

**Liliana (Lili) R. Sznaidman, MS, LCMHC-S**  
**LRS Ctr for EMOTIONAL WELLBEING, PLLC**  
**P.O. Box 52715, Durham, NC 27717-2715 (919) 403-8571**

*Psychotherapy for Individual Adults, College & Graduate School Age, & Clinical Supervision*  
*Services also available in Spanish*

### **Supervisor Professional Disclosure Statement**

Welcome to my practice. I am pleased that you have chosen to seek my supervision services. I am looking forward to an enriching and mutually rewarding relationship.

Following, I provide you with a description of my educational credentials, clinical and supervisory experience, as well as my orientation in my supervision practice. I hope you will find it informative, and that it may give you a clearer idea of my working style.

I have earned a combined Masters of Science, and Specialist in Education Degrees (66 Semester Hours) from the Counseling and Educational Development Department at the University of North Carolina at Greensboro, in December 1996.

I hold the following Licenses and Certifications: Licensed Clinical Mental Health Counselor (LCMHC) # 3407, and Licensed Clinical Mental Health Counselor Supervisor (LCMHCS) #S3407, both granted by the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC) in 08/1999, and 06/2010, respectively; "National Certified Counselor" Certification # 46941, granted by the National Board for Certified Counselors, Inc. (NBCC) in October 1996; "Approved Clinical Supervisor" credential # ACS00729, granted by the Center for Credentialing and Education (CCE) -a subsidiary of NBCC mentioned above, in August 2008.

I bring over twenty (20) years of combined pre and post Master's clinical experience in the field, providing mental health services in community settings to socio-economic and ethnically diverse populations.

Since attaining post Master's professional training in Psychoanalytic Theory and Technique through the Psychoanalytic Psychotherapy Study Center of NC in the last couple of years, I have been involved in a monthly Psychoanalysis study group, and am currently receiving clinical individual supervision within that framework.

In addition to working with a variety of clinical disorders and a diverse client base, I have also served as field supervisor for student interns from Master's level clinical training programs since 2004. I have also participated –and continue to do so, in individual and group supervision with professional colleagues.

Throughout the years, I have earned forty-five (45) continuing education clock hours specifically in Clinical Supervision, in addition to all other CEUs which are required for maintaining the Licensed Clinical Mental Health Counselor (LCMHC) license.

My specialties and interests include mood disorders, women's issues, grief and loss, marriage, relationships, spirituality, career and work related difficulties, bicultural concerns, and working with adult individuals, couples, and college/graduate school age populations. I also offer bilingual -in Spanish, culturally savvy clinical services.

My preferred supervision style is one of acting as a guiding catalyst to the inner process of the supervisee's development into a solid mental health professional. I believe that—inasmuch as it is true in psychotherapy and counseling, the supervisee in this case, has the answers to their dilemmas and hesitations in the treatment they are providing. However, they may not always be able to access them readily. I am happy to provide a learning environment and direction to resources for learning, while at the same time, drawing from the supervisees' capacity for self-reflective and critical thinking.

All of our supervision sessions are confidential in a similar fashion that clients' therapy sessions normally are. However, there are some limitations to confidentiality, and these relate to your clients and situations involving their homicidal and/or suicidal intent or plan, or their abuse and/or neglect of a child and/or elderly.

Confidentiality will also not be held in situations in which it is suspected and/or clear to me that you are conducting your relationships with clients in an unethical, dubious manner, or are in any form jeopardizing the well-being of any of your clients or their families.

I will evaluate your growth as a Mental Health Counselor through our focusing on your increasingly polishing your diagnostic, counseling, and intervention skills with clients, and your receptivity to their responses and to my constructive feedback. I will also evaluate you based on your willingness and ability to gain further insight into your professional identity and on your self-awareness on what you, as an individual, bring into your mental health counseling and supervision relationships.

It is your responsibility to provide me with accurate information regarding your Direct and Indirect counseling practice hours attained each quarter, as well as your count of our supervision hours, **with ample time for me to** meet the required deadlines set forth by the NCBLPC. You are welcome and encouraged to provide me with this information via email, such that we each keep a written record.

NCBLCMHC Quarters are as follows: 1<sup>st</sup> -January-March; 2<sup>nd</sup> –April-June; 3<sup>rd</sup> –July-September; 4<sup>th</sup> -October-December. The NCBLCMHC allows report submissions for up to 30 days after the end of each Quarter.

My professional fees for Clinical Supervision –for which I accept cash, personal checks payable to “*LRS Center for Emotional Wellbeing, PLLC*”, and major credit cards –which will carry an additional processing fee, are as follows:

- Less than Half-Price for the initial consultation: This is an opportunity for both of us to get to know each other and ascertain a potential good working match. There is a charge for this session because I allot a FULL hour to meeting with you, and will offer you my suggestions and insight whether or not we decide to work together→ More than Half off indeed means that I absorb the remainder cost of the hour as a write-off for my practice!
- **For fully licensed professionals:** \$100. - Per hour of Individual Supervision
- **For those working on a restricted license towards attaining full licensure:**
- **Option #1 –Individual Supervision:** \$85.-/ per hour (a 15% discount\*), \*provided you are not being reimbursed by your employer (i.e.: you are paying for my services out of pocket). These sessions will include our jointly viewing/listening of video/audio material of your sessions with clients during the supervision hour

- **Option #2-Dyadic “Individual” Supervision** (Two Supervisees Max.) \$60./hour
- **-Supplemental Sessions (Optional) in Group Supervision** (Three or More Supervisees): \$60.-/ 2-Hours Session

**I require a 24-hour minimum advance notice for cancellation of a scheduled clinical supervision/consultation appointment, or else the full fee will be charged. Barring dire life threatening emergencies, I hold a zero tolerance policy to repeated patterns of no-show/late-cancelled appointments, as these habits tend to reflect supervisee’s overall professionalism and dependability towards clients’ scheduled appointments.**

**In case you need to reach me in a timely manner, please contact me **only by phone** at my private practice office at: (919) 403-8571, including for time-sensitive cancellations of supervision sessions. This is important because I receive and retrieve voicemail messages much more immediately than I monitor emails.**

**In the spirit of attending to the dubious nature of security of electronic communications, please, refrain from emailing client material **of any kind.** We will discuss all client related information during our supervision sessions.**

**Emergency Situations:**

**If you have an emergency involving a client, please contact your supervisor at work. I will not be responsible for your day-to-day activities if you are working in a school, agency, or group practice other than the one at which I am employed.**

I follow and abide by the American Counseling Association’s, (also adhered to by the Licensed Professional Counselors Association of North Carolina), and the Approved Clinical Supervisor’s respective Codes of Ethics and Standards of Practice.

If you have any concerns, I would strongly encourage you to discuss them with me. However, if you felt that I had violated your rights and decide to file an official complaint with the respective boards granting the supervisor or other licenses, their contact information follows below:

1. North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC)  
P.O. Box 77819 Greensboro, NC 27417; (844) 622-3572 or (336)217-6007  
<http://www.ncblpc.org/>.
2. National Board for Certified Counselors (NBCC)  
3 Terrace Way, Ste. D, Greensboro, NC 27403-3660, (336) 547-0017;  
<http://www.nbcc.org/>
3. Center for Credentialing in Education (CCE)  
Ethics Office, 3 Terrace Way, Greensboro, NC 27403, (336) 482-2856;  
[ethics@cce-global.org](mailto:ethics@cce-global.org)

**Any portion of these Policies may be changed without prior notice, but updates and changes will be provided to supervisees in a timely manner.**

I look forward to our working relationship, and hope that you will find it to be a learning and worthwhile experience.

**Date:**

**Date:**

Signature of Supervisor

Signature of Supervisee

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Liliana R. Sznaidman, MS, LCMHCS

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(Printed Name of Supervisee)