

Supervising Child Therapists: A Rewarding Puzzle

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References

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- Webb, N.B. (1990). Supervision of child therapy: Analyzing therapeutic impasses and monitoring counter-transference. *The Clinical Supervisor*, 7 (4), 61-76.

Introduction

- Camille Randall, Ph.D.: “Who decided that I am qualified to lead others? I’m barely here myself!”
(PsychCritiques, 2006)

Agenda

- Introductions: Group wisdom
- Defining child therapist supervision: what it is, isn't
- The best supervisor/best supervisee
- The general process
- The specifics for child therapists (embedded)
- Trouble-shooting

Introductions

- Take 5 minutes and meet your neighbors, at least a few of whom are outside your agency or community
- Try to find a few seniors (10+years), a few juniors (5-10 years) and a few freshman (<5 years) around you – groups of 6-8 max
- Learn where they are in their growth process
 - Years as therapist and as supervisor
 - Areas of specialty or long-term work
 - Goals for today

Overview: What it is

- A contract of trust
- A living, breathing organism
- A journey personal growth process
- An opportunity to help more than your own clients, or not

Overview: What it isn't

- One-way process
- Relationship of convenience
- Easy (or something you can do alone)
- Stagnant
- Predictable

What are your experiences?

- Best?
- Most challenging?
- Consistent Areas of Need?
 - What do you always wish you had more time for???
- Typical goals?

What makes a good supervisee?

- Good basic therapeutic skills and ethics
- Ability to communicate with anybody
- Strengths focus, in self and in clients
- Clear-sightedness (the “big picture”)
- Planfulness with flexibility
- Dedication and passion for kids and families
- Awareness of “blind spots”

What makes a good supervisor?

- Possessing everything on previous slide
- Long-term dedication to therapy and supervision; commitment to learning
- A strengths focus, in self and in supervisees
- Clarity and directness, plus good sense of humor
- In a nutshell, the ability to model what you want your supervisees to be in the future

Model What You Want to Teach

- Being a good therapist means having a strengths focus
- Being a good supervisor means showing your supervisee how you want them to treat their clients
- Basics of a good strengths focus in supervisees:
 - Training and expertise?
 - Devotion and goal-focus?
 - Boundary setting?
 - Good work-life balance? Others?

Your Goals for Supervision

- Provide place for him/her to develop
- Train competence
- Provide ongoing guidance
- Help him/her develop confidence and “become” a colleague
- Others?

The image features a landscape with a bright orange and yellow sky above a dark green field. The text "Phase I: Establishment" is centered in the green field.

Phase I: Establishment

Phase I: Establishment

- Picking the supervisee
- Getting rapport/trust started
- Creating the learning agreement/contract
 - Make it specific enough to cover the “biggies” for later
- Explaining structure of supervision/ instilling hope
- Group v. individual supervision

Phase I: Important Questions

- What are my potential “blind spots” with this supervisee?
- Does it matter whether our therapeutic orientations are the same?
- Can we agree on the same goals?
- Others?

Exercise 1: Sarah

- Sarah is a 29-year old mother of two who came from an abusive home followed by a bad foster care experience and is now a LPC candidate. She has come to work in your family guidance clinic and you need her to help lead your “recovering mothers” group program.

Exercise 1: Sarah - Establishment

- What should you assume/not assume about Sarah?
- What specific things might you do at the beginning of your work with Sarah, to establish the supervision relationship?
- What do you want to learn before you have Sarah jump into the group? How?

Phase 1 Cont'd: Learning Contracts

- Addressing specific competencies
- Identifying professional goals and expectations (being specific enough for safety for both of you)
- Making room for personal goals
- Establishing frequency of meeting, expectations for work, target dates
- A “living, breathing” document

Phase 1 Cont'd: Early Work

- Communication styles
- Identifying early “signals” for trouble
- Paying attention v. diagnosing
- Connecting and transference/counter-transference
- Helping v. “enabling”

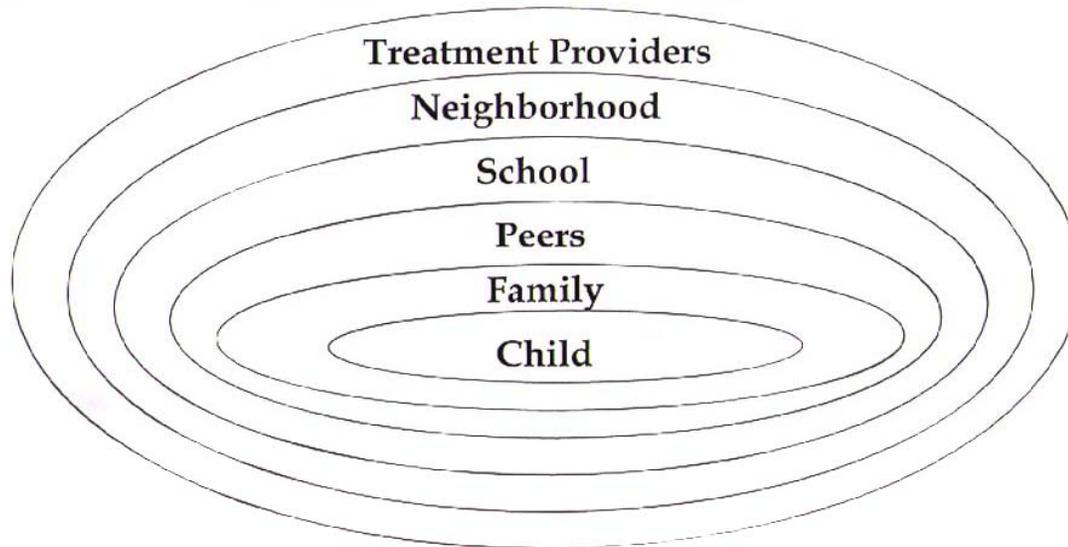
Phase 1 Cont'd: Early Issues

- Therapeutic orientation/ program training
- Practicing “thinking like a child therapist”
- Identifying dangers in trauma-related counseling
- Formal training in specific therapies
- “Planned” autonomy

Phase I: “Thinking like a child therapist”

- What is this, and how does it make child therapy so different?

Ecological Models



Phase I: “Thinking...” – Cont’d.

- What are some of the “briarpatch” issues in child therapy?
 - The first call to DHS...
 - Divorcing/fighting families
 - Trauma issues and parallel process
 - The school/family fight
 - Others? How do you handle these to support the therapist but also empower them?

Phase I: Level of Involvement

- Trainer
- Emergency Rescuer
- Supporter
- Exhorter/ Director
- Cheerleader
- Evaluator (regularly)

Phase I: Pitfalls of Supervision

- Transference/Counter-transference
- Too much of one end (soft encouragement v. authoritarianism)
 - Anyone want to guess our typical style?
- Inflexibility in communication or supervision planning
- Not catching dangerous therapy moments

End of Phase I: You're both still alive!!

- You are learning each other's boundaries and norms
- You are recognizing emerging or strengthening competencies
- You are identifying "natural fits" and limits of therapist – this is a good thing!

The background of the slide features a sunset scene. The top portion is a bright, textured orange and yellow sky, which transitions into a dark, silhouetted landscape of mountains and trees. The overall color palette is dominated by warm oranges and yellows at the top, and deep greens and blacks in the lower portion.

PHASE II: THE MOVING TARGET/EMERGING COLLEAGUE

Phase II: The Moving Target

Your supervisee is probably:

- Increasing competency/comfort level
- Getting deeper into complicated territory
- Making “sophomore” mistakes (over-confidence, overextending reach)
- Relaxing in the supervision relationship

Vignette 2: Mike

- Mike is a very self-assured late 20's "wunderkind" who aced everything and has a natural appeal with families, espec. single mothers. He is doing good work with a 5-year old boy but you notice he is "extra willing" to let mom come in for guidance sessions several times during the week, and is not always charging even though she has resources.

Vignette 2: Mike

- How do you best approach Mike in supervision?
- What do you think he needs/what do you need, to work through this?

Phase II: Going Further

- Avoiding sophomore laziness and overconfidence
 - Using supervision to challenge growth
- Emerging strengths/emphases in the therapist's repertoire
 - How do you foster them and not close doors for the candidate?

Phase II: Going Further- Cont'd.

- Allowing emphases without thinning diversity in the caseload too much
- Continuing to include didactic and exploratory learning in therapist
- Teaching “flexible fidelity” in treatment approaches
- Troubleshooting therapy issues

Phase II: Level of Involvement

- Encourager/Trainer as Needed
- Cheerleader
- Assistant in Self-Evaluation
- Challenger
- Partner/Collaborator
- Evaluator (regularly)

Phase II: Pitfalls of Supervision

- Joint supervisor/ supervisee laziness
- Stagnation (not challenging enough)
- Transference/ counter-transference
- Failure to think about the end-goals and future direction
- Your therapist does not seem to understand things that need to be different

Vignette 3: Richard

- <http://www.youtube.com/watch?v=zGYRr6DOSo&feature=related>
- What happens when your therapist seems a little out of touch in therapy?
- When is a behavior improvement plan necessary? What does one look like?

End of Phase II: The Emerging Colleague

- You can really imagine him/her as a professional (hopefully!)
- You may be diverging in areas that are both necessary and good
- Supervision itself is changing
- You've probably become a dyad system
 - This is both good and bad! Why?



**PHASE III: LAUNCHING YOUR
COLLEAGUE**

Phase III: Launching

- Launching starts long before ending supervision
- What are the increasing roles you place on advanced candidates?
- How exactly do you use supervision in the last third of your time together?

Phase III: Launching - Cont'd.

What you're seeing in your candidate:

- Cautious confidence
- Flexible thinking and problem-solving
- Moments where you think "She looks just like me!"
😊
- Moments where you think "Wow, that is ALL her."

Vignette 4: Julia

- Julia has two areas in which she really excels (parent training and childhood grief) and one in which she really struggles, avoiding when she can (adolescent externalizing males). You know she may get cases like this in the future.

Vignette 4: Julia

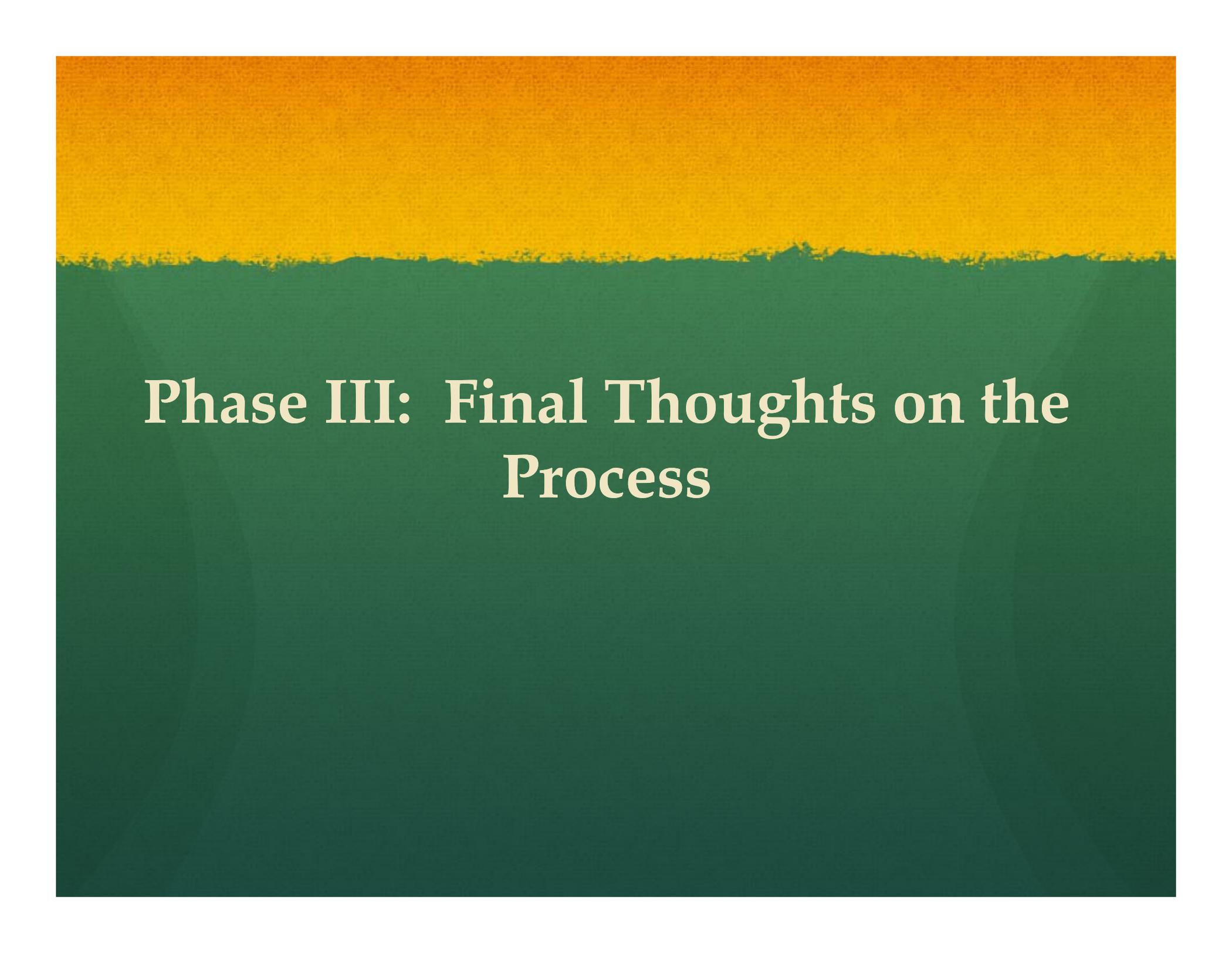
- What do you need to factor into decisions you make about how to counsel her?
- What level of autonomy should you give her at this point?
- What do you need to be careful about in yourself?

Phase III: Pitfalls of Supervision

- Too much comfort in relationship/laziness
- Lack of emotional preparation for launching (mostly in you!)
- Lack of preparation for professional changes
 - Finishing supervision/getting licensed
 - Transfer & termination of clients (if not at your clinic)
 - Placement searches (if not at your clinic)

Phase III: Self-Evaluation

- How open are you to hearing what you do well/don't do well, from your supervisee?
- How motivated are you to continue growing and improving as a therapist AND as a supervisor?
- What are some safe/healthy ways to do this?

The background of the slide is a landscape. The top half is a bright, textured orange and yellow sky, suggesting a sunset or sunrise. The bottom half is a dark green, textured foreground, possibly a field or forest. The text is centered in the middle of the image.

Phase III: Final Thoughts on the Process

Summary

- Start with a plan but know that you will likely change it
- Allow yourself to develop with your supervisee (don't know everything)
- Find and respect limits and boundaries
- Be open to what the process teaches you

Final Thoughts

- You will BOTH be changed by the process
- Don't forget your own issues – we ALL need consultation supervision
- Your supervisee couldn't do it alone; neither can you
- You should want to do this – for your own development, and for the best possible future for therapy – or else you should not stay in it

References

- Bradley, L.J., & Kottler, J.A. (2001). Overview of counselor supervision. In L.J. Bradley and N. Ladany (Eds.) *Counselor Supervision: Principles, Processes, and Practice* (3rd Ed.), pp. 3-27. Philadelphia, PA: Brunner-Routledge.
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