# Supervision Professional Disclosure Statement: James W. Pruett, Ph.D.; D.Min. Bridgepath Inc.

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#### **Qualifications**

I hold the Ph.D. (1997) in Psychology and Counseling from Louisiana Baptist University and the D.Min. in Psychology and Counseling from Southern Baptist Theological Seminary with each dissertation focus in clinical supervision and clinical training. I also hold the following state licenses/certifications: North Carolina LPC and LPCS, LMFT and CFBPPC; South Carolina LPC, LPCS, LMFT, LMFTS; and Tennessee LPC (MHSP); LMFT; and LPT. My clinical credentials based upon my education and clinical training include: Approved Clinical Supervisor and Board Certified-TeleMental Health Provider (BC-TMH) with the Center for Credentialing and Education; Board Certified-National Certified Counselor and Board Certified-Clinical Mental Health Counselor with the National Board for Certified Counselors; Clinical Fellow and Approved Supervisor with the American Association for Marriage and Family Therapy; Diplomate in the American Association of Pastoral Counselors/Psychotherapist and Educator with the Association for Clinical Pastoral Education; and Diplomate (Dual) and Board Certified Clinical Chaplain in the College of Pastoral Supervision and Psychotherapy. While I provided parish-based counseling since 1965 I have provided professional counseling and psychotherapy initially under supervision since 1967 and clinical supervision since 1980. My education, training and experience equips me to provide both on-site and distance psychotherapy and clinical supervision where deemed legal and ethical.

#### **Nature of Supervision**

My theory of clinical supervision is integrative through its bio-psycho-social-cultural-spiritual underpinnings. As a clinical supervisor I serve as an educator, facilitator, coach, advocate, ethicist, quality assurance specialist to help protect the public, and process clarifier for the next generation of professional counselors/psychotherapists who seek to become more fully who they are. We focus together on formation, use of self with integrity and learning how to earn an income.

I have the utmost responsibility for the supervisee's best practice care of the public but also am vitally in tune with the supervisee in counseling/psychotherapy and the supervisee in supervision of supervision being able to make the best use of self in the clinical moment and speak to how her/his practice is grounded into their body of knowledge as well as articulated in the person's theory of counseling/psychotherapy and/or supervision. In either context I know and teach various theories and practices but support the supervisee's formation in one's own clinical approach with congruity and integrity. While my own approach may be characterized a person-centered, Jungian, psychodynamic, narrative and systemic, I work with supervisees to identify both their "inner counselor/psychotherapist" and "inner supervisor" to form to the point of an intentional use of self, self-supervision, and the wisdom to know when and how to use consultation. We utilize the supervisee's learning style, signature strengths and resiliency to understand the parallelism in the lives of the persons they serve. Supervisees are encouraged to care for clients served using these perspectives in diagnosis and treatment and in the management of transference/counter-transference (psychotherapist's transference) so that no one feels

treated like a diagnosis or where techniques supersede relationships. Supervisees and I listen carefully to the contextualization of the clinical arena and its associated isomorphism.

I have developed templates to help the supervisee present a case history, process note, verbatim excerpts and video tapes with finely tuned learning questions and precedent questions pertinent to their overall caseload and self perceptions of one's formation. Assigned reading in the classics of the psychotherapeutic literature is used to help supervisees deepen their perspective on their work. The evaluative nature of supervision is outlined in the above supervisory components and is congruent with the licensure(s) and cognate group credentials that supervisee seeks. If multiple credentials are sought, then the highest clinical and ethical standards are required and articulated in the supervisory learning contract. According to NC Administrative Code, each supervision session must include "raw data from clinical work which is made available to the supervisor through such means as direct (live) observation, co-therapy, audio and video recordings, and live supervision" (21 NCAC 53 .0208).

This standard is a minimum in every supervisory session. I give supervisees a copy of my published theory of clinical supervision that articulates my supervisory perspective and how I supervise and evaluate professional formation and clinical work. This theory also is located at <a href="https://www.bridgepathinc.com">www.bridgepathinc.com</a>.

#### **Counseling Background**

My education, training, continuing education, clinical/supervisory, cognate group (national, regional and state) cognate group leadership, professional writing, and program development experience are such that I can supervise persons seeking multiple licenses and cognate group certifications in these general areas of competence and clientele in mental health: mental health centers, mental hospitals and treatment centers, prisons, parish, home-based therapy, private practice, faith-based centers, EAP's, HMO's, distance therapy, schools and colleges, and wilderness programs, TeleMental Health Provider programs.

I offer individual, couple, family and group psychotherapy; individual, triadic and group supervision; consultation for psychotherapists, clinical practices, congregations and businesses. I have been a court expert witness, supervised psychotherapists who had contracted with their respective Board to be in supervision with me as a part of their licensure reinstatement process and also provided psychotherapy for psychotherapists as well as a numerous clergy and their families.

As a Stage Four psychotherapist/supervisor it is typical for the therapist/supervisor and her/his theory of each to become almost one. My theory is Dr. Jim Pruett. I glean from my use of self in an integrated, eclectic way my ENFJ/ISTP life balance with my signature strengths (strategic, maximize, arranger, self-assurance and relator) and resiliencies: morality, insight, independency, relationships, initiative, creativity and humor. My core orientation is person-centered, Jungian, psychodynamic, narrative and systemic and gets operationalized using a mirroring energetic, temperament, learning style, strengths, and resiliency perspective. The most common techniques I use include CBT, DBT, bibliotherapy, dream diaries, active imagination, sand tray, art therapy, play therapy, anxiety and depression scales, the Myers-Briggs Type Indicator, StrengthsFinder 2.0, Damaged Model Inventory, Resiliency Mandala, creative handouts of numerous themes to facilitate communication, empty chair work with reversal, genograms, life lines, Inner Healing (Brugh Joy, MD), mindfulness, possibility sphere, spiritual and faith metaphors, projective object work, Awareness Continuum, I Message, life scripts and write a new narrative, relaxation exercises, catastrophic fantasy, putting the client in the driver's seat, and body image work etc. These interventions and techniques are chosen artfully and intuitively in a way that is congruent with the person's needs and based upon an assessment his/her/the system's readiness to claim and utilize her/his "inner therapist" and in one's life season. During the Intake I teach the person(s) both how I work and how best to utilize our professional

relationship with its limits and boundaries in order to achieve mutually agreed upon written goals through (1) seeking best practices standards and (2) setting our intent together.

## Confidentiality

The issues you discuss in supervision will be confidential with the following exceptions:

- 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.
- If I am asked to provide information about your clinical experience in the form of a recommendation for a job, licensure, or certification.
- 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

Psychotherapy intakes are \$150.00 for the on hour session for individuals, couples and families and are due at the start of the session. Thereafter, sessions are \$125.00 per session. Group sessions are \$50.00 per participant for the one and one-half hour session.

If the person seeks to utilize insurance for a company for which I am a panel member I want to make it clear that such filings become a part of one's health history and can influence other health and life insurance coverage. If a person elects to file one's own insurance for a company for which I am not a provider then a form containing the CPT code, diagnosis, and my licenses will be provided to the person. Psychotherapy session times are reserved just for the person(s) for which the hour is expressly reserved. Less than a 24-hour cancellation or a failure to keep the appointment will mean that the person is billed full fee for the missed session. Please note that Monday appointments must be **canceled by 12:000 Noon on Fridays** to avoid this charge. In the case of an actual emergency we shall discuss whether or not this charge will apply. Sessions are reserved just for the persons who have scheduled the session and when a reasonable cancellation notice is given such times may be offered to others who need to be seen. If a person wants to use insurance the Bridgepath policy is that this intension be declared at the *first* session. No changes can be made thereafter. **Please remember that you and not your insurance company are responsible for paying in full the fees agreed upon**.

**There are distinct advantages to out of pocket psychotherapy**. First, aside from the legal limits of reporting, the scope of care is private and confidential without any exchange of clinical information to an insurance carrier. Second, there is no responsibility to report a diagnosis to an insurance carrier that may affect life insurance or short or long term disability coverage. Third, you and your psychotherapist together are freer to select the best practice path for you including the focus of care, its duration, and both the frequency and length of sessions.

**Phone calls** may need to occur in our process together whether it is for psychotherapy or supervision even though the context and energy of our work together will be during our sessions. There will be no charge for the first ten (10) minutes; however, the rate afterwards will be \$2.00 per minute. We shall not communicate through texts and email messages in order to protect privacy and to promote the clearest and more direct communication. If you leave me a voicemail, please be brief and share both times and numbers when you can be reached and check to be sure that your voicemail box is set up and not filled.

Supervision fees are \$110.00 per hour for individual supervision. Triadic supervision must be for a minimum of two hours with each person presenting. The total cost for triadic supervision is \$220.00 divided equally by the two participants and calculates to \$110.00 per person. These sessions also have the 24-hour cancellation policy noted above. In triadic supervision each person must pay so that the person who attends is not penalized by the other person's absence. Group supervision lasts a minimum of three hours (\$330.00) and so the hourly rate of \$110.00 is multiplied time the length of the group divided by the number of participants. If a supervisee does not keep the group supervision session s/he still must pay one's pro rata fee so others are not encumbered. My experience has taught me that group supervision generally should be limited to six participants in order to have adequate presentation time with video tapes, air time for each participant and to keep up with the allied issues or cases that previous have been presented as well as those related to emergency and ethical issues.

Methods of payment that are accepted for psychotherapy or supervision are cash, check, HSA card, and credit card (VISA and MasterCard for which there is an extra \$2.00 charge) and a receipt will be given for your record. Bridgepath policy is that each person must keep a current credit card on file with the office to secure one's account against any unpaid balance.

#### Supervisee's Responsibilities in Supervision

- Prepare for and attend all sessions. Supervisees are to email confidential, encrypted supervision templates to the supervisor and if it is either triadic or group supervision to one's peers by 8:00 PM the night before clinical supervision.
- 2) Complete homework or assignments.
- 3) Watch videotapes of counseling sessions and complete the video critique as noted under 1.
- 4) Keep supervisor informed regarding all client issues and progress with the precedent template.
- 5) Maintain liability insurance at all times (minimum \$1M single incident/ \$3M aggregate) providing the supervisor *ongoing* with a copy of the face sheet to assure one's current coverage.
- 6) Complete supervision record at each supervision session.

#### Supervisor's Responsibilities in Supervision

- 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 state licensure and cognate credentials as a clinical supervisor for each state and each cognate group for which I supervise.

#### **Emergency Contact**

In case of emergency, you can reach me by phone (704) 577-5862.

#### 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 as well as the Code of Ethics for every state licensure and cognate group certification for which we contract for you to seek credentials. We mutually agree that we shall practice in accordance with the **most** stringent ethical code to which we are accountable. 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 the following codes of ethics.

North Carolina Board of Licensed Professional 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

North Carolina Marriage and Family Therapy Licensure Board 201 Shannon Oaks Circle Suite 200 Cary, NC 27511 919-654-6914

North Carolina State Board of Examiners of Fee- Based Practicing Pastoral Counselors P.O. Box 447 Kernersville, NC 2785-0447 336-794-3470

Board of Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists P.O. Box 11329 Columbia, SC 29211 803-896-4300 Tennessee Board of Licensed Professional Counselors, Licensed Marital and Family Therapists, and Licensed Pastoral Therapists 710 James Robertson Parkway Nashville, TN 37243 615-523-5088

## Psychotherapy Arrangements

We will meet regularly for psychotherapy according to the above standards.

-	
	Date:
Signed	

Signed Date:

\_\_\_\_\_ Date: \_\_\_\_\_

Psychotherapist

**Acceptance of Terms** 

# • Supervision Arrangements

We will meet regularly for clinical supervision commensurate with our signed supervisory contract.

# Acceptance of Terms

We agree to these terms and	d will abide by the above guidelines.	
Supervisee:	Date:	_
Supervisor:	Date:	