



# Michigan Counseling Association

120 North Washington Square, Suite 110 A • Lansing, MI 48933 • 1.800.444.2014

## COUNSELOR SUPERVISION INFORMATION

### General Information & Disclaimer

Individuals meeting counselor supervision requirements are eligible to be listed on MCA's Web site.

*Disclaimer: The MCA provides this list as a service to the profession. MCA neither endorses nor guarantees the credentials of anyone on this list. It is up to the potential supervisee to confirm the supervisor's credential who provides supervision. Please refer to the state law statute for information regarding the law concerning the qualifications of a supervisor.*

An annual fee of \$100.00 is charged to individuals posting their information. The fee is waived for MCA Members in good standing.

### **I. Michigan Counseling Association: Membership Status**

### **II. Personal Details**

Title Ms. Gender F Education Masters

First Name Evonne Last Name Lamson

Address 3351 Lakeside

City State Zip Sanford, MI 48657 County Midland

Email evonnelamson@charter.net

Phone Number 989.859.9060 Fax Number \_\_\_\_\_

### **III. License Information**

LPC  LLPC  CAC  NCC  Other:

### **IV. Specialty**

**X marks all that apply, E = extensive expertise in an issue**

#### **Emotional Concerns**

E Anger  
 E Anxiety/Fear/Panic  
 E Coping Skills  
 x Depression/Bi-Polar  
 E Loss/Grief

#### **Relational Concerns**

Blended Families  
 E Communication  
 E Divorce  
 x Family  
 Friends/Other  
 x Parenting  
 x Partner  
 x Sexual Problems

#### **Stressful Situations**

Abuse/Neglect  
 E Addiction/Substance Abuse  
 x Anger Management  
 Attention Deficit/Hyperactivity  
 Chronic/Terminal Illness  
 x Divorce  
 x Eating  
 Financial  
 E Gambling  
 x Infertility  
 Role or Age  
 Sleep Disturbance  
 Victim of Crime

**Other**

Academic  
Adoption/Foster Care  
Career/Work  
E Coping Skills  
E Health  
Impulse Control  
Obsessive/Compulsive  
Sexual Orientation  
E Spirituality  
x Suicide  
DBT Other: \_\_\_\_\_

**I. Client Focus**

**Age Specialization**

Child  
x Adolescent  
x Adult  
x Elder

**Setting**

x Individual  
x Group  
x Couple  
x Family

**Multicultural Experience**

Extensive  
Limited  
None

**Client Gender**

x Male  
x Female  
x Transgender

**Client Sexual Orientation**

Yes Gay, Lesbian, Bisexual, Transgender  
Yes Heterosexual

**Religious Orientation of your Clients**

Any  
Buddhism  
x Christian  
Islam  
Jewish  
LDS/Mormon  
None  
Other: \_\_\_\_\_

**I. Supervision Training**

Received training to satisfy standards of supervision according to the laws in the state of Michigan.

Yes