

# The Second Act

## Off the Record: Insights for the Clinical Supervisor

*Delve into the professional practice of clinical supervision by exploring ideas, best supervision practices, and reflections from experienced clinical supervisors*

### Discrimination in Supervision

Supervisory styles vary across counselor educators. Some are informed by traditional psychotherapies while others are guided by formal supervision models.

My supervisory style is informed by Bernard's Discrimination Model (1979). My supervision sessions focus on the supervisee's interventions, conceptualizations, and personalization skills as defined by Bernard. My supervisory role as teacher, counselor, or consultant is determined by my supervisee's developmental and professional needs during the context of the supervision session. Once supervisors have made a judgment about their trainee's abilities within each focus area, they must choose a role to accomplish their supervision goals (Bernard & Goodyear, 2004). My supervisory roles are highly variable and change across sessions and within session in order to accommodate my student's learning needs. Bernard (1979) stressed that it is important to remember that the discrimination model is a situation-specific model. In the beginning of the practicum experience, practicum students are in the process of honing their clinical skills and applying what they have learned in the classroom to the counseling session. Often, my supervisees ask for instruction about how to implement a skill or intervention during a counseling session. As a counselor educator, I teach my supervisees about various interventions using role playing to demonstrate the techniques. I also may assign related readings. When I assume the teacher role, I take responsibility for determining what is necessary for the trainee to learn in order to become more competent (Bernard, 1997).

I provide consultation about a difficult case by asking reflective questions when working with an internship student. When assuming the consultant role, the supervisor becomes a resource for the trainee but encourages the trainee to trust his or her own thoughts, insights, and feelings about the work with the client (Bernard, 1997).

An important advantage of the discrimination model is that it makes feedback and evaluation easier (Bernard, 1979). During the quarter, I provide both verbal and written formative feedback to my students. I allow my practicum and internship students the opportunity to complete a mid-term self-evaluation. In the future, they will be challenged with the process of evaluating their own work. Self-supervision is an important professional skill for counselors. Providing them the opportunity to self-evaluate makes them responsible for their learning, consequently promoting lifelong learning skills.

Regardless of one's approach to supervision, not utilizing a supervision model is like shooting from the hip. It's risky! Being grounded in a supervisory theory or model provides a framework from which to address supervisee issues and guides supervisors in their quest to nurture future professional counselors.

*Dr. Mindy Heher*

Bernard, J. M. (1997). The Discrimination Model. In C.E. Watkins Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 310-327). New York: John Wiley & Sons.

Bernard, J. M. (1979). Supervisor training: A discrimination model. *Counselor Education and Supervision*, 19, 60-68.

Bernard, J. M. & Goodyear, R.K. (2004). *Fundamentals of Clinical Supervision*. Boston: Pearson Education, Inc.



## **Dusk to Dawn: Gradually visible trends in counseling & psychology**

*Engage in an exploration of ideas and thoughts that illuminate future evidence-based therapies, techniques, theories and interventions in the fields of counseling and psychology*

Hocus Pocus or Life Changing:

A Clinician's Journey into the Subconscious using Hypnosis

The gathering of empirical data to support a claim has always been important to me. Before my career as a Licensed Professional Counselor, I intended to become a certified Medical Laboratory Scientist, and spent hours in school and onsite training for that goal. During that training, I worked long hours performing complex analyses on body fluids. It was not a job that gave any credence to results that were not backed up by detailed procedures. Understandably, given my scientific background, I was somewhat leery of the efficacy of counseling techniques such as hypnotherapy. Nevertheless, I decided late last year that it would be beneficial for me to round out my repertoire as a counselor by taking a hypnotherapy certification course.

The first training course was set to take place over three days. One of the first things we did was fill out a questionnaire that asked about our experience with hypnotherapy. I marked "never" on the question that asked whether I had ever been hypnotized or seen it done. Even though I had no personal adverse experiences to influence my standpoint, I sat through the beginning of the training still filled with questions and skepticism.

Gradually, however, the intriguing history of hypnosis, the studies of the brain (with measureable waves linked to the desired alpha wave/hypnotic states) and the hands-on learning during which our teacher performed hypnosis on some of my fellow clinicians, persuaded me that there might be more validity to the work of hypnotherapy than I had realized. My main thought as I left the first weekend training was to wonder why hypnotherapy hadn't been taught in therapy school.

As my training continued over several weekends, the instructor modeled the use of number block, amnesic and analgesic states, and we practiced various hypnosis scripts and suggestions. This gave me a better understanding of how hypnosis can be integrated into the therapy process. The "super highway" in our subconscious mind is far more accessible and adaptable in the alpha wave zones than when we attempt to consciously work through issues during talk therapy.

Learning how hypnotherapy can help my clients has been an exciting process, as well as a humbling one. I now realize that hypnosis can be life-changing, and that skepticism during the process is acceptable. Knowing that the mind naturally matches our outward behavior with the suggestions that we allow to take hold in our minds, I've come to believe that hypnotherapy can be a valuable tool for counselors.

*Melissa Doerfer-Grace, MS/EdS, LPC, NCC*



## **The New Mix**

*Our changing world practically requires technological competency. Stay up-to-date with software, apps, programs, and other advances.*

**QUARTERLY SPOTLIGHT:**

**Mood & Anxiety Diary**



**This app has been ranked in the Top 10 of 2016. Created for teenagers battling depression or bullying, it allows the user to select specific contacts as a support system. Support members can be easily alerted by the teen if he/she needs immediate help. Members can then reach out with calls or texts. It even offers GPS location to members if physical support is needed.**

iOS & Android

## Behind the Curtain

*Explore the experiential world with thoughts from the counselor's couch that speak to the heart of practice*

### Becoming a Therapist

Daydreams of becoming a therapist started around the age of fourteen. Hazy visions still remain of holding a pink notepad and a jumbo glitter pen. The sprayed-stiff beehive hair completed my studiously look while sporting rose-colored glasses. In my daydream, my secretary Tim would buzz stating that my 8:00 am appointment arrived. I would usher in the client with a soft, yet gentle, smile directing her towards the Freudian-inspired sofa waiting for her to spill daily struggles and deepest darkest secrets. I would hand the client a tissue and wait pensively for the cure to miraculously evolve through my advice.

Fast-forward a few decades, two children, countless APA style papers, laser-sharp focus on GPA, and clinical skill trainings. I must be a pro by now! Wrong.

After the first two weeks of Internship, my clients single-handedly emotionally, mentally, and spiritually erased my pink notepad, jumbo glitter pen, and rose-colored glasses. Sadly, not even my beehive of hair made it out of the first week alive. I left the office dumbfounded and deflated trying to think of where I had gone wrong. Frustration ensued along with the inevitable self-doubt that fills most beginning counselors.

This trek to become a professional counselor has engulfed the last three years of my life. However, in a moment of clarity, I realized that my journey actually started the moment I sat with my first client. Up until then, I had only played the role of student, mom, wife, sister, and friend. Sitting across from my first client, I became a therapist.



## WORDS OF WISDOM

*Counselor meditations for daily clarity*

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has

Margaret Mead

As I add the role of therapist to my life, I have to start embodying the essential qualities that a therapist possesses, like self-awareness. Writing a paper on self-awareness is effortless. By definition, self-awareness is the knowledge of the whole self and how the self is being impacted by values, attitudes, and feelings (Gladding, 2009). But this is not a paper anymore; this is life. So how much do I know about myself? What are my attitudes, values, and feelings about my *self*, my story, society, and life? Would I be able to differentiate how and what issues affect me? As an emerging professional, I hope by now that I know all the impacting parts of the self.

Simply attempting to embrace the deep meaning of self-awareness brings about a mystified feeling that floods my body with anxiety. Self-awareness is a lifelong process. In the beginning stages, personal self-reflection will turn into professional reflection (Powell & Levitt, 2014). In essence, self-reflection is a cognizant decision to examine and reflect on actions, motives, emotions, thoughts, and feelings (Pompeo & Levitt, 2014).

While my big beehive hair stood the test of time, my daydreamer days of pink notepads, glitter pens, and advice-giving have ended. Thankfully, the shedding of inexperienced daydreams cultivated an intern dedicated to uncovering the professional counselor inside.

*Kari Martina Bustillos & Dr. Sarah Stewart-Spencer*

Gladding, S.T. (2009). *Counseling: a counseling profession* (6th ed). Upper Saddle River, NJ: Pearson, Inc.

Pompeo, A. M., & Levitt, D. H. (2014). A Path of Counselor Self-Awareness. *Counseling & Values*, 59(1), 80-94.

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## Hushed Tones

*Soothe your self with discussions on caring for the counselor,  
self-care and related thoughts*

### Self-care on the Run

Working with refugees through Costi Immigrant Services as a Trauma Clinical Counselor has expanded my perspective on the importance and validity of self-care. Self-care is like transforming a house into a home. It requires warmth, work, compassion and attention to detail to make sure it reflects the owner's style. Practicing self-care allows your inner house to become a home by feeding the soul what it needs to continue the passion and drive that is required to work in this field. In times of distress, individuals need an outlet to cope with their struggles. The key to this is to recognize those needs and find ways to meet them to grow your home.

The need to practice self-care can be easily overlooked in order to prevent burnout; hence neglecting to maintain your inner home. Performing an internal "check-in" is important to ensure everything in the inner home works appropriately and is in place. Taking the time to discover what practices allow you to de-stress can be difficult to keep in mind, especially when first starting out. There may be perceived limitations to practicing self-care. Some limitations may be time constraints, isolation from other colleagues due to the nature of physical practice, family obligations or working overtime due to crisis situations.

Self-care practices may consist of both positive and negative practices. Under distressful circumstances it may be easier to succumb to negative self-care practices, such as social withdrawal, smoking, outbursts of crying or excessive sleeping. One may initially lean to these practices as they are easily accessible and appealing in the moment. However, these negative practices can cause the counselor to become less empathic, less compassionate and take away from their inner home. Self-destructive practices not only stop work on the inner home, it strips away construction that has already been completed. Positive practices can include religion, spending time with others, social activities, music, journaling, mediation and drawing.

For me, self-care involves turning the music loud as I drive home to prevent over thinking about what I could have done differently. It also includes taking a hot shower to figuratively wash away the day and relax. Practicing daily self-care remains the ability to be empathic and establish a strong therapeutic alliance, which is crucial when it comes to working with refugees. Additionally, this provides hands-on-experience with developing self-care strategies. This practical aspect can provide an example to refugees as the concept may be novel to them. Adaptation is the key to finding a self-care model that is individualized and appropriate to the situation at hand. Discovering a customized self-care strategy is like settling into the inner home that reflects personal style and preference.

*Gilan Abdelaal & Dr. Alyssa Weiss-Quittner*