



# 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 Dr. Gender M Education Doctorate

First Name Robin Last Name McKinney

Address 4745 Melsrose

City State Zip Saginaw, MI 48601 County Saginaw

Email mckinney.robin@gmail.com

Phone Number 989.754.8153 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  
 E Depression/Bi-Polar  
 Loss/Grief

#### **Relational Concerns**

E Blended Families  
 E Communication  
 E Divorce  
 E Family  
 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  
 X Chronic/Terminal Illness  
 Divorce  
 Eating  
 Financial  
 Gambling  
 Infertility  
 Role or Age  
 X Sleep Disturbance  
 Victim of Crime

**Other**

E Academic

E Adoption/Foster Care

X Career/Work

X Coping Skills

Health

E Impulse Control

Obsessive/Compulsive

E Sexual Orientation

Spirituality

Suicide

E, Learning Disabilities Assessment Other: \_\_\_\_\_

**I. Client Focus**

**Age Specialization**

x Child

x Adolescent

x Adult

Elder

**Setting**

x Individual

x Group

x Couple

x Family

**Multicultural Experience**

x Extensive

Limited

None

**Client Gender**

x Male

x Female

x Transgender

**Client Sexual Orientation**

x Gay, Lesbian, Bisexual, Transgender

x Heterosexual

**Religious Orientation of your Clients**

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