act as an advocate or support on your behalf.
- If you miss appointments without communicating or appropriate prior arrangements.

Remediation, Performance Improvement

An important, though complex, role of supervision is to ensure that clinicians seeking licensure can appropriately and ethically support their clients and do so while operating within the laws, rules, and ethical codes they are governed by.

As such a gatekeeper, It may fall to me to require you to pause, and face errors of judgment, ethical and relational breaches as well as legal transgressions. In my work we choose, as often as possible, to sit in and experience *clean pain*.

Clean pain is the discomfort, tension, and pressure that arises in us as a result of resisting or fearing doing what we know in our bones to be right and needed.

There's no room for *Dirty Pain* in our work. Dirty Pain comes from shame, the forestalling of facing a truth or a particular reality, and the contortions we make to our own values and sense of Self to achieve a faux sense of comfort or the status quo.

Remediation is a learning process designed to address how gaps in understanding or the embodiment of effective, ethical, and legal practice have come to be, and how to repair the harm that has resulted from these gaps. When we engage in a performance improvement plan of any kind it is to support you in becoming the clinician you want to be. It is important that such plans be clear and understood so that expectations and change can be documented as legally or ethically needed, and integrated for personal and professional growth.

Termination

Termination of the supervisory relationship can and will happen for several reasons. Those include;

- The successful completion of your associates' supervision agreement and the launching of a competent individual practice
- The transition to another supervisor whose work may support you more, align with your orientation differently, or otherwise meet needs that I cannot. For example, you move out of a state where I am not qualified to provide supervision.
- When it is decided that the supervisory relationship cannot continue due to persistent or egregious relational, ethical, or legal violations, or where repair and/or remediation has failed.

Costs

My standard rates are listed below. With that said, the financial burden on associates for supervision is real and potentially problematic - I'm happy to engage in conversations about making supervision costs less prohibitive for associates who are systematically disadvantaged in this field. Please note that I have a 24-hour Cancellation policy - so if you need to reschedule or cancel a supervision session, please let me know *at least* 24 hours in advance. For sessions canceled or rescheduled with less notice will be billed the full fee for the session that was scheduled. I make exceptions for extenuating circumstances that are unpredictable, simply communicate with me within a reasonable amount of time.

Individual Supervision:

\$160 for 60 minute sessions

\$240 for 90 minute sessions

Group Supervision:

\$80/pp for 90 minutes sessions

Supervisee Signature

Date

Supervisor Signature

Date