

Clinical Supervision

Raising the Next Generation

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Thoughts

- Supervision Presentations....
 - A little boring 😊
 - Questions and Comments are necessary
- Limited Time....
- Covering supervision topics but hopefully adding some creative pieces that are new and different
- Will leave with lots of resources



Clinical Supervision

- This presentation will cover
 - Clinical Supervision
 - Competent and Effective Supervisors
 - Fundamental Concepts
 - Models of Supervision
 - Supervising Christian Clinicians
 - Self Care
 - Ethics “Here and There”
 - Creative Ideas

Clinical Supervision

Clinical Supervision

- Clinical supervision is the process of reviewing and monitoring practitioner's work to increase their skills, to help them solve problems in order to provide clients the optimal quality of service possible, and **prevent harm from occurring**. Campbell (2006)
- Supervision and Consultation are fundamentally different. Supervision occurs when you are overseeing those who cannot legally do what they are doing without your oversight. When supervising others, you have a **legal responsibility** for their actions. Everything else is consultation and should be labeled as such. APA Trust (2016)

Christian Approach to Supervision

- ▶ A Christian integrative approach to supervision aims to form **hopeful** clinicians who maintain a vision for mental health work as benefiting individuals, families, and communities, and who remain **hopeful and resilient** in the face of suffering and ultimately can see their place in building God's kingdom. (Watson, 2018)
- ▶ ***Developing Christians of Characters: A Christian Integrative Approach to Clinical Supervision***

Christian Hope & Clinical Supervision

(Terri Watson Slide)

- Hope provides vocational meaning and purpose as we see our role in God's kingdom work which allows us to persevere in the midst of adversity
- Hope is a protective factor against disillusionment, cynicism, and burnout which are often a byproduct of encountering human suffering day after day in our work
- Hope fosters patience and endurance through the ups and downs of personal and professional development
- As we hope and trust in God's development of our own souls, we are better able to be used by God to instill hope in others, including our clients

Supervision Practices to Foster Hope

(Watson, 2018)

- Anticipate and normalize developmental challenges
- Promote a meaningful vocational narrative
- **Encourage reliance on the Holy Spirit**
- Incorporate disciplines of Sabbath and worship

Christian Strengths

- Message of hope
- Trusting in power greater than ourselves
- Meaning in pain and suffering
- Positive (posttraumatic) growth
- Not in this alone
- Your calling/purpose
- Opportunity to serve others
- Closer relationship with God

Christian Vulnerabilities

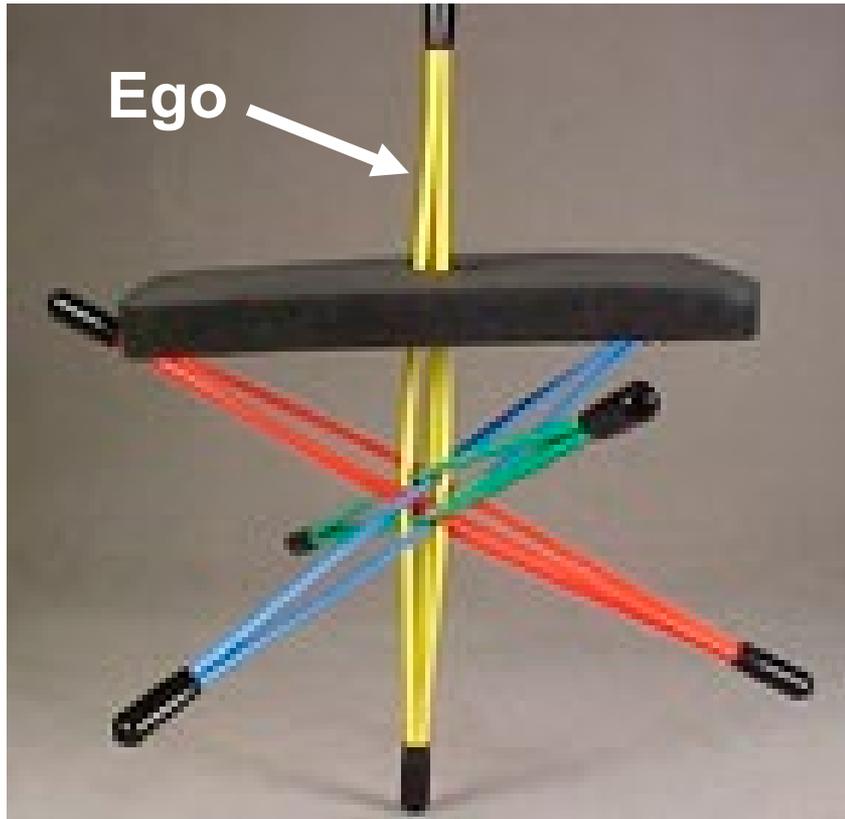
- Christianity can be about
 - Being “good” / Looking Good
 - Only loved by God if I am perfect
 - Performance Driven
- For some Christian Supervision/Supervisees
 - Difficulty recognizing “darker” side if supervisee/client is a “good Christian” man or woman
 - Pornography Example

HERMES' WEB

Fundamental Concepts

- A psychological communication tool
- The ego
- The core
- The barrier
- The flip
- The Truthful Lie

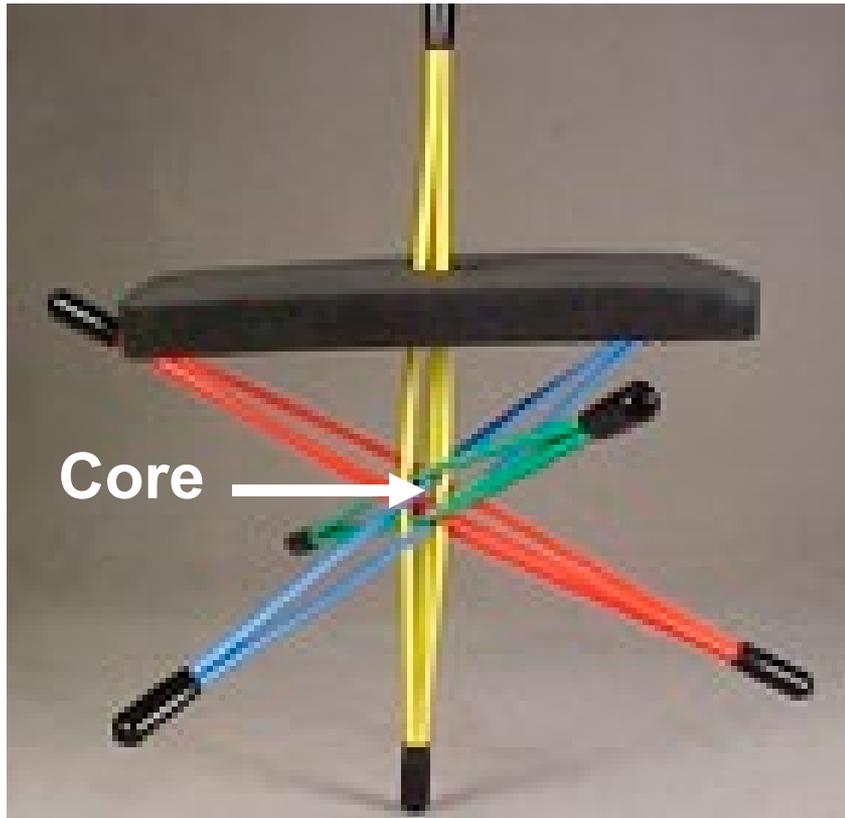
The Ego



➤ The Ego

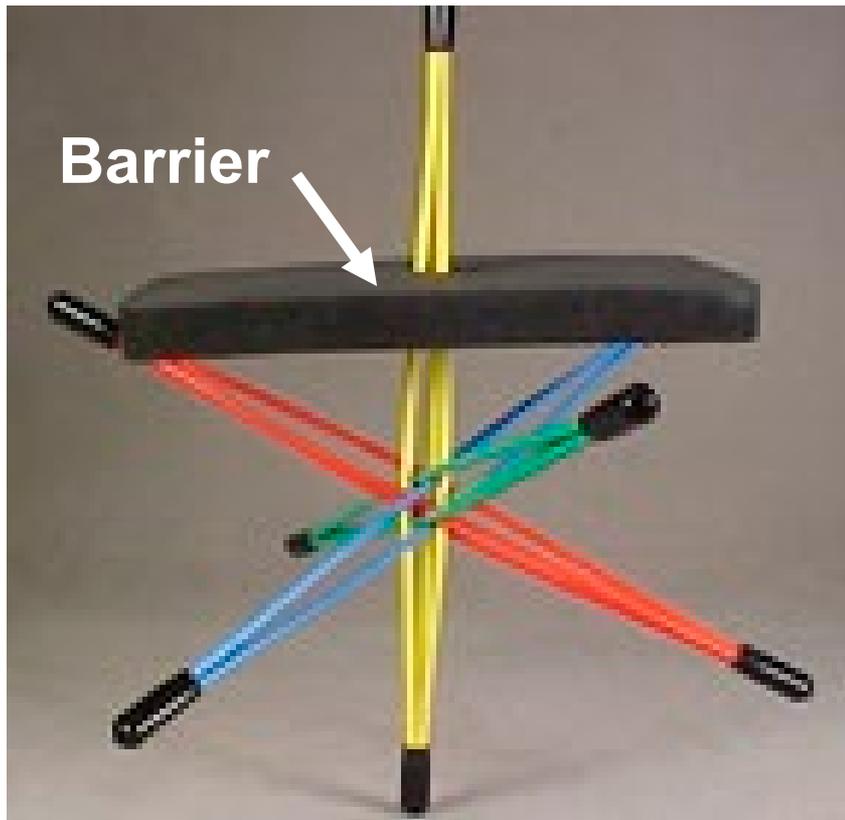
- Who we think we are
- What we identify with
- What we show others

The Core



- The soul, where all parts of the human personality meet
- The best and worst
- The hidden world

The Barrier



- The Dividing Line
- The power of the barrier
 - Cannot stop input or protect the core from life events
 - Stops output, unless compromised via stress, drugs, alcohol, sex

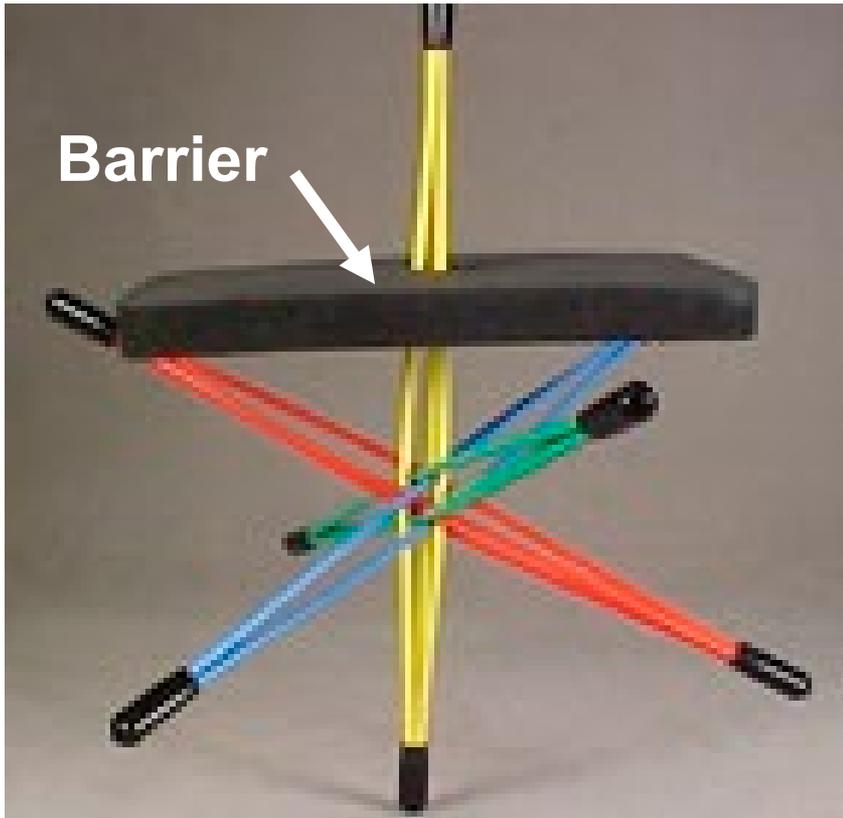
The Flip: Revolution



What has been ignored

- Takes center stage
- Rebels
- Acts out
- With no interference

The Barrier



- Important to have a barrier
- When no barrier is present...
 - Can be ugly
 - Difficult to work with
 - Always getting into trouble
- Sex offenders without barriers are usually in prison

Denial and The Truthful Lie

Once it is over, the unconscious flips back over

The ego is horrified and either

Pretends nothing happened OR

Works to cover up, explain away, clean up mess

Without understanding, the flip continues

Denial and The Truthful Lie

Despite all evidence....

Suppress or repress awareness of your own behavior

Evade awareness because of the potential cost to self-esteem and dignity, a form of psychological self-protection

Bright as the Sun/Dark as the Shadow (Jung)

My Story for Supervision

The Minister and “Medussa”

Competent & Effective Clinical Supervisors

Basics of Competent Supervisors

(Haynes et al, 2003)

- Trained in supervision and regularly update their skills
- **Trained and experienced in areas of clinical expertise being supervised**
- Possess effective interpersonal skills
 - listening, providing feedback, setting boundaries
- Understand supervision is a process and can adapt to individuals needs
- Are able to assume a variety of roles and responsibility
- Realize that the primary goal of supervision is to monitor clinical services
- Are willing and comfortable with providing feedback and evaluation
- Possess knowledge of law, ethics, and professional regulations
- **Document supervisory activities**
- Empower supervisee through teaching, modeling and problem solving

“Best” Supervisors (Martino, 2001)

- Possess clinical knowledge and expertise
- **Flexible and open to new ideas and approaches**
- Warm and supportive
- Provide useful feedback and constructive criticism
- Dedicated to their own development
- Possess good clinical insight
- Empathic
- Consider countertransference
- Adhere to ethical practices
- **Provide structure to the supervision process**
- Challenge supervisees

“Worse” Supervisors (Martino, 2001)

- Lack interest in supervision & professional development
- **Unavailable**
- Inflexible to new ideas or approaches to cases
- Limited clinical knowledge and experience
- **Unreliable**
- Unhelpful/inconsistent feedback
- Punitive or critical
- Lack empathy
- **Lack structure to supervision process**
- Lack ethics

My Fundamental Concepts

Fundamental Concepts

➤ Imagery

- Adults and Learning (Paivio)(Broudy)

- Provides Therapeutic Anchors

 - Lowers Resistance

- Connects the Brian

I AM THE LEFT BRAIN

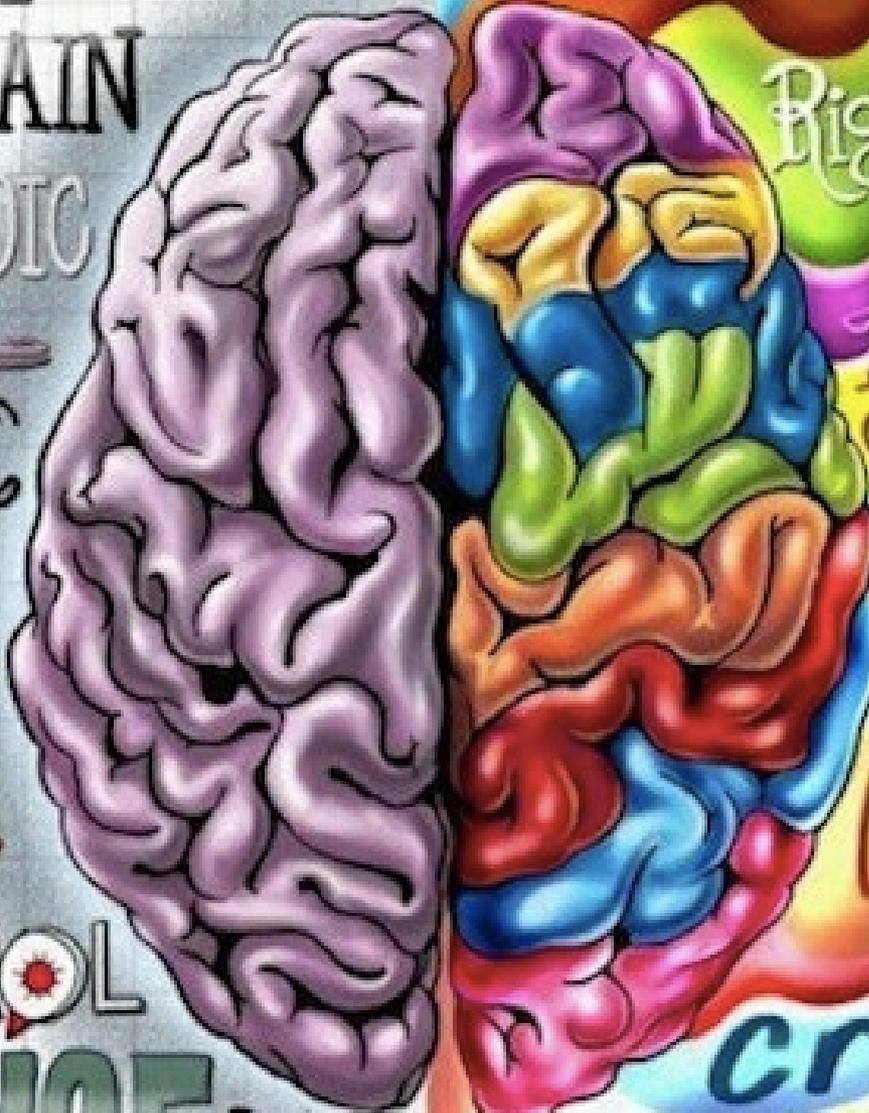
Decisive!
011001011 LOGIC

Accurate
ANALYTIC

REASON
1 2 3 4 5 6 7
8 9
PRACTICAL
Strategic

CONTROL

SCIENCE
Realistic



I AM the Right Brain!

Intuition
Love LOVE love
you art
Poetry

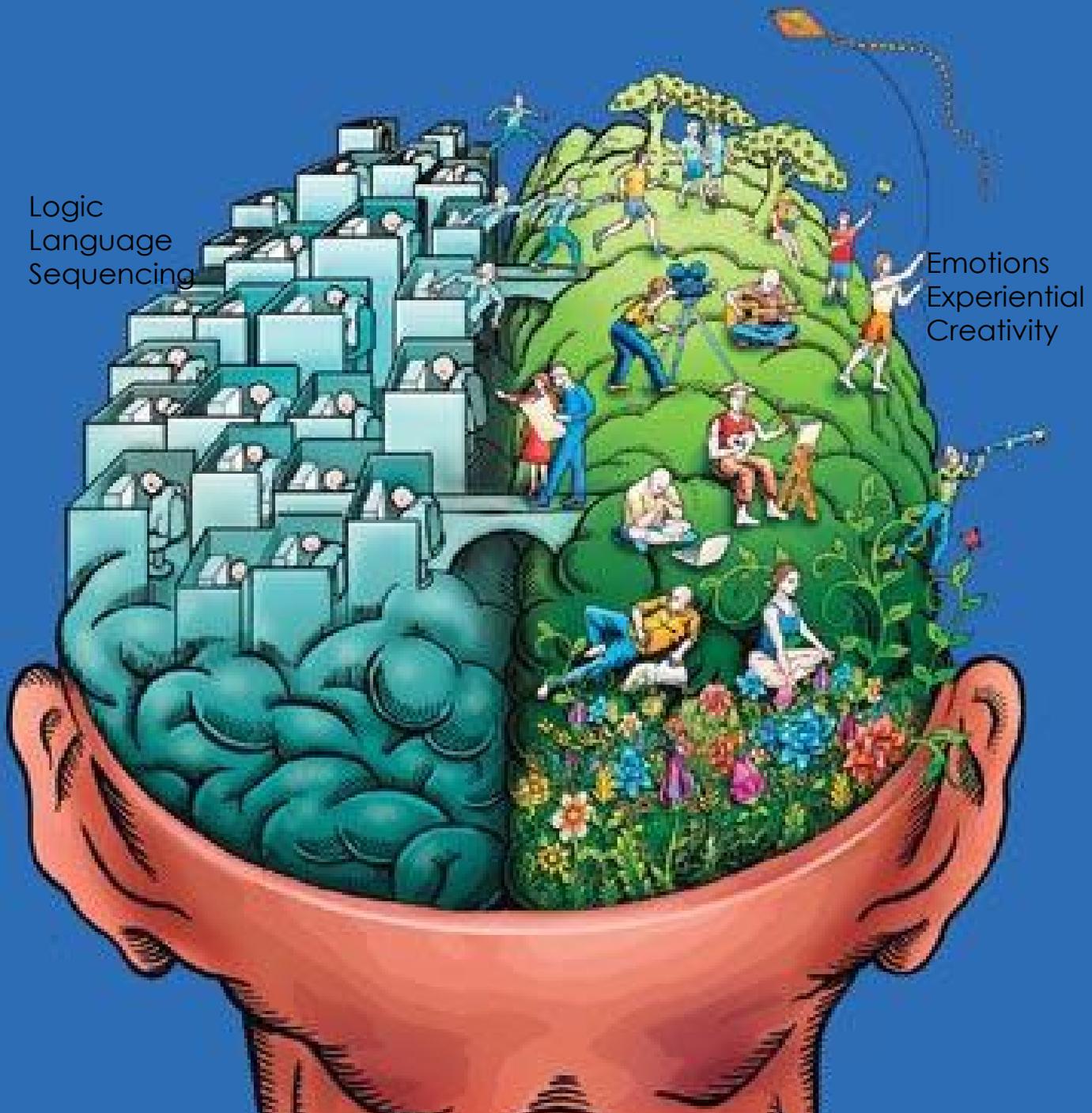
FREE DOM

Passion
vivid

creative

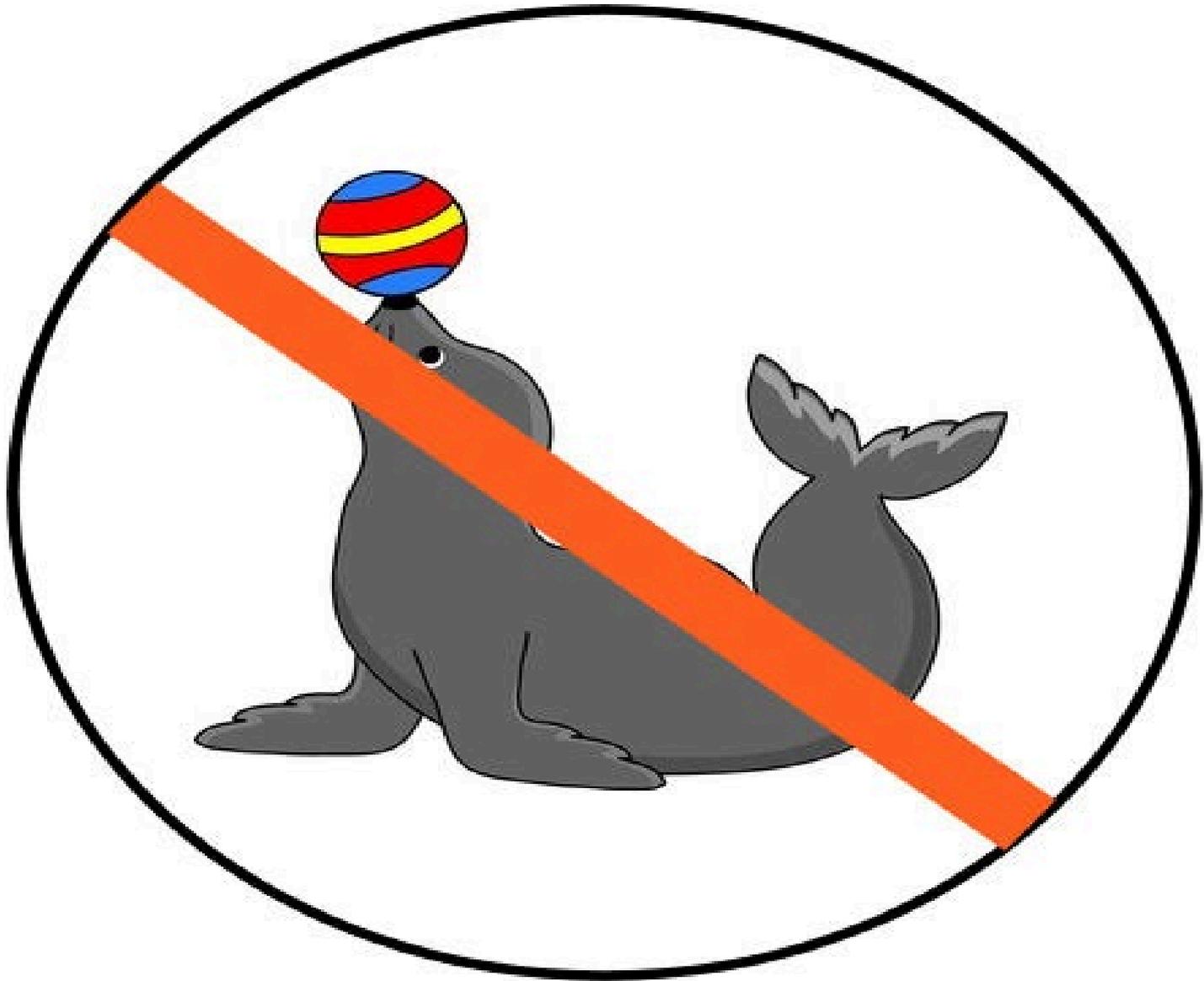
YEARNING

PEACE



Logic
Language
Sequencing

Emotions
Experiential
Creativity



Fundamental Concepts

- **Parallel Process:** The phenomenon noted in clinical supervision by therapist and supervisor, whereby the therapist recreates, or parallels, the client's problems by way of relating to the supervisor.
- The client's transference and the therapist's countertransference thus re-appear in the mirror of the supervisee/supervisor relationship.
- Three Lane Road



Fundamental Concepts

- Common Parallel Process (for me)
 - Clinician has a client that consistency takes a “victim stance” in all areas of life....
 - Clinician then presents in supervision significantly “victim stancing” or is triggered by his/her client’s “victim stancing”
 - Supervisor (me) is triggered by clinician’s “victim stancing” or colludes with clinician to complain about client’s “victim’s stancing”

Fundamental Concepts

- Parallel Process

- It will happen!

- Only a negative when not recognized/discussed

- Related Parallel Process

- How you are/what you do with the supervisee will define how the clinician is/what clinician will do with the client

- Much of what I do in supervision is to encourage clinicians to experience and use in therapy



Stages of Change

Pre-contemplation	Contemplation	Determination/Preparation	Action	Maintenance	Relapse/Recycle
	 Fence	 0-3 Months	 3-6 Months	 Over 6 months	
No; Denial	Maybe; Ambivalence	Yes, Let's Go; Motivated	Doing It; Go	Living It	Start Over; Ugh!!

Fundamental Concepts

Effective Relational Therapists

Build

Effective Therapeutic Relationships

Heart and Soul of Change
Duncan & Miller

Fundamental Concepts

- Flexible
- Sincere/Genuine
- Nonjudgmental
- Self-Confident
- Enthusiastic
- Effective Role Modeling
- Consistent
- Motivating
- Not “the expert”
- Provide Choices
- Believe in Change
- Humor
- Effective Feedback
- Mutual Goals

(Marshall, W. L., Serran, G. A., Fernandez, Y. M., Mulloy, R., Mann, R. E., & Thornton, D. (2003))

The Notebook

Models of Supervision

Models of Supervision

- Many models of supervision
- Supervisors
 - Supervisors should have a model(s) of supervision
 - Pick one to three
- A model of supervision provides
 - Structure
 - Guidance
 - Safety for Supervisee/Supervisor

Models of Supervision

Integrated Developmental Model of Supervision

Stoltenberg, McNeill, & Delworth, 1998

Level 1 (Lots of Work)	Level 2 (Lots of Frustration)	Level 3 (Lots of Fun & Satisfaction)
<p>Supervisee is highly motivated and highly anxious, dependent on their supervisor, concerned about evaluation, and their focus is primarily on themselves – their performance and ability</p>	<p>Supervisee fluctuates in their confidence and motivation, feels conflicts between dependency on supervisor and desired autonomy, their mood is linked to success with clients, growing understanding of their own limitations, begins to use self in therapy, inconsistent theoretical and intervention consistency, sensitive about evaluation</p>	<p>Supervisee exhibits stable motivation, secure autonomy, client focused, established professional identity, accepting of strengths and limitations, high empathy, uses of self in interventions, integrates theory with intervention, addresses areas of growth with non-defensiveness</p>
<p>Supervisor provides structure, positive feedback, and uses more prescriptive approach including observation and role play</p>	<p>Supervisor gradually reduces structure, encouraged autonomy, introduces new theory and techniques, and fosters focus on client</p>	<p>Supervisor encourages development of professional identity and competence across domains of clinical work and fosters flexibility, self of therapist considerations</p>

Models of Supervision

- Bernard's Discrimination Model
 - Bernard & Goodyear, 1992
 - Most Researched/Commonly Used
 - Suggest 3 Skills
 - Case Conceptualization Skills
 - Process Skills (Treatment Interventions)
 - Non-Personalization Skills (Clinical Eye)
 - Suggests 3 Roles as a Clinical Supervisor
 - Teacher, Counselor, Consultant

Models of Supervision

➤ Teacher

- Supervision Process/Expectations
 - Role Induction
- Inform/Instruct
 - Variety of Topics

➤ Counselor (not therapist)

- Countertransference/Blind Spots
- Create Awareness

➤ Consultant

- Collaborative Process/Reflective

TEACHER

Teacher

- Supervision Process/Expectations
 - LOST
- Supervision Notebook
- Role Induction
- Outline for Initial Supervision Sessions

Lost



Teacher

- Supervision Process/Expectations
 - LOST
- Supervision Notebook
- Role Induction
- Outline for Initial Supervision Sessions

Role Induction

- Role induction involves preparing the supervisee for supervision by informing them of what is going on, why the supervision is happening, the process of the supervision, and their role in the supervision process. (Informed Consent)

- Role induction involves preparing the client for counseling by informing them of what is going on, why the treatment is happening, the process of the counseling program, and their role in the counseling process. (Informed Consent)

Teacher

- Supervision Process/Expectations
 - LOST
- Supervision Notebook
- Role Induction
- Outline for Initial Supervision Sessions

Processes of Supervision

- Outline for Initial Supervision Sessions
 - Starts the Role Induction Process
- Add Structure
 - Predictability & Stability
 - Provides Safety for Supervisee and Supervisor

Supervision Outline Initial Sessions

➤ **About Me**

- Experience

- Supervision Model and Style

➤ **About You**

- School/Experience

- Theoretical Position (if any)

- Learning Style

- Supervisee Bill of Rights



Dunn and Dunn Learning Style Model

Designed By Dr. Rita Dunn and Dr. Kenneth Dunn

Graphic Design by Susan M. Rundle

STIMULI

ELEMENTS

Environmental

Sound



Light



Temperature



Seating



Emotional

Motivation



Responsibility/
Conformity



Task
Persistence



Structure



Sociological

Self



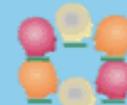
Pair



Peers



Team



Adult



Variety



Physiological

Perceptual



Intake



Time of Day



Mobility



Psychological

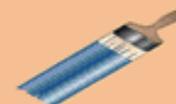
Analytic

Step 1
Step 2
Concept
after

Global

Concept
FIRST!

Reflective



Impulsive



Supervision Outline Initial Sessions

➤ **About Me**

- Experience

- Supervision Model and Style

➤ **About You**

- School/Experience

- Theoretical Position (if any)

- Learning Style

- **Supervisee Bill of Rights**

Supervisee Bill of Rights

(Munson, 1993; Giodana, et al, 2000)

- ▶ Every clinical supervisee has the right to:
 - ▶ a supervisor who supervises consistently and at regular intervals
 - ▶ growth oriented supervision that respects personal privacy
 - ▶ supervision that is technically sound and theoretically grounded
 - ▶ be evaluated on criteria that are made clear in advance and
 - ▶ evaluations that are based on actual observation of performance
 - ▶ supervisor who is adequately skilled in clinical practice
 - ▶ supervisor who is trained in supervision practice

Supervision Outline Initial Sessions

➤ **Procedural Tasks**

- Review Board Requirements

- There will be assignments

- Schedule of Meeting Times

 - Individual/Group

- Show Up – Physically and Mentally

- Contact Info (Regular/Emergency)

Supervision Outline Initial Sessions

- Legal Responsible for **YOUR** Actions
 - Expected to be Contacted **Immediately**
 - Suicidal Thoughts/Behavior
 - Homicidal Thoughts/Behaviors
 - Child Abuse/Vulnerable Adults
 - Concerns of Psychosis
 - Clients who are combative/angry/threatening
 - Inner Voice Warning/Spidey Sense
 - **CALL** anytime day or night!

Supervision Outline Initial Sessions

- Ethics – 1st Item in Supervision Notebook!
 - Process of Ethical Decision Making**
 - Boundaries**
 - Ethics Jeopardy**

- Telehealth

- Case Presentations (Required)
 - 2X Per Month
 - Release of Information/Informed Consent

- Audio/Video Presentations (Required)
 - Release of Information/Informed Consent

Guide to Ethical Decision Making

➤ The Ethical Decision-Making Model

➤ 1. Identify the problem

➤ 2. **Apply your Code of Ethics**

➤ Board/AACC

➤ 3. Determine the nature/Dimensions of the dilemma

➤ **Consult, Consult, Consult**

➤ 4. Generate potential courses of action

➤ 5. Consider the potential consequences of all options

➤ 6. Determine a course of action

➤ 7. Evaluate the selected course of action

➤ 8. Implement the course of action

So You Have An Ethical Dilemma?

1. Identify the problem.



1. Define the facts, separating out assumptions, exceptions, legalities, or regulations.
2. Ask yourself: Is this ethical, legal, professional, or clinical problem? Is it a combination of more than one of these?
3. Do you or your legal ethics instructor have any legal questions?

2. Apply the 2014 ACA Code of Ethics.



1. Consider any other state or professional codes that apply.
2. If the problem is not resolved by reviewing the ACA Code of Ethics, proceed with additional steps outlined in the ethical decision-making process.

3. Determine nature and dimensions of dilemma.

Consider implications for each foundational principle.*



Autonomy

Respecting thoughts to control the direction of one's life.

Non-maleficence

Avoiding actions that cause harm.

* Foundational Principles

Beneficence

Working for the good of the individual and acting in promoting overall health and well-being.

Fidelity

Working to maintain equality and fairness between and among clients and experts.

Justice

Respecting commitment and keeping promises, including ability and responsibility of trust in professional relationships.



Review the relevant professional literature.



Consult other professional members (those who abide by ACA Code of Ethics).



Consult state and national professional associations.

4. Generate potential courses of action.



5. Consider potential consequences of each course of action for all parties involved.



6. Evaluate the selected course of action.



Consider Justice

In applying the facts of the case, assess your moral sense of justice by determining whether you would feel others in the same situation.



Consider Fidelity

In the face of putting all yourself whether you could meet your fiduciary responsibility to clients.



Consider Internationality

The issue of internationality asks you to assess whether you could implement the same course of action in another country in the same situation.

Make a note to follow up on the decision to assess whether your intended the anticipated effect will be appropriate.



7. Implement your course of action.

After you have implemented your course of action, you should evaluate the results and determine if you need to make any adjustments.



AMERICAN COUNSELING ASSOCIATION
www.counseling.org

Supervision Outline Initial Sessions

- Ethics – 1st Item in Supervision Notebook!
 - Process of Ethical Decision Making**
 - Boundaries** (as supervisee & as clinician)
 - Ethics Jeopardy**

- Telehealth (telehealth.org)

- Case Presentations (Required)
 - 2X Per Month
 - Release of Information/Informed Consent

- Audio/Video Presentations (Required)
 - Release of Information/Informed Consent

Boundaries

➤ Boundaries Finding the Balance

- Typically too loose or too rigid
- Pregnancy Examples

➤ Personal Disclosure

- Deliberate, Inadvertent, Inescapable (Pizer, 1997)
- General (Henretty & Levitt, 2010)(Yeh & Halyes, 2011)
 - Strong Therapeutic Alliance

Supervision Outline Initial Sessions

- Ethics – 1st Item in Supervision Notebook!
 - Process of Ethical Decision Making**
 - Boundaries** (as supervisee & as clinician)
 - Ethics Jeopardy**

- Telehealth (telehealth.org)

- Case Presentations (Required)
 - 2X Per Month
 - Release of Information/Informed Consent

- Audio/Video Presentations (Required)
 - Release of Information/Informed Consent

Ethics

Jeopardy

Supervision Outline Initial Sessions

- Ethics – 1st Item in Supervision Notebook!
 - Process of Ethical Decision Making**
 - Boundaries** (as a supervisee and as a clinician)
 - Ethics Jeopardy**
- Telehealth (telehealth.org)
- Case Presentations (Required)
 - 2X Per Month
 - Release of Information/Informed Consent
 - Options**
- Audio/Video Presentations (Required)
 - Release of Information/Informed Consent

Teacher

➤ Case Conceptualization Options

➤ Bubbles

➤ Case Presentation (Short Form)

➤ Case Presentation (Long Form)

➤ Case Worksheet

➤ Treatment Plan

Supervision Outline Initial Sessions

➤ Evaluation Process

➤ Supervisee Evaluation

➤ Supervision Bridging

➤ Supervisor Evaluation

➤ Supervisor Self Assessment

➤ Necessary Paperwork

➤ Logs

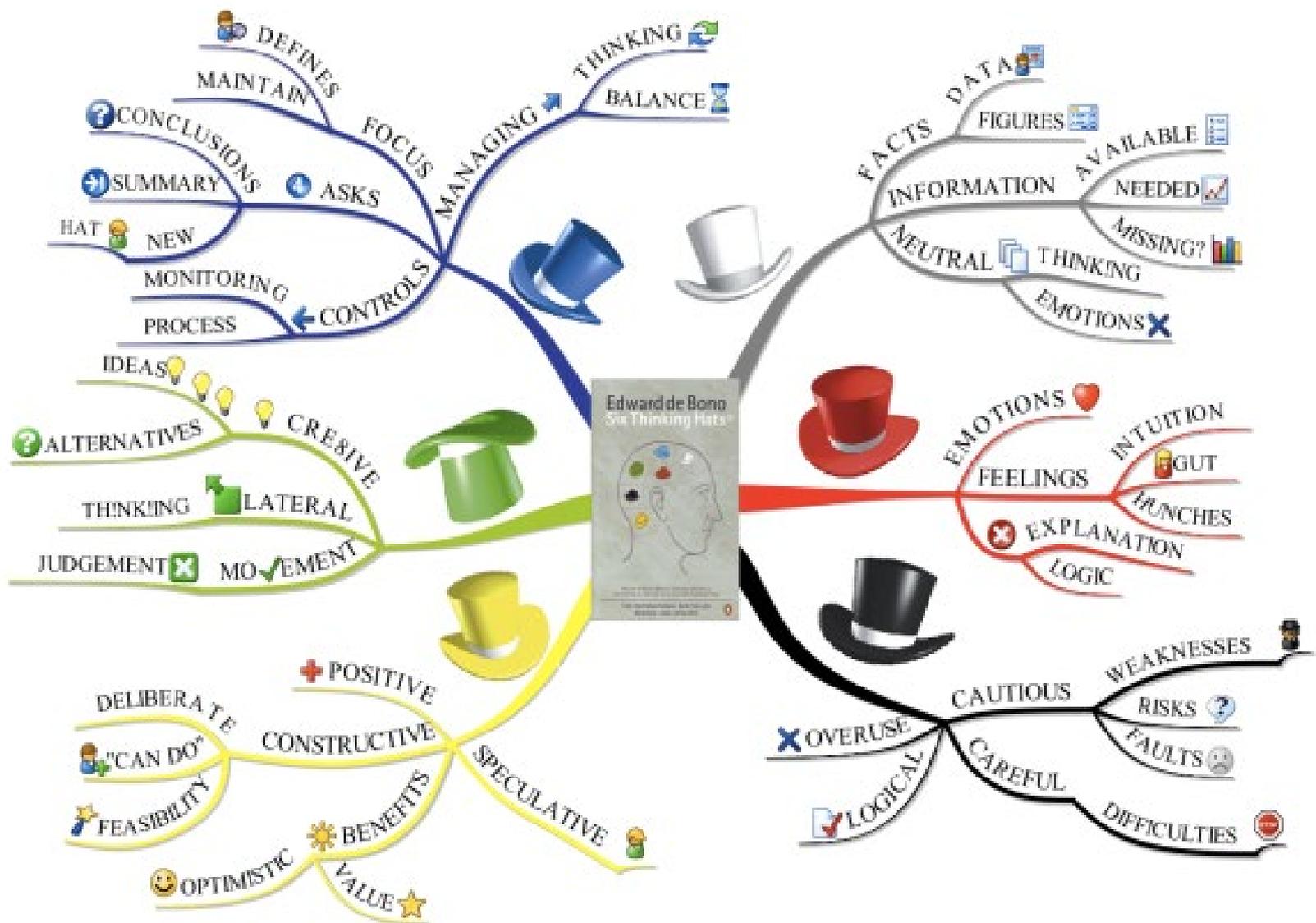
➤ Other – Supervisee's Responsibility

Supervision Outline Initial Sessions

- The Working Alliance – Relationship Tasks
- Feedback**
- Diversity Issues (Gender, Race, Background)
- Impact of Religion/Spirituality on Supervision
 - Part of Supervision?
- Supervision vs Therapy
- Good Fit?

Teacher

- Feedback – Individual / Group Supervision
 - Oreo
 - Reflecting Team
 - 4 Square
 - Six Hats



Supervision Outline Initial Sessions

- Learning Goals
 - Agreed Upon Initial Goals
 - Supervisee/Supervisor
 - Relevant, Realistic, Attainable
 - Review Once a Quarter
 - Once a Month Initially?
- Contract Signed

OUTLINE FOR INITIAL SUPERVISION SESSIONS

Counselor
(Not Therapist)

Counselor (not therapist)

Your therapy is your life

&

Your life is your therapy

Transference,
Countertransference, &
Self-Awareness

Counselor (not therapist)

➤ Why do you do this work?

➤ Life Egg

➤ Parallel Process

➤ Resistance/Anxiety/Fear

➤ 7 Desires of the Heart

➤ Looking at You

➤ Power and Privilege?

➤ Your Soup

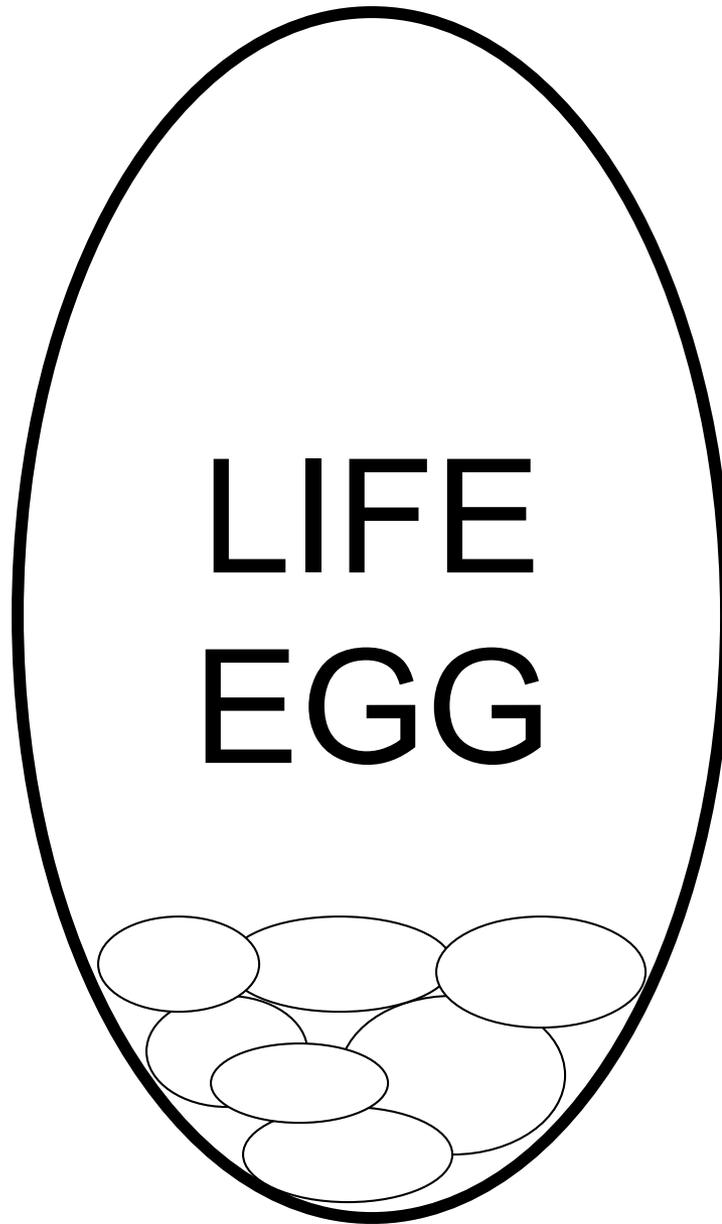
Family Rules

Family Roles

LIFE
EGG

MOM

DAD



7 Desires of the Heart

(Developed by Deb and Mark Laaser)



1. To be heard and understood.



2. To be affirmed.



3. To be blessed.



4. To be touched.



5. To be safe.



6. To be chosen.



7. To be included.

Counselor (not therapist)

➤ Why do you do this work?

➤ Life Egg

➤ Parallel Process

➤ Resistance/Anxiety/Fear

➤ 7 Desires of the Heart

➤ Looking at You

➤ Power and Privilege?

➤ Your Soup



Counselor (not therapist)

- Supervisors and Supervisees
 - Important to address power & privilege
 - Includes
 - Gender, Race, Economics, Education
 - Role as Supervisor/Clinician
 - With great ...*
 - Know YouSoup

YOU SOUP Recipe version 2 by its pronounced **METRO**sexual.com



Ingredients:

base & broth

- race
- ethnicity
- gender
- sexuality

early additions

- socioeconomic status
- geographic location
- education
- family structure

optional

- hobbies & passions
- religion & faith
- career
- political beliefs

secret ingredients

- personal experiences
- changes to other ingredients
- hidden identities
- misperception of ingredients



Procedure:

Combine base ingredients to create broth and bring to a boil. Toss in early additions and simmer over low heat for many, many years, adding optional and secret ingredients to taste. Makes one You.

**WITH GREAT POWER COMES GREAT
RESPONSIBILITY**

...AND HEADACHES

Counselor (not therapist)

- Self Care

- Secondary Trauma/Burnout

- Happens over time

- Most of us don't realize it is happening

- Creates a compressed core

- You cannot not be affected

- Physically

- Emotionally

- Spiritually

- Remember Hermes' Web

Solutions

➤ Acknowledgement/Awareness

➤ Are you in Shape

➤ Personal Craziness Index

➤ Emotional Banking Account

➤ The Little Things

➤ Encouragement

➤ Books

➤ Humor

➤ Coffee and Chocolate

Counselor (not therapist)

➤ Supervisors can encourage Sabbath-keeping

(Watson, 2018)

- Inquiring about activities and practices that are renewing and life-giving for supervisees
- Sharing our own successes and failures in practicing the Sabbath
- Modeling rhythms of rest and retreat
- Encourage supervisees new to Sabbath to start small (a couple of hours) and work up to 24 full hours of rest and renewal
- Encourage involvement in church, worship, and Christian community as part of Sabbath keeping

CONSULTANT
THE FUN PART!

Consultant

➤ Facilitate

➤ Understanding of

- Parallel Process, Transference, Countertransference

- Content vs Process

➤ Counseling Style/Personality

➤ Confidence

➤ Professional Development

➤ Witness

➤ Supervisees' growth/maturity

➤ Collaborative

- Learning from Each Other

The Notebook

- Word Collage
 - As a therapist I work to be...
 - Triggers/Blind Spots/Countertransference
- Theoretical Foundation/Therapeutic “Truths”
- Mission Statement
- Impact of Spirituality
- Professional Goals
- Ethical Model of Decision Making
- Self Care Assessment/Self Care Plan
- CV/Certificates of Training/Logs/Evaluations

Case Study

Questions and Answers

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