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PROFESSIONAL DISCLOSURE STATEMENT

DEGREES, CREDENTIALS, AND LICENSES

- 1994 - BA in Psychology (Southern Illinois University-Edwardsville)
- 1996 - MA in Professional Counseling (Lindenwood University)
- 2000 - National Certified Counselor (NCC)
- 2001 - Licensed Clinical Professional Counselor (LCPC) (IL)
- 2007 - Licensed Professional Counselor (LPC) (MO)
- 2011 - Registered Play Therapist-Supervisor (RPT-S)
- 2011 - Certified Clinical Mental Health Counselor (CCMHC)
- 2012 - Certified EMDR Therapist and Consultant
- 2012 - Master Addiction Counselor (MAC)
- 2018 - Somatic Experiencing Practitioner (SEP)
- 2019 - Graduate Certificate in Infant/Family Mental Health (University of Southern Florida)
- 2020 - Approved Clinical Supervisor (ACS)
- 2021 - Registered Yoga Teacher (RYT-200)
- 2024 - Infant/Early Childhood Mental Health Consultant (I/ECMHC)
- 2025 - Child-Centered Play Therapy-Supervisor (University of Northern Texas)

AREA OF COMPETENCIES

Competency refers to a counselor's skillset, knowledge, and experience, which determine their capacity to provide effective counseling services. I am competent in the following areas:

- Neurodevelopment Disorders (i.e., Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder),
- Bipolar and Related Disorders,
- Depressive Disorders (i.e., Disruptive Mood Dysregulation Disorder and Major Depressive Disorder),
- Anxiety Disorders (i.e., Separation Anxiety Disorder, Phobias, Social Anxiety Disorder, Panic Disorder, Selective Mutism, and Generalized Anxiety Disorder),
- Trauma- and Stressor-Related Disorders (i.e., Reactive Attachment Disorder, Disinhibited Social Engagement Disorder, Posttraumatic Stress Disorder, Acute Stress Disorder, and Adjustment Disorder),
- Dissociative Disorders (i.e., Dissociative Identity Disorder and Depersonalization/Derealization Disorder),
- Gender Dysphoria,
- Disruptive, Impulse-Control, and Conduct Disorders (i.e., Oppositional Defiant Disorder and Conduct Disorder),
- Substance-Related Disorders,

- Eye Movement Desensitization and Reprocessing (Certified EMDR Therapist and Consultant),
- Somatic Experiencing (Somatic Experiencing Practitioner),
- Hypnosis,
- Solution-Focused Therapy,
- Play Therapy (I am trained in Child-Centered Play Therapy, AutPlay, Theraplay, and Gestalt Play Therapy),
- Sandtray,
- Interpersonal Neurobiology,
- Coherence Therapy,
- Rhythmic Movement Training,
- Attachment and Adoption Issues,
- Divorce,
- Grief and Loss,
- Dyadic Developmental Psychotherapy,
- Mindfulness,
- Internal Family Systems/Ego State Therapy,
- Individual and Group Therapy,
- Polyvagal Theory,
- Parent Education/Parent Consultation,
- Infant/Family Mental Health,
- ADHD Assessments,
- Parenting Capacity Assessments,
- Co-Parenting Capacity Assessments,
- Attachment Assessments,
- Developmental Assessments,
- Autism Assessments, and
- Supervision.

For those seeking supervision for licensure with me, you will need to practice within my scope of competency. Anything outside of these areas, you will need to discuss it with me and/or you will need to refer the client to a counselor who is competent in that area or seek supervision from a supervisor who is competent in that area.

CLINICAL SUPERVISION TRAINING AND EXPERIENCE

- 2025 - Child Centered Play Therapy Supervision
- 2024 - Developmental Play Therapy Supervision at Its Best: Meeting Play Therapy Supervisees Where They Are to Help Them Become Who They Want To Be
- 2023 - RIOS 2: Advanced Reflective Supervision Using the RIOS Framework
- 2022 - Clinical Supervision: Integrated Developmental Model
- 2022 - RIOS 1: Using the RIOS Framework for Reflective Supervision
- 2022 - Play Therapy Supervision: Use of Developmental Models with Interns & New Therapists
- 2019 - Clinical Supervision: Confidently Address Difficult Issues and Build a Foundation for Success
- 2019 - Clinical Supervision: A Competency Based Approach

- 2019 - Clinical Supervision and Professional Development of the Substance Abuse Counselor
- 2019 - Supervision Essentials for the Practice of Competency-Based Supervision
- 2019 - Supervision: A Guide for Mental Health Professionals-Revised
- 2018 - Supervision Can Be Playful

Since 2012, I have provided supervision for graduate school interns, individuals seeking licensure and/or play therapy credentials, and in the Infant/Family Mental Health field.

SUPERVISION MODEL(S)

I utilize different models of supervision depending on the needs of the supervisee.

I utilize the Integrated Developmental Model of Supervision when supervising graduate students. I require that you show one video of your work.

For those individuals seeking supervision for play therapy credentialing, I use the Discrimination Model. I utilize case review, videotapes of sessions (at a minimum 27 sessions), experiential activities, and assigned readings in supervision for credentialing. The focus of supervision for credentialing as a play is to develop competence in play therapy. I require that you pick one play therapy approach, obtain training in that approach, and utilize that approach in your play therapy sessions.

I utilize the Integrated Developmental Model of Supervision when supervising individuals for licensure and those simultaneously seeking licensure and credentialing as a play therapist. For licensure supervision, I believe that supervision is a learning experience whereby the supervisor assists the supervisee in developing the necessary skills and competencies to practice independently. I utilize case and documentation review, videotapes of sessions (at a minimum 50 sessions), experiential activities in supervision, and assigned readings. I require that you do a minimum of 50 hours of licensure supervision if you have had prior licensure supervision.

The first six months of supervision focuses on: Interventions/Skills Competence, Assessment of Clients, Interpersonal Assessment-Use of Self, Case Conceptualization, Diversity, Theory, Treatment Plans/Goals/Documentation, and Professional Ethics/Development. The remaining time of supervision focuses on providing treatment. In undergoing supervision with me, I require that you pick at least one counseling approach, obtain training in that approach, and utilize that approach in your counseling sessions.

I use Person-Centered Supervision in supervising individuals utilizing Child-Centered Play Therapy.

I use Reflective Supervision in working with individuals in the Infant/Family Mental Health field. The goals of Reflective supervision are to reflect on thoughts, feelings, and values to strengthen relationships, foster growth, and build resilience.

EVALUATION

I utilize your school's forms to evaluate graduate students participating in practicum/internship with me.

For credentialing supervision or those individuals simultaneously seeking licensure and credentialing as a play therapist, I utilize the "Play Therapy Practice and Skills Evaluation" to provide the supervisee with feedback. The supervisee will need to score "2" or above in all applicable areas to receive a recommendation for credentialing or licensure and credentialing. Feedback will be given every 10 supervision sessions for credentialing and every 25 supervision sessions for those seeking licensure and credentialing.

For licensure supervision, I utilize the "Counselor Competencies Scale-Revised (CCCS-R)." The supervisee will need to score a "4" or above on each skill in Part I and a "4" or above in each disposition and behavior in Part II for recommendation for licensure. Feedback will be given every 25 supervision sessions.

As I believe that supervision is also to improve client outcomes, I require the supervisee to use a standardized assessment of their choosing (I would recommend the Child Behavior Checklist) with their clients. The supervisee will need to demonstrate client improvement on the Child Behavior Checklist (CBCL) scores during treatment (e.g., CBCL is given at intake, and parents score client in the "Clinical Range" with anxiety scale score. Three months later in treatment, the parents score the client in the "Borderline Clinical Range" with the anxiety scale score.).

Those seeking play therapy supervision and/or licensure supervision will be required to demonstrate improvement with 50% of your clients.

There is no evaluation in Reflective Supervision.

CLIENT CONFIDENTIALITY AND PRIVILEGED COMMUNICATION

All electronic communication and/or virtual supervision sessions between supervisor and supervisee needs to be encrypted on a HIPAA compliant platform.

I have my supervisees put in their Informed Consent that they are under supervision with me and to explain to their clients that they (supervisee) will be discussing their case with me. In addition, I have my supervisees put my name and contact information into their Informed Consent as an emergency contact (i.e., when they cannot get in touch with the supervisee).

FEES

My fee for individual supervision is \$75 an hour. My fee for group supervision is \$40 an hour. I do not provide pro bono supervision.

EMERGENCY CONTACT

My emergency contact is Teresa Schroeder. Her telephone number is 314-495-0585 and her email is teresa@southcitycounselingstl.com. If I am on vacation or you are having difficulty getting in touch with me, you can contact her with questions or to staff a case in the event of an emergency.

CCE APPROVED CLINICAL SUPERVISOR (ACS) CODE OF ETHICS

I confirm and agree that I follow the CCE Approved Clinical Supervisor (ACS) Code of Ethics in addition to the applicable licensing agency and credentialing board ethical standards and disciplinary rules.

If you have a concern or complaint, I ask that you discuss it with me. If you do not feel that I have adequately addressed your concern or am behaving in an unethical or illegal manner, you can file complaints with the following organizations:

- In Illinois:
Department of Financial and Professional Regulation
Division of Professional Regulation
Complaint Intake Unit
555 West Monroe Street, 5th Floor
Chicago, IL 60661
Phone: 312-814-6910
- In Missouri:
Committee for Professional Counselors
P.O. Box 1335
Jefferson City, MO 65102-1335

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