

Angela Wiley

MA, LCMHC, LCMHCS, LCAS, NCC, MAC, RDT/BCT, BC-DMT, CTTS

Office: 4112 Spring Garden Suite B Greensboro, NC 27404

Mailing: 5603 B West Friendly #103 Greensboro NC 27410

Angela@dance-drama-therapy.com (336) 698-6723

My Background

I am a dance/movement therapist, drama therapist and verbal therapist. I hold concurrent BA degrees at Arizona State University in 1997, in Dance and Theater and Psychology. I graduated from Antioch New England Graduate School in May 2001 with a Masters in Dance/Movement Therapy with a minor in Counseling & completed the alt route training as a drama therapist.

My certifications include; a Licensed Clinical Mental Health Counselor (LCMHC) in North Carolina #6642, LPC in South Carolina # 4676 and Licensed Clinical Mental Health Counselor Supervisor (LCMHCS) #S6642 in NC. I have a Licensed Clinical Addiction Specialist (LCAS) #1591. I also hold a National Certified Counselor (NCC) # 210555, a Master Addiction Counselor (MAC) with NAADAC # 507405 a Board Certified-Dance Movement Therapist (BC-DMT) # 1047, and a Registered Drama Therapist/Board Certified Trainer (RDT/BCT) # 71. I am a Clinical Counseling Supervisor (CSS) with the state of NC # 569. I am also a Certified Trauma Treatment Specialist (CTTS) with the Association of Traumatic Stress Specialists.

I have worked as a therapist for the past 20 years with children, adolescents, adults and families. I have specialized in working with victims of abuse, people with developmental and physical limitations, and individuals struggling with eating disorders and substance abuse.

I use dance therapy, drama therapy and counseling psychology with a Gestalt and psychodynamic approach in my practice depending on what best suits the individual seeking therapy. I like to think of dance and drama therapies as additional tools to the traditional verbal therapies. Instead of only sitting and talking about your problems, feelings and experiences you can add the opportunity to get up and express them through dance, movement, and drama.

Supervisory Experience

I have competence in mental health practices and am able to provide clinical supervision in the following areas: private practice counseling, in-pt psychiatric counseling, dance/movement therapy, and drama therapy, addictions counseling and working with victims of abuse.

I have worked as a clinical supervisor since 2006 supervising BA and MA interns from University of North Carolina Greensboro, Elon, A & T and other universities. I continue to teach and guide supervisee's development as expressive arts therapists and verbal therapists. I have served as an on site supervisor at Cone Health, a Child Advocacy Center and at a residential treatment center for adults with dual diagnosis. My training includes practical experience and a 45 hours of training specific to clinical supervision. I use a developmental model for supervision.

The Supervisory Relationship/Evaluations

Angela uses several models of supervision including a developmental approach & integrating expressive art therapies. In the role of the supervisor Angela serves as a mentor, teacher and guide she will **not** serve as the supervisee's therapist. Objectives and goals will be established upon signing the initial contact. These goals may include; assuming leadership, demonstrating competency, addressing transference and counter transference in the therapeutic process and managing crisis intervention in therapy groups and in a residential milieu. Each supervisee will be observed leading a therapy session (live observation) as well as have the opportunity to use audio/video tape review, self report and role play to demonstrate competency. Supervisees will be evaluated upon their own set goals, live observation and their ability to articulate chosen theoretical frameworks within their work. Evaluations will be given monthly (informal/verbal) and every six months (formal/written). Each 3 months a written report will be submitted to the LPC board and we will confirm current hours. A final evaluation will be given at the completion of hrs that will be sent to the board either recommending for or against licensure. Angela has a formal evaluation form that can be used to document positive and negative actions; this can be initiated by either the supervisee or Angela at any time. The supervisee agrees to maintain current personal liability insurance during the periods of this supervision. It is **asked** that Angela be added to this policy and you must provide her with a copy of this policy.

Therapy Statement

I understand that it is common in clinical training for supervisee's to experience some therapeutic benefits from their experience but, they are not in the role of the client. Additionally Angela will **not** take on the role of the therapist. If supervisee's need of extra support they will be encouraged to be in a separate on going therapeutic relationship with another licensed therapist.

Confidentially

You must inform your clients that you are receiving clinical supervision and that information may be shared for the purpose of supervision/training. You may tell them that the scope of this privileged information follows the same guidelines of a therapeutic relationship and is held in accordance with the appropriate governing boards standards of ethics and confidentially. This means that all information shared is kept confidential with the following exceptions; if someone is at risk of harming them self or others, or if abuse is disclosed regarding a minor child or an elderly person. This includes prenatal exposure to controlled substances that are potentially harmful and potential health risks regarding communicable diseases. Mental health records can also be subpoenaed by a judge for use in court proceedings. [REDACTED]

Supervisee's agree to **immediately** report any suspicion and/or direct knowledge of child or elder abuse/neglect to the appropriate agency **and** to Angela Wiley. Supervisee's also agree to **immediately** report any disclosure of a client stating intent to harm themselves or others to hospital assessment and/or law enforcement **and** to Angela Wiley. Supervisee's agree to seek **immediate** supervision if unsure how to respond to these disclosures or to any emergency situation involving a client. During the call/Txt supervisee's must state it is an emergency. [REDACTED]

Missed sessions

Each supervision session ends at the appointed time and is considered a full session even if the supervisee is late. **A full fee is charged for missed appointments or no show cancellations with less than a 24 hour notice unless due to an emergency that is beyond your control (severe car accident, severe illness, etc).**

If there is snow, ice, or something else I will follow the Guilford County School System delay and cancellation schedule. No cancelation fee will be applied in this case.

If you are ill, (throwing up, have a fever, etc) do not come into the office. Just call Angela and let her know you are sick. She can either talk to you over the phone **with video feed** or reschedule an appointment for when you are feeling better. You must call Angela and let her know if you can't make it to your appointment within **24 hours of your appointment so you will not be charged. Remember if you don't get 1hr of supervision for every 40 hrs worked you are ineligible to work; this will be reported to the board.** It is your responsibility for getting the proper software/computer to do video sessions. Angela Will allow 1 "test" run prior to the first new program but that is it, if it **does not work and it is your fault you will be responsible for the fee even though supervision did not occur.** Be prepared with a full charge on your devices, in a **stationary private** place where you get reception. Also be prepared to show a work sample in each session, **if you fail to do this supervision will not count for the NCBCMHC.** [REDACTED]

Complaints

Complaints can be addressed with the North Carolina Board of Clinical Mental Health Counselors at: 7D Terrance Way GSO, NC 27403 (336) 217-6007, or The DHHS Customer Service/ Community Rights (919)-715-3197/1-800-662-7030

Termination

If for any reason either party needs to terminate this contract or change intended hours, reasons will be discussed in a termination meeting. This will occur with Angela Wiley and the supervisee where both will sign the appropriate form(s) stating the number of hours completed and any additional requirements met. Angela will complete an ending evaluation to be given to the supervisee within 2 weeks. Angela will allow a period of 2 weeks for this meeting to take place once supervision has ended. If no meeting occurs within the time period the availability to have a termination meeting is forfeited. Angela will need all fees and final hours within 24 hrs of being notified supervision will end. [REDACTED]

I _____, the supervisee; do hereby enter into an agreement with Angela Wiley, as my LCHMC supervisor. This contract is a "living document" and must be reviewed and updated annually. The content of this contract does not supersede the requirements outlined by the supervisee's respective governing body and it is the responsibility of the supervisee to ensure that they understand and uphold their governing body's requirements. All LCMHC supervisees will follow the American Counseling Association's Code of Ethics and the Center for Credentialing and Education's Approved Clinical Supervisor (ACS) code of Ethics.

Fees

I _____, the supervisee agree to the intent to complete a total of _____ hrs individual and _____ hrs of group supervision with Angela Wiley. I agree to pay the rate of \$100 per hr for individual and split the rate of \$300 for 2hrs for group supervision. It is the supervisee's responsibility to negotiate the creation of a group/triad and the splitting of the fee. Angela will work off a 60 min hr for supervision. Angela accepts cash, check and credit card (surcharge may apply with credit card). A charge of \$25 for returned checks. An extra charge will be added if perusing more than one license/certification. Payment is due at the time of the supervision session. A grace period may be given but not to exceed 45 days. If fees are owed beyond 45 days supervision will cease and a final report will be sent to the board. _____

Expectations

I understand that the supervision process requires periodic evaluations. I will be asked to regularly submit written material and/or recordings of my work to provide Angela with an accurate picture of what is happening in my groups and individual sessions. Regular supervision rates will apply for reviewing written material and taped sessions this will occur during a normal supervision session. During the supervision process at least one site visit where I will be observed conducting a session or group will also be required. Regular supervision rates will apply plus regular supervision rates for travel to and from the site. **It is the supervisee's responsibility to provide Angela with samples of work and ways for her to observe me with clients.** _____

I the supervisee agree to have contact with Angela **at a minimum of every other week** consisting of supervision or "checking in" (TX message, e-mail or phone call). This contact will be of a supervision nature about work, growth, etc. I will alert Angela to any change in work setting, population served or modality used as well as changes to my disclosure statement, liability insurance, telephone, email, or address within 1 wk of the change. Angela **MUST** be informed of all work. If working PRN/part time Angela needs to know when each shift is occurring. If supervisee does not return calls/TX messages from Angela for more than 2 weeks with no advance notice (i.e. going on vacation etc) a warning will be issued then if the situation does not improve the following month supervision will be terminated. **It is my responsibility as the supervisee to initiate contact with Angela.** _____

Permission will be given to contact any and all work sites/additional supervisors to discuss progress, dates and times of supervision, professionalism and anything else deemed relevant to performance as a supervisee. If the ratio of 1hr of supervision to 40 hrs worked is not followed this lack of compliance **will be reported to work setting and to the NCBCMHC.** I agree to come to supervision sessions prepared to staff a case or struggle and present sample, this sample will be queue and ready and is suggested to be at least 20 mins in length. I understand to maintain confidentially that supervision must occur in a **private, stationary (not moving) location that is free of distractions.** _____

Emergency contact information

Angela can be reached at (336) 698-6723 in case of emergencies. This is a public number and may be shared with others. If a supervisee has an emergency (something that you must act upon **NOW or within 24 hrs** regarding a client and don't know what to do) requiring immediate supervision you **must** call Angela and **state** this need. This can be used as board supervision only if it meets the requirements for your board (LCMHC needs an interactive and visual component), if the supervisee chooses not to, no charge will occur for the "crisis supervision".

By signing I consent to supervision and indicate that I have read, understood, and agreed to the information included in this document, and that any questions I have in regards to this form have been answered to my satisfaction.

Revised 1/2/2020

Supervisor Signature _____
Supervisee Signature _____

Date _____
Date _____