



CLINICAL SUPERVISOR PREPARATION AND COMPETENCY

To give and receive supervision is part of the reciprocal conversations within the psychotherapeutic system.

BY VANGE WILLMS THIESSEN, RCC

Sounds of Pachelbel's Canon created a calm ambience as I entered the waiting room to collect my clients. Even as a newly minted family therapist, I sensed a high level of anxiety as I invited the three adult women into the therapy room. In a sudden burst of emotion, the first woman to speak said, "That was our musical connection, Pachelbel's Canon." In disbelief, the other two women cried out, "No, that was our special song."

These women were not biologically related. What brought them together was a shared experience of violation by a distinguished college professor: stalking, sexualized assault, and trauma in an educational context that should have been safe. The stories were shocking. An uncanny thread of deception and manipulation had woven their lives into a tangled tapestry.

This was the beginning of a process of discernment, advocacy, and therapeutic response: witnessing each woman's story,

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Participating in a collaborative learning community

Clinical supervision is the signature pedagogy for developing competency and professionalism in the practice of psychotherapy. Here are some suggestions for ways to benefit.

- **Stuck in a singular perspective?** A multi-voiced supervision dialogue stimulates new ideas and multiple therapeutic alternatives.
- **Functioning on auto pilot?** Learn to be more intentional in matching case conceptualization with your clinical interventions.
- **Increased personal reactivity to client issues?** Person-of-the-therapist work with a supervisor provides a process of self-reflection, awareness, and creative mindfulness.
- **Caught in difficult ethical or legal interactions?** Check out interference of dual relationships, complex court cases, legal requests for information, etc. within supervisory conversations.
- **Feeling bored and stagnant in your therapeutic practice?** Group supervision dialogue stimulates and restores passion for lifelong learning and application.
- **Presence of blind spots?** Explore blind spots where at times "one doesn't know what one does not know" until we process clinical and personal material within a supervisory context.
- **Experiencing interpersonal conflict or transference/countertransference within the therapeutic system?** Supervision helps us explore ongoing dynamics, projections, and reactivity in therapeutic relationships.
- **Isolated and alone in private practice?** Consider clinical supervision for confidentiality, support, and mentoring.

inviting spousal participation, initiating contact with college administration, responding to civil and criminal investigations, and, finally, coordinating a mediation process. I had learned about clergy and professional misconduct and the breach of fiduciary trust while a student in a Master of Marriage and Family Therapy program. But just one year after graduation, was I competent to respond to these women who had experienced such betrayal and violation?

Two years later, together with multiple players, a partial degree of healing and closure was accomplished — much less than what I had hoped for. It was the weekly conversation with my on-site clinical supervisor and the consultation I sought with other professionals that allowed me to see the way forward in a daunting therapeutic challenge. My early experience as a therapist taught me well; for the next 13 years, I participated in a monthly supervision group with AAMFT-approved supervisors.

Supervision is the primary pedagogy whereby we, as counsellors, learn to be competent practitioners. To give and receive supervision is part of the reciprocal conversations within the psychotherapeutic system. As a master's-level psychotherapist, like many others, I was expected to provide supervision to other counsellors at the agency where I worked. However, most of us completed our degrees without any academic or clinical training to become supervisors. We may be competent, experienced counsellors, with specialized training in various therapeutic modalities, but does that make us effective supervisors?

As a longtime BCACC member as well as an AAMFT clinical fellow and approved supervisor, I am passionate about promoting a culture of supervision as an integral part of therapeutic competency and professional mentoring and leadership.

What does supervisor preparation and competency look like?

the task of clinical supervision is best accomplished. A brief summary of supervisory goals includes: first and foremost, protecting the well-being of the client/family; facilitating the therapist's personal

growth and awareness; promoting therapeutic competencies in service delivery, including conceptualization, clinical assessment, and intervention skills; promoting ethical awareness and accountability; socializing less experienced supervisees regarding professional expectations and development; and, finally, gatekeeping for the profession.

Facilitating the supervisory relationship and process

In what situations do you learn best? One of the most important elements in the supervisory process is the person of the supervisor and his or her ability to establish and maintain a good connection with the supervisee. In a

Becoming immersed in a collaborative learning community

Harlene Anderson (2000) states that at the heart of her philosophy and practice of supervision is a collaborative learning community that includes connection, collaboration, and co-construction. Central to this notion is a dynamic creative conversation that engages two-way exchanges and the criss-crossing of ideas, thoughts, opinions, and feelings. These reciprocal interactions among supervisors and supervisees bring forth new knowledge, understanding, and best practices.

Implementing the goals of clinical supervision

Outcome-based learning requires supervisors to carefully examine how

triadic system of client, therapist, and supervisor, relationships are multi-layered and complex. The clinical supervisor is responsible for creating a safe, secure holding environment that provides emotional nurturing and facilitates space for creative, interactional dialogue.

Enhancing skills in the methods and modalities of supervision

Supervision literature describes the postmodern supervisor as one who fulfills a variety of roles and functions: trainer, teacher, supporter, coach, advocate, consultant, mentor, administrator, and supervisor. From within these multiple and intersecting roles, supervisors and supervisees assess the presenting needs and thoughtfully draw from specific methods and modalities of supervision. In mutual and collaborative conversations, new ideas, possibilities, and interventions emerge.

Monitoring ethical and legal responsibilities

The ethical use of power is a key responsibility of supervisors. In addition

to attending to ethical issues that surface during client-therapist interactions, the supervisor has the fiduciary trust to maintain an ethical relationship with their supervisees.

Increasing awareness of culture, diversity, and social justice

In the presence of increasing global influences and diverse world views, effective supervisors develop cultural awareness, sensitivity, and competency. They learn to facilitate respectful conversations where multiple voices and perspectives are welcomed.

Constructing a personal philosophy and practice of supervision

For many untrained supervisors, their supervision practice has been informed by their previous personal and professional experiences. Intuitively, you may have decided what is good supervision and what is not. As supervision theory and practice has developed into a professional entity of its own, we now have access to formulate new ideas and ways of being as supervisors.

After years of providing clinical supervision and teaching clinical supervision courses to professional counsellors, I conclude that experience alone is not sufficient to guarantee effective supervisory outcomes. Let us consider together how the future of our therapeutic practice and professional organization will benefit from the emerging generation of trained supervisors who are carrying the torch as leaders, mentors, and gatekeepers of our profession.

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STRENGTH IN UNITY

Supporting Asian men to become mental health ambassadors and to seek mental health care BY RODRICK LAL

Research suggests the mental health needs for ethnic minority communities are seldom met, especially for men. In particular, men from Asian communities, such as Chinese, Filipino, Korean, South Asian, and Vietnamese, to mention a few, are among the least likely groups to seek help for mental health problems in Canada. The hesitation to seek help is frequently attributed to stigma, shame, blame, and saving face.

While mental health stigma cuts across all cultures and backgrounds, research suggests stigma takes different forms in different communities and is compounded by masculinity and experiences of racism and discrimination — what is sometimes referred to as “double stigma.”

Fortunately, the Strength in Unity (SIU) project (2013-2017), funded by the Movember Foundation, has become the largest intervention study in Canada aimed at developing individual and community capacity to reduce the stigma of mental illness among Asian men and youth.

For many Asian families, especially for men, a diagnosis of a mental health problem such as depression can bring shame to the family, often leading to denial and a breakdown in communication. The control of personal feelings is considered very important, and men are taught not to express their emotions. As a result, seeking help is sometimes seen as bringing shame on the family honour. Within some Asian religious or spiritual traditions, it is the case that families are taught to surrender to divine will, to



The central focus of the SIU study was to examine the effectiveness of two intervention workshops in addressing internalized and social stigma: Acceptance Commitment Training (ACT) and Contact-based Empowerment Education (CEE).