

## **SUPERVISION DISCLOSURE STATEMENT**

**Lee Underwood, Psy.D.  
Licensed Clinical Psychologist  
Certified Sex Offender Treatment Provider  
February 7, 2017**

### **Introduction**

This document is designed to establish a base for our supervision relationship. It is meant to provide you, the supervisee with an initial understanding of my training as a behavioral health professional, and my values and priorities as a supervisor.

I hold a Psy.D. in Clinical Psychology from Wright State University School of Professional Psychology. I received this degree in 1993. I also have a Masters degree in Counseling from CBN University. I received this degree in 1988. I was licensed as a Professional Clinical Counselor in Ohio from 1990-2000, licensed as a Psychologist in Ohio from 1994-2013 (currently inactive); licensed in Michigan until 2014 (inactive). I currently hold a license as a Clinical Psychologist in Arizona.

### **Clinical Experience**

I have worked in the mental health profession as an individual, group, family therapist, supervisor, faculty, consultant and psychometrician since 1988. I have amassed over 9,500 hours of individual, group, couple and family therapy all of which has been under weekly supervision—both mandated by pre-licensure regulations and, when not required, by voluntary commitment.

Counseling is a cultural endeavor where a foreign entity (the counselor) enters the life space of another as an invited guest. Key to understanding the host and in creating effective intervention is to know one's place and position as a visitor who serves at the request of the client. This means that all counseling is multicultural, and the humility and flexibility required when one crosses physical borders is necessary when one crosses psychological barriers in counseling and precincts of learning in supervision.

The majority of my clinical work has been addressing adolescents in conflict, both males and females. Most often I have addressed these adolescents using a cognitive behavioral contextual theoretical paradigm. I have developed a model of care utilizing the numerous components of the social learning, behavioral and cognitive behavioral traditions for adolescents and adults with sexually maladaptive behavior.

I also am experienced addressing a variance of psychopathologies including depression, anxiety, behavioral disruptive, substance abuse, personality, severe mental illness, sex trafficking, complex trauma and traumatic experiences. The latter has led to opportunities to address with clients the effects of childhood trauma, complex trauma, survivors of sex trafficking including the formation of dissociative identity and other ego defense functions.

An early interest, and one that I have carried through my professional endeavors has been working with ethnic minority clients including African-American and Latino clients. I believe that the profession of “talking therapy” is less conducive for forensically involved clients and a psychology of personal responsibility is as effective.

Likewise, my work with offenders and victims has evolved into a collaborative relationship which emphasizes understanding of the individual’s needs, intentions, obstacles, and frustrations in light of social, familial, personal empowerment and personal expectations. My work with adolescents has focused on attending the youth’s need through the family system and other collaborative systems of care.

I have published over 60 journal articles in refereed journals. Also, I have published over 10 Technical governmental reports, over 10 treatment curricula including the treatment of sexually maladaptive behaviors, sex trafficking, co-occurring mental health and substance abuse, gang reduction programs and in-home programs. I have published two books on adolescent care and in the process of completing a treatment manual for juveniles with sexual behavior problems.

### **Theory of Supervision**

I employ a collaborative developmental style of supervision. I view this process as a component of your individual and professional maturation. I see supervision as highly personal—that in the realization of facets of yourself through a shared reflective process--greater complexity in our professional competence will result.

I find that the developmental models of supervision are extremely helpful in creating a language through which I can understand the supervisee. I see the developmental process more phenomenal than the developmental models suggest, therefore my supervision sessions commonly have a more spontaneous characterization.

I value initial and progressive assessment of clinical and personal competencies so to always be purpose within supervision. This prevents the natural tendency toward “digression to chat”, or the natural avoidance of issues and factors that promote change for the supervisor or the supervisee.

Because my style of supervision is intended to be highly personal, the common variance between supervision and counseling requires constant attention. The potential conflict of interest emerging from a dual relationship (supervisor—counselor) or in some case tripartite relationship (supervisor—counselor—professor) is high because I operate theory that advanced counseling skills emerge through advanced maturational skills. Supervision becomes the avenue through which you as the supervisee and I as the supervisor can become aware of our need for maturity. Therefore, I am willing to engage in conversation with you regarding personal matters in so far as they related to the well being of the client, and your emerging ability to assist the client with his or her needs utilizing your personality and life experience converging with clinical skills. However, supervision is not the environment to resolve or develop insight around our respective

maturation, but it is often an environment where we discover our need for continued growth.

Respect and regard for the delicate and essential balance between our multiple roles and our common mission will be essential for success. Every session of supervision should address this boundary in some way so as to insure constant vigilance.

### **Confidentiality**

The unique nature of our supervision—merits the acknowledgement of limits to confidentiality. Details related to your personal growth as they relate to your progress with your employer are to be held confidential. However, facts regarding your progress are not confidential when they are discussed with your employer who has a stake in your advancement. This is because as a supervisor, I am mandated to protect current client and counselor well being that you oversee, but primarily I am mandated by the APA and ACA Code of Ethics to protect future clients from harm due to inappropriate promotion, graduation, and licensure of individuals who demonstrate a lack of proper professional restraint or insufficient command of essential clinical competencies. Issues may emerge that that will mandate frank discussion regarding the appropriateness of your assignment as a behavioral health provider and sex offender treatment provider. When necessary, you or I may consult with others who can serve to facilitate our respect our respective roles as supervisor/professor. My consultation of your advancement with your employer may be appropriate and necessary.

Because of the gravity of these issues, regular discussion of my perception of your advancing abilities and the articulation of your needs is essential. Both of us are to regularly initiate conversation regarding my evaluation of your progress.

### **Complaint Procedures**

If you believe that I have violated the explicit or implicit contract contained in this document, or the professional code of ethics please discuss this with me at 757-630-4442.

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Lee A. Underwood, Psy.D. Supervisor

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Date

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Supervisee's Signature

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Date