

Name: Sarah Sticha
Email: sarah@erleichdacounseling.com
Work Number: 970-316-2008

1. Licensure:

License Number: LPC.0018404

2. Education:

Adams State University, May 2017-June 2019
MA, Clinical Mental Health Counseling

University of Chicago, August 2004-June 2009
BA, Cultural Anthropology with honors

3. Competency areas for which I am qualified to provide supervision include: trauma, post-traumatic stress, domestic violence, domestic abuse, sexual abuse, sexual assault, adolescent issues, anxiety, bullying, neurodivergence, peer relationships, LGBTQIA2S+

4. I have completed the Colorado Counseling Association (CCA) LPC supervision training. Since January 2022, I have provided weekly clinical supervision to individuals completing Practicum, Internship I, and Internship II requirements at Southwest Open School.

5. Model of clinical supervision: I offer clinical supervision for recent graduates and provisional licensees in the state of Colorado. My approach is strengths-based, with a strong emphasis on exploring your innate talents and honing areas of interest as a new clinician. I have a background in community mental health, school-based health, and private practice, and am happy to share my knowledge around the less-glamorous side of our profession including coding, billing, and compliance. Strong documentation skills are integral for all clinicians, and I want to help you build a solid foundation and confidence in your writing as you are starting out. In my own practice, I use somatic processing and EMDR to help clients with complex trauma effect positive change in their lives. I believe deeply in the innate wisdom we hold in our bodies, and I want to help you feel comfortable and competent stepping into your own clinical intuition as you begin this incredibly rewarding journey.

6. Supervision/consultation will focus on counseling provided by the supervisee/consultee as practiced in a clinical practice setting such as an agency or private practice. If applicable, the supervisor will support the supervisee's/consultee's progress toward certification and/or licensure. The relationship is designed to support your clinical growth and development.

The supervisee/consultee will be responsible for the following conditions and terms as set forth in the Supervisee Agreement:

- Registration with DORA at the appropriate level (registered psychotherapist, LPC, LPCC), including passing the Colorado Jurisprudence exam.
- Provide a copy of your disclosure form for my records.
- Purchase of a \$1-\$3 million professional liability insurance policy and provide a copy.
- To review the State of Colorado Code of Ethics and agree to conduct themselves in a professional and ethical manner per the above mentioned policies and codes.
- To maintain primary responsibility for meeting all standards and qualifications set by the State of Colorado and all relevant organizations and government agencies.
- To seek professional psychotherapy if personal issues arise that cannot be resolved

within the professional supervisory relationship.

In addition, Colorado law requires the supervisee/consultee to:

- Protect confidentiality of every client.
- During the initial intake session inform clients of the name of his/her clinical supervisor (for interns and/or unlicensed practitioners) and review his/her disclosure statement, which will be signed and kept on record.
- Report suspicion and/or direct knowledge of abuse or neglect.
- Report the intent to do harm to others (homicide) or self (suicide) of all clients.
- Practice only within the areas of his/her professional expertise.
- Not violate any of the Prohibited Actives in the Colorado Revised Statutes.

RECORD KEEPING POLICY

Supervisees shall create and shall maintain a record for each client. This record shall be retained for a period of seven (7) years, commencing on either the termination of professional counseling services or the date of last contact with the client, whichever is later. Exception: when the client is a child, the record shall be retained for a period of seven (7) years commencing either upon the last day of treatment or when the child reaches eighteen (18) years of age, whichever comes later, but in no event shall records be kept for more than twelve (12) years.

The record shall contain, as applicable to the mental health services rendered, the following information:

1. Name of treating therapist;
2. Client's identifying data to include name, address, telephone number, gender, date of birth, and if applicable the name of the parent or guardian.
3. If the client is an organization, the name of the organization, telephone number and name of the principal authorizing the mental health provider's services or treatment;
4. Reason(s) for the psychotherapy services;
5. Mandatory disclosure statement(s);
6. Dates of service including, but not limited to the date of each contact with client, the date on which services began, and the date of last contact with client;
7. Types of service;
8. Any release of information;
9. The record shall justify and describe the assessment, diagnosis and therapy/treatment administered in a legible document. The records must be prepared in a manner that allows any subsequent provider to yield a comprehensive conclusion as to what occurred;
10. Name of any test administered, each date on which the test was administered, and the name(s) of the person(s) administering the test;
11. A final closing statement (if services are over)

Supervision may occur individually or in groups, and either in person or by video or phone conferencing.

This policy in no manner relieves a mental health professional from adhering to all statutory, rule, policy or disciplinary requirements, including but not limited to adhering to generally accepted standards of practice for supervision, ensuring confidentiality, adequate record-keeping as well as recording only with permission of both parties.

7. I charge \$100 per hour of supervision, unless we have agreed upon a different rate
8. Emergency contact information, not to be shared with clients and not HIPAA-compliant:
personal cell 970-316-3440
9. I agree to follow the CCE Approved Clinical Supervisor (ACS) *Code of Ethics*, the American Counseling Association (ACA) *Code of Ethics*, and the Colorado Department of Regulatory Agencies (DORA) ethical standards and disciplinary rules

By signing below, the supervisee/consultee affirms that s/he/they has read and reviewed this supervision disclosure statement and agrees to all of the terms.

Supervisee/consultee signature and date: