



# 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**

I am a Member

### **II. Personal Details**

Title Mrs. Gender F Education Masters

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First Name Karen Last Name Link

Address 3459 Lakeshore Drive

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City State Zip Deckerville, MI 48427 County Sanilac

Email kklink3459@gmail.com

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Phone Number 810.705.0778 Fax Number 810.376.8748

### **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  
 E Depression/Bi-Polar  
 E Loss/Grief

#### **Relational Concerns**

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

#### **Stressful Situations**

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

**Other**

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

**I. Client Focus**

**Age Specialization**

- X Child
- X Adolescent
- X Adult
- X Elder

**Setting**

- x Individual
- x Group
- Couple
- Family

**Multicultural Experience**

- x 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**

- X Any
- Buddhism
- 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