

**Professional Disclosure Statement
For Clinical Supervision**

Aparna Ramaswamy
14605 Cervantes Ave
Darnestown, MD20874

240 449 4509
240 506 2793

Educational Background and Credentials

PhD	Transformative Studies	CIIS	2012
MS	Clinical Counseling	JHU	2004
BS	Biology	India	1985
Licensed Professional Counselor Supervisor		LC2220	
National Certified Counselor		294648	
Approved Clinical Supervisor		ACS02107	

Counseling Background

I have counseling work experience in community outpatient agency & private practice settings. I have experience with adolescents and adults, providing personal, psycho-educational and psychosocial counseling services. I also have experience in working with families and caregivers. Additionally, I have experience working with adults in psychiatric rehabilitation programs.

My orientation to counseling is based on cognitive-behavioral & humanistic theories of counseling, and I employ an integrative model that combines conventional psychotherapeutic techniques. Where appropriate I utilize movement, music & meditation to effect therapeutic change. I believe that the primary process of counseling involves helping clients to find the resources within themselves in order to develop requisite skills and address themes related to their presenting problem(s) or underlying issues.

Supervision Background

My supervision training includes several years of coordinating volunteer based community outreach program in religious organizational settings. My training was formalized during an academic training course and several semesters of supervised supervision of practicum and internship counseling students.

Supervision Approach

My approach to supervision is founded in developmental models of supervision. Attention to the supervisory relationship and supervisory roles is critical to these approaches, requiring the supervisor to be intentional, proactive, and flexible. Supervision interventions are tailored to supervisees' developmental, cognitive, and conceptual levels, as well as the supervisees' motivation, skills, and personal attributes, while ensuring the needs of the client(s) are met.

Multiple roles and foci are employed in supervision. The supervisor may use a variety of roles with the supervisee, such as teacher, counselor, or consultant, addressing overall developmental goals in addition to the expressed goals and identified performance issues. Supervision may focus on interventions/techniques to use with clients, case conceptualization, professional behaviors, or the counselor as both a person and change agent. The pervasive goal of supervision is for the supervisee to gain more complex and integrative assessment, conceptualization, and intervention skills. Supervision also includes goals of increased self-awareness and may involve examining personal behaviors, thoughts, or feelings that are elicited by a client.

However, it must be stated that supervision and personal counseling are distinct activities and processes, despite any attendance to personal issues and reactions and overlap in the techniques employed. Any issues that are unrelated to the supervisee's efficacy with clients or that may be identified by the supervisee or supervisor as needing further attention are to be referred to a different, qualified professional; providing any therapeutic interventions beyond the scope of the client must be precluded. Lastly, supervision involves evaluation, which is incompatible to the goals of personal counseling.

Live observation and/or audio/video recordings are the predominant modes of reviewing counseling skills for supervision.

Evaluation Procedures

Goals are co-constructed and tailored to the supervisees' needs according to: individual contracts, performance and experience, reason for supervision (licensure/internship/credentialing), and in accordance with current standards of practice and ethics in the field.

Supervisees are provided feedback continuously and apprised of any performance issues. Furthermore, supervisees are provided opportunities for remediation, if needed, via written contract and procedures of due process (with the exception of certain gross ethical violations). Adherence to the ethical standards of ACA and NBCC and any supervisory directives is expected and a basis for evaluation. Supervisees are provided copies of any written summative evaluations.

Confidentiality

Privileged communication is not applicable to supervision sessions. However, every effort is made to keep the content and process of supervision sessions confidential, with a few noted exceptions: a) the client's welfare is in danger of harm, b) a written release is provided by the supervisee, or c) the contract for supervision provision requires communication with a third-party (university supervisor, licensure board, etc.). In these events, effort is made to inform the supervisee of the disclosure.

Fee Schedule

Supervision of counseling students in internships is free of charge, as it pertains to the specific instructional agreement and prospectus. For non-students, payment is based on the specific supervisory contract, including the modality of supervision (individual or group) and the purpose of supervision.

Emergency Situations

In the event of a client emergency, supervisees may contact me at my office or via cell phone. It is critical to follow established protocols when faced with client emergency or ethical dilemma, and any incidents should be either discussed or reported in a reasonable timeframe, particularly if there is a diversion from established procedures.

Ethical Standards

I personally adhere to the NBCC & State of MD Code of Ethics, the CCE's Approved Clinical Supervisor's Code of Ethics, the NBCC Standards for the Ethical Practice of Clinical Supervision, the ACES Guidelines for Counseling Supervisors, and the applicable ACA Code of Ethics and Standards of Practice. Supervisees are expected to adhere to ethical practice and legal standards of counseling. If a supervisee is dissatisfied with my work, they are encouraged to address the situation with me openly and directly. If the issue isn't resolved or they continue to be dissatisfied, the supervisee may contact the MD licensing board (410-358-1610), NBCC (336-547-0607) or ACA (703-823-9800).

Supervisor

Supervisee

Date