

Thanks for joining us on Not Boring CEs, where we don't think you should be bored to death while getting your Continuing Ed. Keep listening here, then hop over to notboringces.com to get all your online CE credits. Alright, y'all, let's get to learning.

Ann Robinson (she/her) is a licensed clinical social worker, teacher, supervisor, and super fun to be around. She has been working in the field of social work and public health since 2004 and is still going strong. Ann has expertise in trauma-informed care, supporting work with youth and their families, and navigating large systems (K-12 public schools, child welfare, and juvenile probationary systems). Ann lives for a good challenge and loves to consult on challenging cases and identify non-traditional supportive solutions. Ann is passionate about supporting clinicians in preserving their secret sauce and not burning out in the field. Ann has come close to cashing in her chips and working at a coffee shop too many times to underestimate the importance of having a life that is not consumed by your work.

When not working, Ann can be found gardening, hanging with her friends and family, reading good (or not good) escapist fiction, or watching live music in the summertime. Welcome, Ann.

Allison Puryear (she/her): Welcome back to Not Boring CEs! I'm here with Ann Robinson, and we're gonna talk about how to unlock your supervision super powers. If you're a supervisor out there, or somebody who is interested in becoming a supervisor. And it's like

Allison Puryear (she/her): the go-to like, I love talking to Ann about supervision, because she always has

Allison Puryear (she/her): a lot of really good important things to say, and has a lot of supervisees and has over the course of her supervision career. So thank you for being here. Ann.

Ann Robinson: Yeah, thanks for having me. This is definitely a topic I feel super passionately about one, because it's something I really enjoy. But more than that

Ann Robinson: I know what it feels like to have a really crappy supervisor, and I would imagine most people can relate to that experience at some point in their career, and I think

Ann Robinson: it's a charge for all of us to figure out how we can do things differently, because

Ann Robinson: when supervision is good it is so good, right? It feels so good, it feels so rejuvenating. It's one of the few things that we can do as clinicians to prevent burnout in our field is in connecting with folks that help

Ann Robinson: help us. Problem, solve, help us feel inspired, help us make sense of the work that we do every day. So is it fair to say that this is also, for, like clinical consultation, not just

Ann Robinson: get your license supervision awesome. So

Allison Puryear (she/her): when I think of supervision like good supervision, I think, about feedback

Allison Puryear (she/her): all the best supervision I ever had involved a lot of feedback. All the bad supervision I ever had basically had. None. So can we talk about

Allison Puryear (she/her): the role of feedback, how to integrate that as a supervisor. The things that get in our way with providing feedback. All of it.

Ann Robinson: Yeah. So I think, as supervisors, the thing that prevents us from soliciting feedback is fear and imposter syndrome. Right? We're afraid of what people are, gonna say, or we don't.

Ann Robinson: We're afraid of our skills and how that's being reflected. And so we're we're cautious to solicit feedback. If we think it's gonna be negative. We also there's also a one down approach when it comes to soliciting feedback from your supervisors, where it's kind of an an opportunity for us to say like, Hey, is this working for you? Is this what you're looking for? How can we make sure that this time feels really meaningful for you

Ann Robinson: and that is an invitation for folks to say like, actually, this is not working for me, and I would like love to talk about why or I'd love to talk about what would work for me, and that can like hurt our our feelers right if we think that we're showing up and giving a hundred. It's also a really blunt reflection.

Ann Robinson: If we know that we're not showing up with 100%, right? If we are like not giving our A game. Then why would I ask someone to score me right? And so if we're as supervisors, consistently integrating feedback into our session, so maybe not every time we meet with someone. But every month or every other month we're soliciting feedback from someone

Ann Robinson: we know that we need to be performing in a way that we're gonna get feedback. That feels meaningful. Right? It's just like what we're asking our supervisors to do.

Ann Robinson: I think didactic feedback is one of the biggest things that you can do to build. Trust in your supervision, supervise the relationship.

Ann Robinson: And

Ann Robinson: I'm sorry I've got a whiny dog. Just let her out for a second so I don't. I know Zoom does like a really good job of muting noises outside, but like I can hear her so it's distracting me.

Ann Robinson: So, as I was saying, didactic feedback is one of the greatest things that we can do to build a trusting relationship in our supervision with folks. And so we have to show up and be willing to hear what people have to say.

Ann Robinson: Yeah. And

Ann Robinson: so that is not just in like, where are your skills? And how are you feeling about your skill building? What would you like to focus on moving forward? But how are you feeling about the feedback that I'm giving you, or the insights that I'm offering, or one of the the questions that I ask folks multiple times every time we meet with supervision is, how is that sitting for you?

Ann Robinson: Right? Or what are your thoughts on that when i'm offering someone feedback on something that they just shared with me, and I genuinely like, wanna hear what they have to say, Umhm, because there's not a supervisor on this planet that knows the answer to everything right.

Ann Robinson: right? And and it might vary from Supervisor to supervisee as well like. It might not be aligned for the person sitting next to you, but it might be like exactly what your other supervisor needed to hear. That's right. And so that's my practice for soliciting super feedback in individual supervision, in like group settings or group supervision.

Ann Robinson: I will do a little bit more formal feedback solicitation, typically quarterly, right? So if I'm meeting with my groups once a month, every quarter, I will send them a survey that says, How is this squaring for you? What! What are you feeling is useful in our time together. What would you like to see more of? What are some topics you'd like to spend more time thinking about or talking about in future sessions, and

Ann Robinson: I carve out time in our group meeting for people to do that right. So because it is their space. And I want them to feel responsible or like they can contribute to how meaningful this space is for them. So it's not something I'm just sending them like, flippantly by email, like, when you get a chance. I know you're really busy. If you feel like it, it's like, no, this is part of what we're doing.

Ann Robinson: Umhm, okay? And by making space for and making time for formalized feedback.

Ann Robinson: It communicates to people that what they have to say matters?

Allison Puryear (she/her): Yeah. yeah. I love that.

Allison Puryear (she/her): I think about some of the people that I've worked with, who have been in bad supervision relationships where they feel like if they gave feedback they would be penalized. Those. I would think that those supervisors are probably not asking for feedback.

Ann Robinson: I would guarantee they're not asking for feedback right? And if they are, it's one of those like, let me know if you have any issues

Ann Robinson: moving on right? It's not

Ann Robinson: That's why people are feeling like they're gonna get retaliated against, or that their supervisor doesn't care is because they're not creating a container for feedback to feel meaningful.

Allison Puryear (she/her): We can feel the difference absolutely. Absolutely. Like I think about like

Allison Puryear (she/her): I love your point of like, if you're going to be soliciting feedback

Allison Puryear (she/her): like, do the things that are gonna get you good feedback, and how like the supervisors I had, who

Allison Puryear (she/her): very openly asked.

Allison Puryear (she/her): I felt very safe, being honest. Now there's a people pleaser inside me that, like I had to grapple with and often just one out honestly. But I think creating that was a me problem, not a "them" problem and creating that safe space

Allison Puryear (she/her): allows the supervisor to improve their skills and supervision allows the relationship to feel safer, allows the supervisee to get more of what they need.

Allison Puryear (she/her): Like. There is no downside?

Ann Robinson: No, and even when you're suspecting right cause, of course I have those supervisee relationships as well where I'm like. I'm not sure they would tell me if they disagreed with me. Right that is.

Ann Robinson: that's then a charge and an opportunity for me to come at it from a different angle, right? Or to say when I'm soliciting someone for feedback. And they're like, Oh, yeah, this is great. This is exactly what I'm looking for. Thank you so much. I'm so grateful for our time together, right? And we're doing that whole like dance. And I can say to them, like, it's okay. If you disagree with me

Allison Puryear (she/her): right like that is, and if you don't disagree with me right now, I invite you to disagree with me in the future. This is a parallel process to therapy right?

Ann Robinson: And that's why I get, or this is why I feel so passionately about kind of boosting people up and encouraging them to consider supervision in their practice, because all of the qualities that make you a good clinician or make you a good mental health specialist, or whatever work that you're doing

Ann Robinson: are the things that make you a good supervisor. You show up. You're consistent. You're predictable with your expectations. You know your strengths. You're not afraid to refer out, or ask questions or answer questions within. I don't know. Let's figure it out right. You're curious about how the other person is doing like this is what makes you a good social worker, counselor, psychologist.

Ann Robinson: and this is what would make you a good supervisor as well.

Allison Puryear (she/her): I said, I think in my mind is like supervision is often at least, the way I've done it or experienced it more direct than therapy is like. There's still, even even if you're not a very directive therapist. You're still hopefully calling your client on some of their stuff.

Allison Puryear (she/her): How

Allison Puryear (she/her): how do you help people make that shift as supervisors or new supervisors to being just like putting it out there a little bit more. How do you help them manage that anxiety that comes up?

Ann Robinson: Yeah. So I think the responsibility is different, right? When you're working with someone as a client or as a patient.

Ann Robinson: them figuring out this process is part of it right, and that is a parallel process for supervisees as well, or for being a supervisor.

Ann Robinson: and your responsibility as a supervisor is a little bit different in that if you are letting your supervisor like fumble through, or you're letting yourself, as a supervisor kind of fumble through

Ann Robinson: excessively or extensively like that has great implications on their client care right? And so

Ann Robinson: I like to think about it as far as like clarity as kindness.

Ann Robinson: right? And so if I'm seeing something, I'm gonna say something. If I'm curious about something, I'm gonna ask about something. If I'm concerned about something you can trust that I'm gonna say something right? Because that is the ambiguity that happens there of like. It's the same thing that causes or can contribute to mistrust in the therapeutic relationship of this feeling. Like, I feel like, you know the answer.

Ann Robinson: And you're not telling them. Yeah, right? And as a supervisor.

Ann Robinson: there's less of a responsibility to let someone kind of figure it out on their own, and it's more like let's treat it as more of like a Q&A. Right. You're asking my opinion. I'm going to give you my opinion sometimes I might ask you like I don't. What are your thoughts on it? Right? Because I want to hear what you have to say, and if my thoughts are the same or different, I'll share that with you, too.

Allison Puryear (she/her): Hmm. yeah.

Allison Puryear (she/her): And I think about the

Allison Puryear (she/her): from the perspective of the client slash the perspective of the supervisee.

Allison Puryear (she/her): There's a different kind of expectation of what you're looking at this person in this position of power, essentially like. How they engage with you is going to be different.

Ann Robinson: Umhm.

Allison Puryear (she/her): I think there's a

Ann Robinson: handling with kid gloves situation that can happen sometimes. That might be appropriate for a client going through a hard time. That is not necessarily appropriate when you're helping shape and mold somebody's clinical practice. That's exactly right. If you're using kid gloves with your supervisee you're contributing to and breeding more anxiety.

Ann Robinson: Right? Say more about that. Yeah. So I think again, if I'm coming to someone for supervision. And I say, like, Hey, this is one of my clients, or this is a situation I'm working with. I'm really

Ann Robinson: concerned, or I'm really stumped, or I feel really worried that I'm you know, allowing things to continue that aren't healthy, or whatever the

Ann Robinson: whatever the concern is that someone's bringing to the table.

Ann Robinson: and you were just saying like, Hmm!

Ann Robinson: I wonder what that brings up for you?

Ann Robinson: Right? Which could be a like a very reasonable reflection to do in therapy as a supervisor. It's like, no, I need someone to join me in this right now, and to help me process through right? And so if someone is simply and reflective, supervision is a form of supervision, it is.

Ann Robinson: It is an important aspect to the supervision relationship. And one of the the things that you figure out as a supervisor through practice and time is, when is reflection the appropriate intervention, and when is direction, the appropriate intervention? And I would say that parallels the therapeutic relationship to

Allison Puryear (she/her): right.

Ann Robinson: I would think, though, the ratio is different, it is almost like inverse right. It's like an inverse proportion. But similarly of like, we all have clients who come to us and say, I wish my last therapist had told me XY. or Z, or I wish that we like inherit a case or situation, and someone says to you like.

Ann Robinson: I didn't realize that this was abusive, or I didn't realize that this was unsafe, and I come from the school of thought, where, if I have a client who's engaging in behavior that's unsafe, it's important for me to name that I it's not in. It's important for me to stay curious with it, but it's also really relevant for me to state my concerns.

Ann Robinson: It's part of why they're bringing it to therapy is they want. They want that feedback loop. Right? Is this, okay? If it's not okay, and so yeah, I would agree with you, and that while that happens in therapeutic relationship, it's an inverse proportion in the supervision relationship.

Allison Puryear (she/her): I'm thinking, too, about how so many of us. Our first experience with supervision is maybe in a practicum or an internship, and it's with.

Allison Puryear (she/her): you know,

Allison Puryear (she/her): supervisor at the place that we're currently working, and they're tired and burned out. And

Allison Puryear (she/her): we kind of go, and we both do our time in the room together. Essentially like it's not

Allison Puryear (she/her): at least my experience in those those phases of my life. Not always very. Doesn't yield a lot of learning or a lot of support. And for a lot of people that continues on in your work. If you continue to work at that organization or a similar one. And you're just kind of assigned a supervisor.

Allison Puryear (she/her): and I. If that sets the stage for how we show up to supervision

Allison Puryear (she/her): as supervisees we don't always know how to use supervision effectively when we find a great supervisor, how can like supervisors.

Allison Puryear (she/her): teach us how to use supervision? Well.

Ann Robinson: yeah. So I think it's part of our responsibility to teach people how to use supervision. Well, just like we teach people how to use therapy well

Ann Robinson: and initially, when you're first building a relationship with someone, I find it to be really helpful to have your first few supervision sessions be highly structured. So whether they're focused on.

Ann Robinson: you know, I've got like a skills assessment that I send people initially where they can self assess on a license scale, like where they where they see their skills lying where they want

Ann Robinson: support what they're interested in. Kind of across the lifespan. And so I'll start with that. And then we review that skills assessment together. And I say, hey? Okay. So based on this, it would tell me that, like these are 3 or 4 things that would be really helpful for us as far as skill building to work on in supervision.

Ann Robinson: and I also will outline supervision can consist of case consultation, ethical dilemmas, professional development curiosities around the field like it doesn't have to be

Ann Robinson: one. It doesn't have to just be case consultation, right? Which can be really hard for a new supervisor where they're like. I don't know what questions to ask about these cases yet.

Allison Puryear (she/her): and I don't want to show up and ask stupid questions, because I don't want my supervisor to not think that I'm good at my job right?

Ann Robinson: And so, when we acknowledge that that fear is there, whether verbally or just, implicitly, by providing more structure to our sessions.

Ann Robinson: right? Whether it's through surveys, whether it's through materials. And like. I want you to listen to this podcast or I want you to read this article, and I would love to talk about it the next time we meet for supervision. Right? That's really relevant in, especially in agency settings. Where oftentimes there's

Ann Robinson: like more of a a concentrated demographic that you're serving so if we're working, you know, if I'm working in an agency that supports families and does lots of family therapy that would give me a whole host of resources that I could share with my supervisees and give them something to talk about as well as something, then to practice and implement in their next sessions, to come back, then to report in their next supervision session.

Ann Robinson: So this is how we build skills without saying like, Well, how are you doing family therapy? Right? Because that

Allison Puryear (she/her): automatically put someone who's a new supervisor in a state of panic because people please or not, they want their supervisors to feel like they're competent, and they're capable. And they're dedicated to their work absolutely. And I think about like, you know, newer clinicians, I mean, or just people kind of wired to hold more shame than others, and who really feel like they wanna present well, in all ways, and how that can that

Allison Puryear (she/her): I can get in the way of learning when you're like. No, things are great. With all my cases, everybody's progressing as expected. You know I've never feel out of my element, or like I don't know what to say or do. How, when you have something structured that can really help pull out those things without being like. No, really. But where do you feel incompetent? Because I know you do, because we all do. So, we all do, no matter where we are.

Ann Robinson: are in our practice. Right? And so yeah, it really like levels, the playing field of just assuming that someone would benefit from learning or talking about something regardless of their experience. Right? If some, if I was working with a supervisor and she offered me a resource to review or training to take, and then to come back and talk about it in our next supervision like that would be

Ann Robinson: a lovely next step for me, because not only did I know that the skill or this resource was important to the Supervisor, or she felt it would be valuable from my learning, but it also gives me kind of a jumping off point and a lens at which to look through my cases. So I was listening to the podcast and made me, think about this case that I haven't spoken, with you about yet and i'd be really curious about your thoughts

Ann Robinson: right and so we can use that as like as a bouncing off point. Yeah.

Allison Puryear (she/her): I think about that. Like.

Allison Puryear (she/her): how do you supervision effectively when we come at it from the stage like, it's just hoops we have to jump through until we can get our license.

Allison Puryear (she/her): we miss out on really creating

Allison Puryear (she/her): incredible clinical skills and incredible competence and confidence that

Allison Puryear (she/her): if we're going into it like this is my place to learn like this is my school right now? Is every week or every month, or whatever the the

Allison Puryear (she/her): the frequency is. This is like.

Allison Puryear (she/her): this is where I get to like, absorb, and suck up all the information that I want and make sure. Yeah, and make sure that I like. Don't turn into one of those therapists that other therapists talk about because they do stupid shit right, or the one that clients say therapists was really nice.

Ann Robinson: I'm like, Oh, God! That would be the worst thing a client could say about me. They wouldn't say anything worse than that, I don't think but like Nice doesn't move you forward in life like nice isn't like a meaningful space to be in clinically right. And so just like with our clients and therapy.

Ann Robinson: if they're brand new to therapy, we're gonna show up as therapists and and expect to do a little bit more work right? It's not always a you know. The the phrase that we often weaponize in clinical spaces is like you can't do more work than your client, and

Ann Robinson: I appreciate that. I think that's really important. I also think initially, it would make sense if we do a little bit more work than our client. As long as then we're backing off and sharing the responsibility. Right? It's like we're, I'm gonna walk. I'm gonna hold your hand. And then I'm gonna let go of your hands and you're gonna do it and let me know where we're gonna go next.

Ann Robinson: Yeah. And in supervision it's the same

Allison Puryear (she/her): right? And so you're talking about starting off structured. And then at some point the structure falls away or decreases.

Ann Robinson: depending again on the person right like, there's some people who really like find safety and

Ann Robinson: uncomfot in the structure, right? And I think at that point, if someone, if I was meeting with someone, let's say, for like 6 months. And they're still like, what resource should I read next? Right? What podcast, should I listen to? Next? This might be where I hand the responsibility over to them, and say, like I would love for you to find a resource that you feel is meaningful for your work right now and share it with me.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): I'm thinking about like the first really great supervisor I ever had to Donna Thompson. And she was very structured, and like I had a form I had to fill out before I came in every time.

Allison Puryear (she/her): And and this is how I work in all areas of my life as I.

Allison Puryear (she/her): I'm not great at setting aside time to think about things. I'm just real big on like doing things constantly and just having this thing I had to fill out, so that there was some

Allison Puryear (she/her): deeper thought, some intentionality, some like reflection essentially on, but had gone on in the last week clinically, and how I felt about that and

Allison Puryear (she/her): I hated it, but I also knew at the same time it was so good for me, because I am just

Allison Puryear (she/her): wired slash. I keep encouraging myself to go. Go, go, and have my whole life.

Allison Puryear (she/her): and I'm not great at making time for reflection. So just thinking about how beneficial that can be for clients or supervisees rather, who are

Allison Puryear (she/her): always just doing

Allison Puryear (she/her): forcing space to think it's really helpful, and and was juicy like I learned so much working with her and really appreciated her, her guidance and her

Allison Puryear (she/her): She was great at both giving and getting feedback, too. So going back to the whole feedback piece

Allison Puryear (she/her): is she didn't handle me with any kid gloves and didn't expect to be handled with kid gloves either.

Ann Robinson: Right. She trusted that you could take it, or she trusted that you could give her the feedback that like this. Feel it's too much right. I need. I need you to soften up a little bit.

Ann Robinson: which is just indicative of both where someone is in their in their professional process, as well as how they integrate feedback right? If we have someone who's never had professional feedback before, and you come in hot, and you're like

Ann Robinson: your documentation is shit. And I'm really not seeing a lot of reflection of like case conceptualization here. And I'm not tying in how your sessions are leading back to your treatment plan. I'm thinking about like agency based supervision. You know. That's a lot for someone to take on initially

Ann Robinson: after working together for a year.

Ann Robinson: you know. And someone says to you, like, What are you doing here? Like, I'm I'm not. I'm not able to conceptualize what's happening with your case in this situation. That's gonna feel a little bit differently, absolutely.

Ann Robinson: Yeah, yeah.

Allison Puryear (she/her): it's so it's so interesting. The similarities and differences with clinical work makes sense. Cause we're all humans right? And we're dealing with emotions and some more directly than others with supervision. But

Allison Puryear (she/her): And and you know, we all wanna feel good. We wanna feel like we're doing a good job and can improve

Ann Robinson: right? We want to scaffold right? And remembering we work in a soft science. So there's no

Ann Robinson: completion or perfection that's attainable. We work in a soft science, there's no completion or perfection that's attainable. We just have to keep working the same muscles over and over and over again, right? And we find new ways to work them. And we strengthen certain ones and

Ann Robinson: And when we normalize that process right of, like everyone benefits from supervision always. This is not a means to an end. This is not a like a one and done. This is not just because it's a job requirement or a licensure requirement. It's because when we practice in isolation.

Ann Robinson: we put our clients at risk.

Allison Puryear (she/her): Hmm.

Allison Puryear (she/her): yeah.

Allison Puryear (she/her): And so I think about how that lends to

Allison Puryear (she/her): making sure that we're doing some clinical consultation post supervision.

Allison Puryear (she/her): and it doesn't necessarily have to be as frequent or as in depth

Allison Puryear (she/her): necessarily, but making sure that it's not just the ceas that we need to get. you know.

Allison Puryear (she/her): But it's also the. And and I love that some licenses consider clinical consultation as a CE. I wish more of them. Did. I wish mine did but I think that.

Allison Puryear (she/her): seeking that out, being willing to pay for it, because it is an investment in your clinical skills, in your business, in your clients.

Allison Puryear (she/her): Making that a priority so that you can continue to also stay interested in what we do because we can get real complacent.

Ann Robinson: We can get really complacent. And we and that

Ann Robinson: that's also an indicator of burnout right. And I think oftentimes, too, when we practice in isolation, we do have this fear like this litigious fear in the back of our minds of like.

Ann Robinson: oh, this will never happen! But what if right or oh, I will never get sued. But what happens if right? And when you're when you're in consultation as a as an independent practitioner.

Ann Robinson: it gives you the chance. Like every time I meet with my supervisor I update my case notes for the clients that we discussed, and I say, you know, talked about this client in consultation. This was the recommendation, or this is what I was advised to do will consider for future sessions. Right? It's a it acts as a safeguard for me and demonstrating when I'm working with clients who are presenting with a an element of acuity which most clients are

Ann Robinson: or could be, if we're like in a courtroom about it it gives me an element of protection, and demonstrating that I'm seeking support, and I'm seeking the advisement of other therapists on how to best support this client so that

Allison Puryear (she/her): I can both acknowledge and address the acuity that's presenting absolutely. Yeah. It's a good

Allison Puryear (she/her): like.

Allison Puryear (she/her): cover your competency kind of a yeah.

Allison Puryear (she/her): And like, you said, like, if we're we're we're not gonna get any better on our own

Ann Robinson: like. That's not how that works.

Ann Robinson: right? We're not getting. No, we're not gonna get any better on our own. We get. We learn best, I think, like online platforms recorded, webinars are so helpful for planting seeds. Right? They're so helpful for getting our wheels turning and getting curiosity happening. But how we learn to apply new skills is in

Ann Robinson: community and in the process of it, all right where I can try and get feedback, I can. I can implement. And I can ask questions right? And there's

Ann Robinson: there's something to having a community or having a person that really speaks to that. Yeah.

Allison Puryear (she/her): yeah.

Ann Robinson: And I think the cool thing about getting consultation or supervision after your license is that you can do it with anyone anywhere, right? Like my supervisor is in a completely different state. But she has skills and training in areas that I don't, and that I want to learn from.

Ann Robinson: And I don't need to be concerned about like her license and my license, and not working for my licensing board and all of those things that really opens up.

Allison Puryear (she/her): what spaces are available to us. Yeah, yeah.

Allison Puryear (she/her): And I love how like it trickles down so beautifully to our clients, to our business. If we're in private practice, there's not. It's not just.

Allison Puryear (she/her): you know, the better clinical work you do, the more clients are. Gonna hear about that. Wanna come, you know. So it's good for building your practice. If that's something you're looking for, it's not enough to get it off the ground. Unfortunately for those of you who are like oh, maybe maybe that's all I have to do is just speak great but it's great for maintaining a practice, and

Allison Puryear (she/her): and your clients only benefit.

Ann Robinson: Yeah. Well, I mean, the reality is

Ann Robinson: when I'm asked to take on a new client, and I don't have faith. The first people I go to are the people I supervise right? Cause, you know, cause I know their practice. Yeah,

right? I know what they're good at. I know what I know, how they practice. I trust their practice right? And so

Ann Robinson: if you're in a especially in a group, consultation space like that's a beautiful networking opportunity that I think is so underlooked, because, again, not only do I go to the people that are in my consultation space, but everybody else in the consultation space goes to those people too. So if you are building a practice

Ann Robinson: like that is that is definitely an untapped resource for most people.

Allison Puryear (she/her): Yeah. So

Allison Puryear (she/her): I think about we've talked about like being a new clinician, and all the nervousness that comes with that

Allison Puryear (she/her): I think about

Allison Puryear (she/her): the first time I was a supervisor, and feeling very

Allison Puryear (she/her): like, you know, I had to take CEs to become a supervisor, and I had to, you know, jump through some hoops, but I was like, is that it like, now I'm

Allison Puryear (she/her): apparently able to. Yeah, it's kind of like, when I had my baby. I'm like, I just get to take this home.

Allison Puryear (she/her): That's what happens now.

Allison Puryear (she/her): and so I think about like the imposter syndrome that I felt I definitely wasn't going into these these supervision relationships feeling like, yes, now I know what I'm doing, and I feel imparted upon you

Ann Robinson: so like, how do we, as new supervisors deal with that imposter syndrome? Yeah, I think that's a great question. I think, remembering that just like being a new clinician.

Ann Robinson: what people appreciate about their supervision with you is not that you're an encyclopedia of knowledge, and you are an encyclopedia of knowledge at that point.

Ann Robinson: But people are not coming to you asking for you to have the answers for everything. They're asking for a different perspective. They're asking for your experience. They're asking for your relationship and your connection. They're asking for you to be curious.

Ann Robinson: compassionate kind they're asking for.

Ann Robinson: They're asking to know they're not alone right, and that you can do like. I confidently believe that most people can do that. I feel for people in agency settings where becoming a supervisor is really your only promotion option. Right? It's also your only way of decreasing your caseload. It's the only way that you can gain some predictability in your schedule. It's

Ann Robinson: It's not necessarily something that people get to

Ann Robinson: skill build into. They just get up. They get matriculated into right where it's like, okay, you've been here for 2 years. It's time to become a supervisor

Ann Robinson: or you've been here long enough. We've got an opening for a supervisor supervisor position like.

Ann Robinson: let's do that now.

Ann Robinson: And so I feel for those folks because it's not necessarily like, I'm interested in doing this. It's that I'm less interested in continuing doing what I'm doing now. And I think the challenge comes for those folks of saying like

Ann Robinson: this. I need to resource myself in different ways, and if I'm matriculating into the supervisor position, it's probably coming with some secondary traumas and burnout from my direct service position, and that I need to address

Ann Robinson: right? That's my responsibility. Instead of perpetuating like a trauma bonding environment in my, in my agency or in my workplace. It's saying like what kind of supervision would have prevented me from feeling the secondary trauma that I'm

Ann Robinson: and then we really I mean, I think

Ann Robinson: you know, I was just. I just had like a group supervision session last night, and our topic was grief and loss, and I don't know about you, but like I hate working with grief. It.

Ann Robinson: and also grief, is a part of the human experience. So like opting out of grief, is not an option in my clinical practice. But what I hate about grief, or what

Ann Robinson: "icks" me about grief is, that is the bluntest reflection of the work that we have or have not done on our own grief, sitting across from someone who's actively grieving.

Ann Robinson: It brings up all the things that we have not dealt with or not, or have avoided or have dealt with. And now we're reminded of again. And sitting across the room from a supervisor who's really struggling does the same thing, and it brings up all of those questions, and those moments, and those missed opportunities, and those sessions that you've had with clients where you said the wrong thing, and you put your foot in your mouth.

Ann Robinson: and that's where our imposter syndrome, like really kicks up is when we're feeling insecure around

Ann Robinson: what our practice has been so far.

Ann Robinson: And in remembering

Ann Robinson: that it is a didactic experience, and sometimes we can figure it out with our supervisees.

Ann Robinson: Right? Like this is what I'm good at. This is where my! These are. Some of the lessons that I learned that I would love to spare someone else from dealing with. These are some of the mistakes that I made early on that were totally avoidable. If I had had a different relationship with my supervisor, if I had known to ask the question, and so, instead of

Ann Robinson: kind of letting our ego take the the driver's seat and saying, like all you know, everybody's got to figure it out on their own, and I'm not here to make this any easier for anyone else.

Ann Robinson: saying like, Oh, no! This is my chance

Allison Puryear (she/her): to make this a better experience for someone else than it was for me.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): And I think like we've got this piece around

Allison Puryear (she/her): creating a better situation for others.

Ann Robinson: So they don't have to suffer like we did. Yeah.

Allison Puryear (she/her): But I also wonder about like that. That part of us it's like, but you don't know enough to do that. So like, how do we quiet that voice?

Allison Puryear (she/her): Or the voice that's like

Allison Puryear (she/her): you just kind of barely got here as a supervisor. How are you gonna help this person who's actually pretty competent

Ann Robinson: do this work.

Ann Robinson: Yeah, for sure. Yeah. And I think that that mentality and and I know you and I have talked about this in different capacities before, but that mentality is what keeps us

Ann Robinson: really small, right of like. I don't know enough. I'm not smart enough. I don't have enough experience. I don't work with this population directly. I don't, I can't! I won't. I need more training. I need more education. It keeps us on this hamster wheel

Ann Robinson: of feeling like there's this attainable goal. But it's I'll never get there like, because if we were to look at it 5 years ago, we would say you've arrived. You've landed, but in those past in those past 5 years we've pushed it

Ann Robinson: again beyond the the horizon point. Right? So Shawn Akor has a like a Ted talk about his book, "The Happiness Advantage" that talks about kind of happiness in the workplace, and one of the things he talks about is this exact point, which is, we put

Ann Robinson: happiness beyond the cognitive horizon kind of like we're always striving. We're always pushing. We're always wanting. We're always

Ann Robinson: needing one more thing.

Ann Robinson: And while continuous education and professional development is so important in our journeys.

Ann Robinson: we don't have to wait to be good enough to do things.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): And when we're working on that mindset

Ann Robinson: and our our supervisor asks us a question that stumps us.

Allison Puryear (she/her): I think, about how much more confident. I see people who respond to me with.

Ann Robinson: you know. Honestly, I don't know. That's a great question.

Allison Puryear (she/her): Yeah. You know. I wonder where we could look to find a resource for that, instead of somebody making shit up on the fly to save face. And we both kind of yeah.

Ann Robinson: yeah, cause we can smell bullshit like that right? There's no

Ann Robinson: I know when people are giving me an answer that they think is right enough, that it's gonna like, pacify me. I also know how much I respect people who are willing to say.

Ann Robinson: huh! I hadn't really thought about that right, and I supervised people like there's one person that comes to mind in particular who is

Ann Robinson: like way smarter than me, right like just. He's so bright, and he's so dedicated, and he's so kind of like academic and committed to clinical excellence, and works with populations that I don't work with right like works with people who

Ann Robinson: predominantly have OCD. Or they are autistic, or they're, you know, he's worked in eating disorder recovery centers. And like all of these niche areas that, like, I don't have experience in, and he knows that

Ann Robinson: right? And so sometimes people come to me with questions that are like, so off the rails right like today, I'd really like to talk about cyclical psychodynamic therapy. And I'm like, Okay, like, tell me about it. Right? This is like, not something that I I'm not reading the same textbooks you are for fun right now.

Ann Robinson: And it's not about me having the answers. It's about him wanting to process through things that he doesn't have some. He doesn't have other people to talk to you about, and that I can do. Yeah.

Ann Robinson: absolutely, and ask good questions deeper and absolutely.

Ann Robinson: And so that's what I see my responsibility in that supervision relationship. It's not.

Ann Robinson: It's not a matter of like. I need to do all sorts of homework and research before I meet with him monthly so that I can anticipate whatever like off the rails question he's gonna come at me with supervision. It's

Ann Robinson: it's really for him. It's more about reminding him that he

Ann Robinson: can be curious. But he also already has all the skills he needs to support his clients.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): I'm thinking about, like how we all have that in our friendships. Hopefully, like we, we have this dynamic

Allison Puryear (she/her): already in our lives.

Allison Puryear (she/her): But when we frame something as like supervision like, if there's a supervisor, there's this like power dynamic in this hierarchy, and the one at the top is supposed to be all knowing and omnipotent, and you know, hyper, competent and

Ann Robinson: unwaveringly confident, which is not real life. And we don't have to step into this false role as supervisors. We can just

Allison Puryear (she/her): trust that we can be ourselves.

Ann Robinson: that we can also continue to learn and grow because it's kind of impossible not to when you're a supervisor, and to be really like

Allison Puryear (she/her): real with our supervisors, through our experience, through our knowledge, through our like

Allison Puryear (she/her): total

Ann Robinson: cluelessness. Sometimes.

Ann Robinson: Yeah, it's a really, it's a beautiful opportunity as a supervisor to continue your learning in a different way, too. Right? Because if you're finding that someone is

Ann Robinson: again kind of like, you're feeling really anxious when you meet with them. Are you feeling a lot of imposter syndrome around your ability to support them? That offers a really beautiful point of reflection for you as a supervisor of like what? What part of me is really feeling like? I need to impress this person. Hmm!

Ann Robinson: And and what part of that is me, and like hitting on one of my weak spots, or one of my, you know, like soft belly moments. And what of that? Is kind of what this other person is bringing to the table.

Ann Robinson: And how can I? How can I invite both of us to get curious about that

Ann Robinson: cause? If you have someone showing up for supervision, which I think is all of our biggest fears showing up for supervision. And they're like, Okay, give like, I've got a notepad. I want you to give me all. I've got 15 questions prepared, and I want clear and linear answers for all 15 of them. That's why I feel like this time could be used most effectively like that's our anxiety. Dream right about being a supervisor

Ann Robinson: and knowing that even if you do have someone who shows up with 15 questions, and they're expecting answers to each one of them. Your role as the supervisor might be to say, like.

Ann Robinson: hold on a second right? Like, what would, having all of these answers mean to you?

Allison Puryear (she/her): Right?

Ann Robinson: It doesn't mean just because the invitation, like the anxiety invitation, is there that I have to pick it up and match it.

Allison Puryear (she/her): Yeah. And how easy it would be to fall into like, alright shoot! What are your questions? You know I need to strive to get something linear that's not linear, you know, and to twist yourself up as a supervisor.

Allison Puryear (she/her): to try to meet

Allison Puryear (she/her): meet the need, which is really a want, cause. They don't necessarily know what they need in that situation. They just think they do.

Ann Robinson: exactly.

Ann Robinson: Exactly. And I think there's time and space. For, like, I have 4 questions, right? Cause. There are parts of our jobs and parts of our work that are a little bit more administrative or clerical and like. Sometimes those are question and answer questions right of like, how many objectives do I need to have on a treatment plan? How you know how many minutes is the 90837. How many like? Whatever those? Those have? A hard answer.

Allison Puryear (she/her): answers Umhm. But there are some questions that like don't. And it's our responsibility to say that instead of trying to give a hard answer to a soft question, yeah.

Allison Puryear (she/her): I think about people who are current supervisors listening, or people considering becoming supervisors like their shoulders, just like coming way down from their ears like, Hey to be a great supervisor. I don't have to. I don't have to know all the answers. I don't have to make it like

Allison Puryear (she/her): put it in a little bow and make it so perfect to present that just like life, the things you're gonna be talking about in supervision are messy.

Allison Puryear (she/her): Yeah. And it's gonna be a lot of

Ann Robinson: it depends right? Or let's talk about it in this specific case, right? And like, when we talk about it in this specific case, these are the things that I'm looking at better informing my answer. But these variables, if they were to shift a little bit, it would change what I would. What I would advise you to do, or what I would consider doing in this case, right like when we pull back the curtain

Ann Robinson: in general.

Ann Robinson: And there, there's so much value to that right, and saying, Here's how I make clinical decisions. I had a supervisor once that drove me

Ann Robinson: bonkers, because every question I would ask her would come back with an answer of that feels good, or that doesn't feel good like, what does that mean? Right? Like I'm part of, you know. At that point. I was just like playing with my food right and like trying to make her really uncomfortable. But, like

Ann Robinson: articulate what you mean like, I need you to sign off on things. I can't make decisions based on how I think you're going to feel

Allison Puryear (she/her): right?

Allison Puryear (she/her): Right? Yeah.

Ann Robinson: that's not. That doesn't give me enough to go on right? I need to know why or how you're coming to this decision. So that I can use that information to inform my decisions.

Allison Puryear (she/her): yeah.

Ann Robinson: I love the idea of helping people understand how you think through things.

Allison Puryear (she/her): because it gives them a model to try it on themselves, you know, like

Allison Puryear (she/her): they, the we. Some like, we learn through examples. So much of our learning is through examples. And if you can just out loud as a supervisor.

Allison Puryear (she/her): provide that

Allison Puryear (she/her): it. It makes it less magical like you didn't just pull it out of thin air like, here is this beautiful response for that client here all the components that are leading me to like cobble together. This response, which we'll probably need to edit a few times

Ann Robinson: right. But this is how I got there right? And so. And that happens experientially in supervision. It also happens through examples and through scenarios. And so there's another. There's a person I'm supervising through her internship practice right now, and she works full time at our community Crisis Center and is doing a part time internship in an outpatient setting. And one of the things she said to me last week in supervision was, I'm not good at letting people sit in their feelings

Ann Robinson: right, and I laughed, and I said, you don't have a lot of experience in doing that when you work in a crisis Center, it's very much problem and solution. So it's not that you're not good at it. It's that you haven't tried it

Ann Robinson: right? Right? And so we can sit in this feeling of I'm not good enough.

And this is a parallel experience to how you're feeling in session. Right? But in this situation we're gonna work through that. And we're gonna we're gonna sit with the discomfort of not feeling like I can meet my clients where they need to be.

Ann Robinson: And I'm we're gonna walk through it together, and then you're gonna be able to use that same technique or that same formula in session with your clients when you're having that moment of like, I just wanna offer them more skills. I just wanna like, give them, you know, CBT worksheets. I just wanna like safety plan with them on. Of course you do.

Allison Puryear (she/her): That's what you have the most experience doing? Yeah?

Ann Robinson: Yeah. And it works for you really. Well, in the context, you're doing it right. And this is a different setting right where you're still seeing people

Ann Robinson: 12 weeks later. And that's very different than in a crisis center. Absolutely absolutely.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): You'd mentioned the skills inventory that you provide your supervisors when you're starting with them. And I know that this is something you also encourage supervisors to do. Is to do their own skill inventory. Can we talk about that?

Ann Robinson: Yeah. So I think there are. There's so many resources again

Ann Robinson: online that people can pilfer through. And that is to be totally transparent, like I borrowed and

Ann Robinson: hodgepodge things together to make something that feels meaningful for me. And I think when we think about ourselves as therapists or as supervisors. We're looking at a couple of pillars of skill. Right? So we're looking at administrative skill like my ability, my knowledge of

Ann Robinson: consent and disclosure and laws and regulations and regulatory statutes for my State right? Those are things that I need to know as a supervisor, and need to be competent on for the different licenses that I can supervise, and

Ann Robinson: in the state that I'm like, I can supervise everybody. So I need to know, like what what's happening for counselors? What's happening for social workers? In order to be able to show up for them? Well.

Ann Robinson: so that's one pillar, I think, about educational or clinical support as being a second pillar. So I feel confidently in my ability to assess my supervisee skill, set and provide them with the appropriate supplemental support in order to help them get from. You know, if we wanted to like, turn this into a

Ann Robinson: like a hard number to get them from a 3 to a 4, right or from a 4 to a 5, and their skills or their confidence level. I

Ann Robinson: these are the areas or the topics or the types of clients that I feel really comfortable, supporting people in supervision through. So again, back to like OCD and autism and eating disorders like those are not my

Ann Robinson: my areas. And I disclose that to supervisee use ahead of time right? If like, if they're working in a specialized niche that I don't have experience in. I will share that. I think there is a lot of benefit to get from cross pollination outside of your niche as well. But supervisors get the chance to kind of make that decision on their own.

Ann Robinson: I also think it's really important for us as supervisors to really like, identify what we're good at. Like, what is our secret sauce?

Ann Robinson: Right? I. And one of my secret sauces is finding really

Ann Robinson: dynamic ways to solve complex problems.

Ann Robinson: right and also really resource, rich. So not just in clinical resources, but community resources or statewide resources. And really believe in kind of the brokering aspect of being a social worker, and so like connecting people to other resources and skills that will best serve them or their clients. And so when we get

Ann Robinson: and

Ann Robinson: to back up for a second. And so when we have that knowledge of what makes us good at our jobs, what makes us good as supervisors. It helps us more confidently build on things that maybe we're not as naturally good at right? Because if I if we think about the components that build, resiliency, professional resiliency, or interpersonal resiliency. It comes with

Ann Robinson: a sense of mastery, right like I can do hard things, or I know how to resource myself well to get hard things done. It comes with a sense of connectedness. So people like

me and I like people. I'm trustworthy. People see me as trustworthy. And it comes with that sense of reactivity

Ann Robinson: being low. Right? So when I'm confronted with situations I don't understand, or if I'm confronted with an issue with my supervisors. I can approach that with a really level head.

Ann Robinson: That mean when I've got that kind of foundation, it just lends itself for really good scaffolding. And so.

Ann Robinson: if that foundation for you doesn't feel solid as a supervisor, that's the priority, right like, how do we spend more time with other people who are supervisors. How do we ask other supervisors what they do? How do we approach some of these questions or solutions? How do we scaffold or build foundations in our supervision session, so that I kind of have some predictability and how this is gonna go and some flow.

Ann Robinson: And once those have been established. Then we can get more creative. Then we can kind of like loosen up on the reins a little bit. But

Ann Robinson: I can't emphasize enough how important it is to know what makes you good at your job.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): And so in is like the skills inventory itself.

Ann Robinson: You've got these pillars.

Allison Puryear (she/her): What if you're really low

Allison Puryear (she/her): on something? Are we focusing on really like expanding the things we're super strong on and spending our energy there? Or are we

Allison Puryear (she/her): trying to like get everything up a level that's not naturally something that we're already killing it with.

Ann Robinson: Yeah, I think that depends on the person in their workplace. Right? Like, if you're in an agency setting where supervising is part of your job, and you really don't have a lot of flexibility, then we need to have

Ann Robinson: like we need to cast a wide net, and we're not necessarily as focused on depth

Ann Robinson: if you're in private practice, and we're doing supervision for funsies or because we like it or we're interested in it. That means we can get as deep as we want, and we don't necessarily need to worry about casting such a wide net. So it really

Ann Robinson: it depends like everything. But it depends on your intention. It depends on your goals. It depends on like why you're why you're doing this, why you're doing supervision. Yeah.

Allison Puryear (she/her): Yeah. And if you're

Allison Puryear (she/her): if you're excited about it, and it's something you were choosing to do, and it's not like, just put on your job description.

Allison Puryear (she/her): there's just so much more leeway to play with it. Like to choose like. Oh, well, maybe this year I'm gonna go hard on this one pillar or this one topic or this one modality. I mean, there's just like there's a freedom there where you can really follow your interest.

Ann Robinson: Umhm, and

Allison Puryear (she/her): I'm curious how that works with supervisees like you're following your interest as your

Allison Puryear (she/her): educating yourself or getting educated through your own supervisor. How does that end up like trickling down to your supervisees?

I think inherently. It trickle like it has to trickle down right, I think, to your, to your point.

Ann Robinson: or to your question about kind of like where our focus lies. That's inherently where we're going to

Ann Robinson: focus our time and energy both with our clients and with our supervisors. So you know, last year I was really invested in solid and strong Case Conceptualization, right like that felt really important to me. It felt really interesting to me. It also felt a little bit like a key to unlock lots of other things right of like. If I have a really good conceptualization of this person, and I understand the lens at which I am conceptualizing my cases.

Ann Robinson: it makes other things so much clearer right? And it it prevents this like tail from wagging the dog situation. And so, of course, in my supervision, my focus with my supervisors was also, in

Ann Robinson: walking through their case conceptualization of their clients and giving them similar frameworks and asking questions that would solicit some of that information when they're presenting cases to me.

Ann Robinson: But similarly, I think if I

Ann Robinson: if I'm attuning to my supervisees and I, it would be hard to imagine someone like wouldn't be interested in conceptualizing their cases. But you know, say, I was like really into kind of grief and loss work, and everything I was approaching with through like through the framework of grief as opposed to trauma or another framework. And I had clients right supervisees that were like this is not like I'm not picking up what you're putting down. I would pivot

Ann Robinson: right? I would pivot, because it doesn't have to be through the framework of grief. It doesn't have to be through like these are not requirements. These are just like anecdotes or things that I'm finding clinically meaningful right now. And I'm interested in sharing with the people I supervise. Yeah, it is interesting cause that can be hard sometimes, cause you're learning something. And you're really excited about something. And you, it's like.

Allison Puryear (she/her): when you hammer everything's a nail like you start seeing everything through that lens. It's hard to be like, okay, no, you're okay. Yeah. Let's look at this from this other lens. Absolutely no problem. But if it's where your your supervisors are, then makes sense to give them what they need right again, if I'm supervising someone who's working at a Crisis Center. And I want to be looking at things through the lens of grief and loss. It's applicable. But it's not.

Ann Robinson: It's not necessarily appropriate. When you get to work with someone for 3 or 4 sessions over the course of 10 days, right? Like we're not really there to unpack. We're there to pack back up and send them out into the world so they can unpack with someone else.

Allison Puryear (she/her): Just I'm thinking about like, if the point is stabilization. You're like, just like what else is in here. Let's dig in some more things and find out

Ann Robinson: right. Similarly, if stabilization is the priority. Like, we're not necessarily working on strengthening someone's ability to to develop insight or doing insight oriented work. It's like we need to resource and move on and so as supervisor, that's my, that's partially my responsibility, too, is to check

Ann Robinson: to check what I'm doing and make sure that it's congruent with what they need in their workspace. Yeah.

Allison Puryear (she/her): I end up talking with a lot of associate license, pre license interns depending on your state. It's called all sorts of different things. I end up working with a lot of people at Abundance Practice Building, helping them build their practices. And

Allison Puryear (she/her): one of the things when they're allowed to have their own practice at that stage. I always say, like, find a supervisor that you admire, find a supervisor that is

Allison Puryear (she/her): doing the kind of work that you're like. God! If I could be like that as a clinician, I would feel

Ann Robinson: like I feel so good about myself.

Allison Puryear (she/her): And I just am realizing, I never say find a supervisor that has your exact niche

Allison Puryear (she/her): and you're proving to me that that is a good thing that I'm not saying that like, I think, as an eating disorder therapist, I know that there are so many like

Allison Puryear (she/her): like you can step in shit so easily as an eating disorder therapist.

Ann Robinson: That I think it is good to have supervision with somebody who knows enough about eating disorders to know where those like 100% potholes are but it doesn't mean they have to specialize

Allison Puryear (she/her): or I don't know. What's your opinion on having 2 supervisors. How does that?

Ann Robinson: How's that work. That's great. Again, I think if we're clear on the intention and like the function again, I think about folks that

Ann Robinson: like to your point about eating disorders. Or, again, we've got in my, at least my scope or my community. We've got really clear pathways for folks that have eating disorders or struggled with disordered eating. Folks that are autistic, and folks that have addiction and substance use issues right? And those all require really specialized training. And so, if I am a therapist, and my background is working with autistic folks. But I'm interested in maybe branching out. It would make sense for me to be working

Ann Robinson: with multiple supervisors. It also makes sense for a lot of people who are in agency settings or who are in school settings or in large system settings that are considering private practice

Allison Puryear (she/her): to have more than one supervisor right? Because we've got a supervisor for my full time gig or for my large system. And then I've got a supervisor for this Caseload. I'm building on the side because I don't necessarily wanna recreate my job at community and mental health in my private practice.

Ann Robinson: Yes, please don't do that which is so. It's so easy to do right. But I need. I need mentorship in a different capacity. And that's often where I find a lot of folks that join kind of group supervision spaces or group consultation spaces. They might have a primary supervisor outside of that space and use this as supplemental

Ann Robinson: supervision or like different perspectives. So again, I,

Allison Puryear (she/her): if you're choosing wisely, I don't see why it would be a conflict. Okay, got it. It's not like having 2 primary therapists.

Ann Robinson: which was nice.

Ann Robinson: It will mess your mind up right. But no, I think

Ann Robinson: again, if you have the capacity for it if it makes sense for you. If people have, you have a very specific niche, but are looking to branch out into something else

Ann Robinson: like. Sure, it makes sense. If you find the right people

Allison Puryear (she/her): anything else around being a supervisor that you want to make sure you communicate.

Ann Robinson: Yeah, I don't think it has to be as scary as people build it up to be right. I think there's so much fear which we haven't really talked about today there's so much fear around liability. And being a supervisor that can be mitigated with

Ann Robinson: really good documentation.

Ann Robinson: right? And one of my practices again, administratively, that we didn't talk about is, every time I meet with someone for supervision. I type up like a full supervision note. I send it to them. They co sign on that note I talk about what clients we've discussed, and what intervals are recommended, and what additional resources are offered.

Ann Robinson: and while that feels like a little bit of extra work that's not necessarily like required. It also protects me and it protects them. It honors that people have multiple learning styles it. Also, it's again something. I wish that my supervisors had done for me, so I could reference back to previous notes. But

Ann Robinson: if you're doing just like in regular casework or regular therapy, like, if, as long as you're following the regulations and the legislation in your State under your license, you're not at any more risk than anyone else in offering supervision. Yeah.

Allison Puryear (she/her): yeah, I think about that great supervisor. And like it was in that same form, she would take it from me. It was all paper. This was like back before EHRs, like 20 years ago. And she, like the last page, was her like filling that out essentially as we were talking and

then she would make a copy of it for me and put some in her file, and I would have a copy, too, and just like as somebody who does look back at notes.

Allison Puryear (she/her): especially like, right before I see that client again to be able to review that was really valuable.

Ann Robinson: Yeah, yeah.

Allison Puryear (she/her): yay, thank you, Ann. This is so great I appreciate it. And I know that, like your love for supervision is so apparent every time you talk about it you're lit up, and your yes, you have so many good things to say. So I appreciate your time and and energy today. Thank you.

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