

Professional Disclosure Statement Clinical Supervision



MAR
Mental
Health
Therapy
PLLC

the purpose of therapy is wellness

Dr. Margaret Robertson, MAR Mental Health Therapy, PLLC

1. Contact Information

Name: Dr. Margaret Robertson, DMin, LPC, LMHC
Business name: MAR Mental Health Therapy, pllc
Business address: 5572 Skyfall PL NW, Bremerton, WA 98312-7801
Telephone: (541) 630-3888
Email: marmentalhealththerapy@gmail.com

2. Degrees, Credentials, and Licensure (Chronological)

Education and Training

- Bachelor of Science, Sociology — University of Oregon, Eugene, OR (1985–1989).
- Master of Divinity (Honors) — Western Evangelical Seminary, Portland, OR (June 1992).
- Doctor of Ministry — Regent University School of Divinity (Spring 1999).
- Diploma, Desktop Publishing — International Correspondence School (Spring 1996).
- Clinical Pastoral Education (CPE), 4 units — Naval Medical Center Portsmouth (1996–1997).
- Master of Arts, Marriage and Family Therapy — Liberty University, Lynchburg, VA (January 2006).
- PhD studies (ABD), Human Services Counseling/Education; Post-Master Certificate in Education — Capella University, Minneapolis, MN (GPA 3.90).
- Doctoral Certificate, Instructional Design and Technology in Education — Liberty University (2024).
- PhD student, Instructional Design and Technology — Liberty University (expected 2027).
- PhD student, Psychology Counseling: Traumatology — Regent University (expected 2028).

Certifications and Specialized Training

- Certified Prescreener — Norfolk, VA.
- Critical Incident Stress Debriefing/Critical Incident Stress Management (CISD/CISM).
- Gottman Method Couples Therapy (training/certification).
- PREP (Prevention and Relationship Enhancement Program).
- Myers-Briggs Type Indicator (MBTI).
- Taylor-Johnson Temperament Analysis.
- Eye Movement Desensitization and Reprocessing (EMDR) — Basic Training completed.
- Mindfulness Certification — current student (in progress).
- Certified Mental Health Supervisor in Washington, Oregon, and Virginia.

Professional Licenses

State / Credential	License #	Initial Date	Expiration
Washington — LMHC	LH 60280509	06/12/2012	04/27/2026
Oregon — LPC	C5565	12/23/2019	04/30/2026
Virginia — LPC	0701005081	08/04/2011	06/30/2026

Note: Supervision services are provided in accordance with applicable state laws/rules for the supervisee's jurisdiction and the supervisor's licensure/supervision authority.

3. Clinical Competency Areas for Supervision

Dr. Robertson is qualified to provide supervision in the following areas:

- General mental health counseling (assessment, diagnosis, treatment planning, psychotherapy, documentation, and ethical practice).
- Trauma-informed practice and EMDR-informed case consultation (within scope of training and state rules).
- Couples, marriage, premarital, relationships (within scope of training and state rules).
- Christian counseling and integration of spirituality in counseling (when clinically appropriate and consistent with client consent and ethical standards).

4. Supervision Training and Supervision Experience (Chronological)

Formal Supervision Training

Training	Provider	Certification	Date	Hours
Clinical Supervision Series Part 1	Dr. Nagel	NBCC	05/01/2022	30
Clinical Supervision	Cascadia	NBCC	01/29/2022	15

Supervision Practice

- Approved/credentialed clinical supervisor in Washington (since 2023).
- Approved/credentialed clinical supervisor in Oregon (since 2024).
- Approved/credentialed clinical supervisor in Virginia (since 2025).

5. Model and Approach to Clinical Supervision

Dr. Robertson provides supervision using an integrative, competency-based, developmental model grounded in ethical practice, reflective supervision, and collaborative learning. Supervision is structured to promote clinical competence, professional identity development, and safe, effective client care.

Role of the Supervisor

- Provide oversight to support safe and ethical clinical practice.
- Facilitate skill development in assessment, diagnosis, case formulation, treatment planning, intervention selection, and documentation.
- Model professional and ethical decision-making and support supervisee identity development.
- Monitor risk and support appropriate use of consultation, referrals, and crisis resources.

Objectives and Goals of Supervision

- Develop measurable clinical competencies aligned with state requirements and supervisee role expectations.
- Strengthen clinical judgment, cultural humility, and trauma-informed care.
- Increase documentation quality and compliance with payer and agency standards.
- Support professional wellness, boundaries, and sustainability to reduce burnout risk.

Supervision Modalities

- Individual supervision (one-on-one) – in person or telehealth, as permitted.
- Group supervision/consultation (including telehealth formats, as permitted).
- Chart note review and documentation coaching.
- Case consultation and skills rehearsal (e.g., role-plays, guided reflection).

6. Evaluation Procedures

Evaluation is ongoing and includes a combination of formative and summative methods, consistent with internal policies and state requirements. Procedures may include:

- Review of clinical documentation (progress notes, assessments, treatment plans, discharge summaries).
- Direct discussion of cases, clinical reasoning, and ethical decision-making.
- Competency checklists and/or state-mandated evaluation forms, when applicable.
- Periodic written feedback and goal review (e.g., quarterly or at intervals required by the supervisee’s board).
- Remediation planning when performance concerns are identified, including written expectations, timelines, and follow-up.

7. Confidentiality, Privileged Communication, and Limits

Supervision is a professional service and is not psychotherapy for the supervisee. Supervision discussions may include client information for training and oversight purposes. Supervisees are expected to present cases using the minimum necessary protected information and to follow HIPAA and applicable state privacy laws.

Limits of confidentiality include, but are not limited to:

- Situations involving risk of harm to self or others, suspected abuse/neglect, or other mandatory reporting obligations.
- Concerns about unethical practice, impairment, or practice outside scope that may require corrective action or reporting.
- Court orders, subpoenas, or other legal requirements, as applicable.
- Quality assurance, compliance, or payer audits when documentation is reviewed.

Because supervision involves oversight, information shared in supervision may be communicated to an employer/agency or licensing board when required for safety, compliance, evaluation, or legal/ethical obligations.

8. AI Usage

I may use secure, clinically appropriate artificial intelligence (AI) tools on a limited basis to assist with supervision-related administrative and educational tasks (e.g., drafting/formatting supervision notes, agendas, training materials, and documentation templates). AI is used only as a drafting and organization aid and does not replace my supervisory judgment, clinical expertise, or ethical responsibility; all content is reviewed and finalized by me. Supervisees must protect confidentiality at all times and may not enter client identifying information or PHI into AI tools unless the tool is explicitly approved by the supervisee's organization and compliant with required privacy safeguards; whenever AI assistance is used, information should be de-identified to the minimum necessary standard. Supervisees remain fully responsible for the accuracy, clinical appropriateness, and compliance of their clinical documentation and for consulting supervision as required; AI outputs may be inaccurate or biased and must be independently verified prior to use.

9. Fees and Pro Bono Policy

Fee schedule:

- \$100 per one-on-one supervision session (60 minutes).
- \$25 per group supervision/consultation session.

Pro bono supervision may be provided on a case-by-case basis, subject to availability and written agreement.

10. Emergency Contact Information for Supervisees

For urgent supervision matters, supervisees may contact Dr. Robertson using the contact information in Section 1. Supervisees are responsible for following agency/employer procedures for client emergencies and crisis response.

11. Ethical Standards

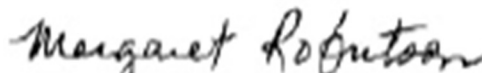
Dr. Robertson confirms and agrees to follow the Center for Credentialing & Education (CCE) Approved Clinical Supervisor (ACS) Code of Ethics, in addition to all applicable state licensing laws/rules and relevant credentialing board ethical standards and disciplinary rules.

Acknowledgment

I have received and reviewed this Professional Disclosure Statement and have had the opportunity to ask questions.

Date: 1/21/2016

Supervisee: Margaret Robertson


Supervisor Signature: