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Professional Disclosure Statement

Thank you for considering me to provide clinical supervision. Please note the following regarding my qualifications and experience, the type of work I do and what you can expect from me.

Background and experience: I earned bachelor's degrees in psychology and philosophy in 1986 from the University of Utah. I earned a master's degree in psychology in 1992 from Stephen F. Austin State University and a master's degree in counseling from North Carolina Central University in 1996. I have practiced as a licensed counselor (LPC #2337) in North Carolina since 1996. I became an associate member of EMDRIA in 2010 (see below for more information on EMDR). I am licensed as an LPC supervisor as of 2010, though I have been providing clinical supervision for over 10 years.

My professional counseling experience began in 1987, when I worked as a psychologist for Lufkin State School (a facility for the developmentally disabled). I continued to work with that population at Murdoch Center in North Carolina from 1990 – 1993. From there, I moved into the community mental health world, working as an individual and family therapist, clinical supervisor and program manager in community mental health centers, non-profit organizations and private practice.

Training: Between 1999 and 2010, I completed 72 contact hours in clinical supervision training. LPCS requirements mandate 10 hours continuing education training in clinical supervision every two years, in addition to the 40 hours required to maintain licensure. For my own clinical practice, I completed the basic training and consultation in EMDR and am working toward certification in this powerful method of therapy. In addition, I received training in CBT, DBT, Imago Therapy, Brief Solution-Focused Therapy, Play Therapy and Art Therapy. I am not certified as a supervisor within these specialized areas but can provide general feedback and guidance for those employing techniques from these modalities. If you are pursuing credentialing in a specific area, you should seek out a specially certified supervisor.

Current practice: My current full time position is with Duke University Medical Center, Department of Psychiatry. I work as an Improvement Advisor with the National Center for Child Traumatic Stress, assisting mental health agencies across the country to implement evidence-based, trauma-focused treatments for children.

I accept a modest number of clients and supervisees into a small private practice conducted during the evenings and on weekends. The following information pertains to my clinical supervision practice only.

Whom do I supervise? I have experience supervising a variety of individuals, both licensed and unlicensed, employing a variety of psychotherapeutic techniques with a wide age range of clients. My experience working with families allows me to bring a strong family systems perspective to the supervision work, even as it relates to individual clients. I do not provide supervision regarding treatment for specialized clinical needs such as eating disorders, pedophilia, chronic suicidality, or sociopathy.

Why do I supervise? I am a strong believer in the counseling profession and its power to assist individuals and families change lives. However, with that power comes deep responsibility. There are many ethical, skilled counselors in the field but regrettably, there are also some counselors who are lacking in the requisite skills and may therefore cause harm. I am not a supervisor who puts an automatic stamp on supervision hours – I am a supervisor who requires growth, study and real skill development on the part of supervisees. As a clinical supervisor, I see my role as a “gatekeeper” for the counseling profession.

What is supervision like and how do I provide it? Supervision begins with a relationship between the supervisor and supervisee. My approach to clinical supervision can best be described as developmental. As the word implies, the developmental approach to supervision strives to address the needs of the supervisee wherever he or she is in the evolution of counseling skills and personal development. My approach to supervision includes a strong component of personal reflectivity, in which the supervisee is directed to

gain a deeper understanding of his/her own emotional responses to clients and the issues they bring to counseling.

The role of the supervisor is one of mentor, advisor, guide, challenger, model and assistant. The role of the supervisee is one of student, journeyer, questioner, adventurer. The supervisee must have an open mind, be open to growth and challenge, be willing to take a close look at his/her own internal experiences and responses to clients.

In supervision meetings, we will discuss your clients and your approach to working with them within a counseling relationship. You will provide honest self-report. You will provide audio and/or video of sessions (with written client consent) for my observation and critique. You will come prepared with questions. I will provide honest feedback, encouragement, suggestions and occasional homework assignments. We may sometimes role play or engage in other activities to simulate counseling challenges, which will give you a safe way to practice your skills. We will do hard work and have fun.

Evaluation: As with any professional endeavor, evaluation of progress is part of the supervisory process. In the case of clinical supervision, it is reciprocal: I will evaluate your progress with regard to clinical skills, and you will provide me feedback regarding my skill as a supervisor.

Evaluation as used in my practice is 4-pronged. The first element is goal-setting. At our first meeting, and as needed thereafter, we will develop goals together for skill acquisition and your performance as a counselor.

The second element is formative evaluation. I use formative evaluation – ongoing feedback, both verbal and written – during each supervisory session. This will provide you with real-time information on your status, where you demonstrate strengths and where you need to concentrate your efforts.

The third element is self-evaluation. This critical piece of the supervisory process will require that you engage in on-going self-study. Though difficult for many people, the ability to engage in insightful analysis of your own counseling skills is perhaps the most important aspect of professional development. Self-evaluation is done through reflection (discussion, journaling, client feedback, etc.), analysis of video and audio taping of counseling sessions,

and – when appropriate – individual psychotherapy with a clinician not connected with the supervisory relationship.

Finally, I provide a summative – written, summary – evaluation of your overall performance for a predetermined period of time. I will communicate with the North Carolina Board of Licensed Professional Counselors, on the requisite form, in order for our work together to be considered for your licensure. I make no guarantee that my evaluation or that of the Board will result in your licensure; the requirements are stringent and standards are high. I can guarantee that you will receive high quality supervision from me and that those who use it wisely, in conjunction with honest effort and continued self-study, have excellent potential to become licensed.

Emergencies: I am available by cell phone most of the time, but there will be times it will be difficult to reach me. We will discuss crisis plans for your clients in advance, so that you will feel confident in knowing how to handle the occasional yet inevitable client emergency. You may also contact Durham Center Access at (919) 560-7100 for guidance in a crisis. They maintain a crisis center at 309 Crutchfield Street (just behind Durham Regional Hospital), Durham, where clients can go in person to receive emergency psychiatric evaluations, 24 hours/day. If you treat clients residing outside of Durham County, it is your responsibility to be familiar with crisis services in those locales.

Fees: My fee is \$65/hour, due at the time of service. I accept cash or checks but not credit cards at this time. I reserve the right to charge for cancellations with less than 24 hours notice. A zero-tolerance policy applies to no-shows.

Confidentiality: Just as in psychotherapy, our work together is confidential except under particular circumstances. These include any situation in which I am concerned for your safety or the safety of others (this includes risk of self-harm, risk of harm to others, abuse of children, adults, the elderly or disabled), court orders, and instances in which you give me written permission to communicate with others regarding the treatment you provide.

It is **your** obligation to inform clients with whom you are working that you are receiving supervision and that your supervisor will be privy to confidential information about them. I

maintain secure records of supervisees and their clients, the same way I do with my private psychotherapy clients.

Reporting Complaints: I strive to maintain a professional practice. If you have complaints or concerns of any kind, please do not hesitate to let me know. I adhere to the American Counseling Association's Code of Ethics and the Center for Credentialing and Education's Approved Clinical Supervisor (ACS) Code of Ethics. If you feel I have violated those standards, you may contact the licensing board:

North Carolina Board of Licensed Professional Counselors

P.O. Box 1369

Garner, NC 27529

Phone: 919-661-0820

Fax: 919-779-5642

This Professional Disclosure Statement has been reviewed and explained to me.

Signature of Supervisee

Date

Heather Langan, MA, LPC

Date