

Preventing Burnout in Therapy: Tips to Understanding Clinical Supervision While Maximizing Your Growth Potential (Episode Transcript)

Dr. Tara Sanderson

Hi, and welcome to Supervision Smorgasbord, a podcast about the clinical supervision strategies that will make your life as a supervisor easier and more fun. I'm your host, Dr. Tara Sanderson, a licensed psychologist, group practice owner, and supervisor in the wonderful State of Oregon. Thanks for joining me today. We are talking with Shannon. Heers firelight supervision. Shannon and I met through the group practice exchange and shared an instant bond over supervision. I was so excited to learn about Shannon's most recent business development, firelight supervision.

But before we jump into everything, supervision, let me share with you a little bit more about Shannon. Shannon owns not only violating supervision but a counseling office called Catalyst counseling. Located in Colorado, she specializes in providing clinical supervision to both beginners and advanced therapists and is passionate about burnout prevention in the counseling field. And with that, I feel like we just opened up a whole new can of things that we can talk about because did you know that I wrote my dissertation on burnout in residential treatment stuff?

Shannon Heers

Oh, excellent. Oh, my gosh, it happens. I've worked in residential care before. And that is like the prime recipe for burnout doing that before.

Dr. Tara Sanderson

No kidding, absolutely. So super exciting. I can't wait to dive into all things with you. But before that, I always ask my guests an interesting off-the-cuff question, and here's yours. If you had a superpower, what would it be? And why?

Shannon Heers

Oh, my goodness, that is a good question. I just kind of feel like I don't have a whole lot of interesting things about me. And so in terms of a superpower, I would say it'll be some sort of like vision, like maybe like, like future vision or something like that. And I'm talking kind of professionally because I really enjoy kind of identifying trends that we're seeing, you know, maybe in our field and then okay, so what can we how can we solve those issues that the trends are coming up with? So I would say, you know, future vision, I guess, would be my superpower.

Dr. Tara Sanderson

Yeah, Oh, my gosh, I'm totally envisioning in my head like you having this like foresight. Not quite like telling the future completely, but being able to go like, Okay, if this is the trend, like watching it kind of unfold in the future of where do we need to go? What do we need to have? How can we bring that forward?

Shannon Heers

Yeah, for sure. Thank you. Yeah, it's definitely very big-picture thinking, which can be a superpower, but as you know, it can also be a big challenge.

Dr. Tara Sanderson

Yes, every superpower has a negative side, for sure. For sure. All right. Well, Shannon, I'm so glad that you're here. And I'm so glad that you agreed to chat with me today. And I can't wait to hear more about all things supervision, I sent you a little list of questions, and you sent me a little list of questions. So I figure we'll just kind of roll with it and see where we end up. So the first question that I had for you was What is your kind of go-to answer for how supervisees can prepare for supervision?

Shannon Heers

I think that just the word preparing for supervision is a concept that has to be learned. I remember when I first started out, and some of my, you know, this kind of doesn't say a lot about me as a new clinical supervisor. But I have supervisees coming into supervision going. I don't have anything to talk about, as like, Are you sure because you're working full time with a really tough population? And how do you not have anything to talk about? So I remember actually, someone came in and

said that, and I was like, Okay, well, I'll see you next week then. And they were like, wait, wait, what? I don't get this hour with you. Just to chit-chat. I was like, No, you know, it is your role to come into supervision prepared. But that being said, I do think you know, as a clinical supervisor, we need to set that expectation too. And I didn't always do that in the beginning. So I always tell my supervisees in the beginning, like, Hey, this is your hour and your time, but here's the expectation about what I want you to come in with. You can come in with X number of case presentations, we you can talk about a clinical, you know, issue or problem, we can talk about different theoretical modalities, we can talk about how some of your personal stuff, you know, maybe impacting your therapeutic work without of course, going into counseling, but a kind of give a list of things that they can come prepared with. And then it's up to them to come in with that information.

Dr. Tara Sanderson

Yeah, absolutely. You hit the nail on the head, and it is something that needs to be taught of how to come into supervision. Because I think I think at the beginning, there's so many like logistical questions for supervisees. They're like, Well, did I do this note, right, or, wait, what am I supposed to do about this billing thing or whatever? And so it feels like they have a lot of questions. So they kind of fill the space. But then when it starts getting into, they get into a rhythm of those pieces, they end up with this, this dead space of like, well, what am I supposed to tell you about my clients? Our sessions are supposed to be kind of, you know, private for this client. So what do I tell you? And how do I do these pieces and kind of put pulling all of those parts together? So preparing them with, like, here's a list of things to think about when you come to supervision? Do you have an ethical question that has come up over the week? Do you want to talk about how this whole world of working with clients is impacting your personal life is impacting how you sleep at night? You know, how are you putting those stories on the shelf so that you can live the rest of your life outside of here? And then, you know, what is the case presentation look like? How do we want to communicate about our clients? I find that in that first phase of getting to know a supervisee, giving them a really tight structure of, like, I want you when you tell me about a client, I want you to tell me their first name, their age, their pronouns, any cultural or dynamics that I need to know about, and then a little bit about them. And then, what questions you have about working with them? Or what your need is? Do you just need to tell me because we're going through your client list? Do you have a particular question? Or,

you know, is there an intervention that you need? What is it that you want to come out of presenting this person to me today? And whether that's a little tiny bit of presentation or a long one? Like that's kind of a format I want? And then we kind of roll with it further?

Shannon Heers

Yes, exactly. And I even provide them with like a case presentation form. And I say, In the beginning, we're going to be very formal with this; I want you to hit all of these points until you get a little bit more experienced. And you know what's important and what maybe you don't have to bring up in the beginning. So I actually have two different formats. I have kind of a longer one when we're going to go more in-depth to cases. And then, I have like a quick five-minute case presentation that I give there. People who come to the group supervisions because there's, you know, group supervision, everyone might want to present a case. You just need to be a little bit more succinct with that information. You know, and I also think you're right. Tara, when you're talking about asking the pertinent question, and I just, I learned this lesson. So clearly, from my own clinical supervisor, I would present a case, and they'd be like, Okay, what's your question? And then I think back, I was like, Okay, what is my question? You know, and, you know, he just continued to say, Okay, what's your question? What's your question? And so I learned very quickly that I really needed to have my ducks in a row when I came into supervision about that. And that's some of the same things I made. My style is not quite as direct with my supervisee to certainly worked for me. But I do tend to ask like, Okay, now that you've said this, I have a lot of questions. But what's your question for me?

Dr. Tara Sanderson

Yeah, I find that to be so useful. I am like, as a supervisor, I'm, I would put myself in the camp of like a resource giver, I like to like, have my little toolbox. And like, as they're saying something, I'm like, Oh, I have something for that. Let me just throw these tools at you. And I was I have worked with more and more supervisees, and I have found that, like, some of my people don't need a resource at that moment. They need me to help them conceptualize, or they want to just kind of speak it out into the world so that they can, like, adjust it themselves and figure out what their question is, or, you know, go through whatever process they go through. And by asking that by asking them to kind of put it in that format of, like, what's your question here? Do you need a resource? Like what is it that you want, they are able

to help us navigate the space in a way that is most effective for them. Because it's not about me in the supervision space, as much as I'd love to be like known for all of the tools in my tool basket. Like, it's not about me in that spot.

Shannon Heers

Exactly. And sometimes, that just requires us holding ourselves back as supervisors. Because you know, as someone's presenting a case, you're like, Ooh, there's an issue when I talk about ooh, or who I think you're missing something or, you know, there's all these thoughts that you just have. And you're right, it's it's kind of holding yourself back as a supervisor and saying, what is going to be the most helpful to the supervisee at this moment? And sometimes we have to trust that they know that question, sometimes. Sometimes they don't. And it's okay for us, you know, after they asked the question for us to include, oh, and I noticed you missed that. And I noticed that information also. But I'm a strong proponent. It sounds like just like you, and having the supervisee really drives some of that process. I also feel like that really deepens the supervisory relationship. And that's the way that learning occurs, you know, just, you know, really just mimics, as you know, the client-therapist relationship. You know, the healing and therapy come primarily from the relationship, or the learning and supervision come primarily from the supervisory relationship. And if you're not really as a supervisor If you're not really what's the word I'm looking for? If you're not really deliberate about kind of creating that and nurturing that, especially in the beginning, then there's going to be issues, you know, there's going to your supervisee may not come to you with all the things, they may not feel open and able to be open and vulnerable, you know, in the supervision. So I feel like I got a little off track, but I do think that all of this work that you're doing in the beginning of someone's supervision is really helping to cement that supervisory relationship.

Dr. Tara Sanderson

Absolutely, yeah, you're setting the stage for this growth process for the supervisee. And that for growth process, I think you can do a lot of work to help them to understand that this is also mimicking what we do in our therapy, stuff, like the developmental process of us getting into the structure, and this is how this works, and helping the client even understand that. And then you move into some of the harder work of really understanding and pulling things apart and figuring out all of the balance, and then you sometimes plateau, where they walk in and say I don't

know what to talk about today. Or they say, like, yeah, things are going really well. So now I want to like figure out my next steps for how I grow next from here. And you just kind of keep going through the process.

Shannon Heers

Yeah, absolutely. Because there does come a time in the process of supervision with each supervisee. As you're doing individual work. Group work looks a little different. Of course, you have the group dynamics and all of that. But when you're doing individual work, there does come a time when exactly as you said, they're like, Okay, I think I kind of know what I'm doing now; I'm feeling more comfortable and more confident. How can I continue to get the most out of supervision? And that's really our cue, either when they're saying that or when we're noticing that it's our cue as supervisors to, okay, how do we deepen our supervision relationship? How do we work on the process a little bit more? And then that's going to help you become a better therapist in your sessions, too.

Dr. Tara Sanderson

Yeah, absolutely. Absolutely. I love that. If you were going to give some tips to new supervisors, what about, like, how to be a good supervisor, things to look out for. What kind of tips do you give?

Shannon Heers

I think the best tip I would give new supervisors is if you haven't had good clinical supervision yourself, it's gonna be really hard to become a good clinical supervisor. Yeah, right. So I think that is just kind of the overarching, like, hey, get your own clinical supervision. And don't stop when you get licensed. And especially once you become a new clinical supervisor, continue to get either, you know, clinical consultation, or supervision of your supervision, which is kind of a newer service that's out there that a lot of people don't realize that it's actually a thing, but it is. There are some supervisors who are trained and giving supervision to other people, just like with Barrett; you know, as a new supervisor, you all want to be trained in providing supervision to therapists. Yeah, so you don't want to just jump into supervision if you're just an excellent therapist. Like some of those skills are transferable, but not all of them. You want to make sure you're getting appropriate training, you know, in different states have different requirements for you to be a supervisor. Some have really stringent ones, which I think is really good. And some

don't have any, which is a little bit concerning. But I also know that, like a lot of people, are thrown into supervision and clinical supervisor roles when they don't have any training or experience. I think the day I got my license, I became a clinical supervisor at our agency, you know, and luckily, I had all I had gotten good clinical supervision. So I was able to transfer some of those skills, but I didn't have the training, I didn't have the experience. And you know, I'm sure a lot of people are resonating with this, oh, yeah, I was put into a supervisory role. And I didn't have any support. I didn't know what I was doing. It just kind of figured it out. And a lot of people can figure it out. But there's a lot of training out there. There's a lot of very experienced supervisors out there who can help you, so you don't have to figure it out on your own. So I think that's the primary thing I would say for new supervisors. So seek out your own support, make sure you're getting the appropriate training, not only that's required, but that you I'm going to use the word should and I hate using the word should, but you know that they you should get it in order to provide really good supervision to others.

Dr. Tara Sanderson

Absolutely. I love that that was your tip. Because I think about that from the perspective of, you know, a lot of colleges or like grad schools require therapists to get their own therapy. So they have some experience in that. A lot of people go through the process of being in the role before they take on the role, which I love. And that's a very normal business industry standard. And clinicians, as we move into supervision, need to do the same thing. One of the things I hear all the time when I consult with other supervisors as they're getting ready to start their supervision and their practices are doing Whatever is, well, I have this really terrible supervisor. So that's why I want to be a good one. I'm like, well, whoa, whoa, whoa, have you been to a good one yet, like, let's find you somebody so that you can really know what it's like to be a good one, not just do the opposite of what you had. Because that's being a good one isn't the same as the opposite of a bad one, you really do need to develop some new skills and that and I love the idea of like normalizing across the board, the supervision of supervision, that that is something that we should all be in and a part of, in our process to make sure that we're keeping up on how we're thinking about things. We're not getting into ruts about how we do things. We're not like, like, just kind of sneaking by, on on the requirements of things, and that we're really kind of keeping ourselves right in the good part of the game.

Shannon Heers

Right? If you think about it, I mean, you're learning as a therapist and as a supervisor doesn't ever stop. Because when it stops, and you get stagnant, and that's, and that's when you get burnt out. So it's really kind of a lifetime journey, which is the exciting thing for people like us who who love to learn and acquire new new knowledge and new skills all the time. It can be a little exhausting at times because you're like, oh my gosh, but you know, the more you learn, the more you realize you don't know; that's kind of the value of ongoing professional development and education. And, yeah, I mean, I've been a clinical supervisor for 15 years, and I still get supervision, and my supervision, like, it's still that important to me, and I still miss things sometimes or don't have a great day or like, just need some of that extra support. You know?

Dr. Tara Sanderson

Yeah, absolutely. Absolutely. I love that. And I love this little transition into burnout. Talk to me a little bit about burnout and your experience with helping people try and avoid it or navigate from it.

Shannon Heers

Yeah, I can go in many different directions with this. It's such a big topic right now. So I'm guessing most people listening to this have experienced some form of burnout at some time or another. I certainly did it was pretty significant. For me, I quit what I thought was a career job and community mental health because I was so burnt out. And I was burnt out because I had had a very good supervisor who left, and she was replaced by a very bad clinical supervisor. So I actually think that was the main factor that caused my burnout. And so that's why I like to link goes to so So, so tightly, I was able to kind of take a break, and get back into the counseling and mental health field, but it was, it was really eye-opening for me, you know, in terms of what I the type of support I wanted for the rest of my career, you know, and I really realized I just need good clinical supervision. And that's one of the main things that helps me with burnout. I'm also very concerned after the past two or three years of the high levels of burnout. I read one study, Tara, that said, you know, prior to COVID, you know, maybe 25 to 30% of clinicians in the mental health field were experiencing symptoms of burnout. I mean, that's still pretty high, but it wasn't alarming, you know, and after COVID, between 65 to 90% of therapists, I know. And I was like, Well, I don't know if those 10% are doing that are not burnt

out after the past three years. But I'm just seeing record number of therapists and social workers and counselors leaving our field because they're so burnt out or taking on other jobs because they can't do any more clinical work. And the need for our services is so high right now that we need you to stay in the field. And if you think about those years of education, the money you invested in your grad school program and undergrad and and getting your license, and then you know all the professional development you did since then. And then you're leaving the field like all your experience, all of your knowledge, you know, is being taken away and not being passed on. And that I don't love that either. Yeah, so I'm just really concerned about the high numbers of burnout. And recently, I would say in general, but also recently, and I do think clinical supervision and consultation maybe isn't the one answer, but it's certainly a significant answer. Because if you're getting the clinical, the clinical support you need, then you're continuing to provide high-level quality of care to your clients. And you're really working to prevent some of that burnout.

Dr. Tara Sanderson

Absolutely. And that ripple effect is so vast, like if I'm getting good clinical supervision for what I'm doing for my supervisees, and then they're able to take that supervision and do well with their clients. It's just rippling down to being a way that we can all kind of get better and grow and do the things that we need to be doing. And that's that connection between like a good supervisor and a good supervisor. Supervisor, like relieving some of that burnout strain, is vital for our people to get the type of service that they need.

Shannon Heers

Absolutely. And it's not the exact definition. But it's kind of a parallel process like you said. So if you're a supervisor, you're getting supervision; if you're supervision, that's going to help prevent your burnout, you know. You, as a supervisor, during the supervision with your therapist, that's going to help prevent their burnout, and the therapist is going to be able to provide really good care to their clients.

Dr. Tara Sanderson

Absolutely. Absolutely. I think it is a really important element for us to wrap it to recognize that we're all connected. And as we are passing more information on, and then they're passing information on to their clients or their conceptualizing in some way, our supervisees are growing and getting better and changing the world.

And that's, that's ultimately what we're hoping for is that everybody can find some peace and be able to not have so much kind of chaos, right in their own brain and in their little lives.

Shannon Heers

Yeah, we kind of want to work ourselves out of a job. I don't see it happening. But we would love to.

Dr. Tara Sanderson

Yeah, that would be amazing. That would be amazing. Well, tell me a little bit about how you decided to make this strategic move to opening up the supervision and focused business.

Shannon Heers

So I'm a group practice owner, I was a solo practice practitioner. And then about three years ago, I think, three years, I'm so bad with timing, about three, three and a half years ago decided to bring on some, some therapists open my group practice, I now have six full-time therapists, couple support staff, and myself. And the people that I brought on to my practice were colleagues of mine that I had worked with before almost all of them were, and they were people that I have supervised and then had grown into becoming clinical supervisors themselves. So you know, I had these three people on my team that I had supervised and were now clinical supervisors. So we had a lot of supervisors who are doing both clinical work and some but not a whole lot, of supervision work. And then, about a year and a half ago, we were almost two years ago. Now, we were like, Okay, well, we have all these supervisors, like we love doing supervision, there's clearly a need in the community, every state has different needs. But Colorado, in particular, there's a specified lack of LCSW supervisors in the state. And so we're like, okay, and in Colorado, LCSW supervisors can oversee counselors and social workers who are working towards funds. It's not the same in every state, obviously. But we were like, Okay, there's clearly a need in our community and our state for supervision services, let's just, you know, put it out there, we'll put a page on our website that we provide supervision. And then we did, and people started coming in, and we're like, Okay, we have enough now to do approve, and we have enough to do a couple of groups. Now we have enough to do. People are asking us for clinical consultations who are already licensed. And then agencies are contacting us, you know, hey, can you

provide supervision or consultation to our solo practitioner, who's the only counselor at our, you know, mental health agency or public health or hospital or whatever. And so it just kind of grew bigger and bigger. And again, that just shows the need in the community for these services. And it just got too big to hold and within our group counseling practice, so yeah, so just in the fall of 2022, we launched a completely separate supervision program called fire light supervision. And it has all of our supervisors; I've hired one or two since then, also. And we're, it's really awesome. We provide a kind of lifetime clinical support for therapists. So we're not in all states, you know, you can only provide licensure supervision in the states your license to, so we're only in Colorado, Washington, and Texas, and North Carolina's as of this point, but you can provide clinical consultation to anyone once your license. And so we offer supervision, we offer individual and group supervision, agency supervision, it's all done online. So it makes it so much accessible for people who live in rural areas or don't have access to specialty supervisors. We also provide individual and group consultation, clinical consultation for therapists, social workers, and psychologists who are already licensed. We have really cool consultation groups that are really niched, like we have a trauma one, we have a mind-body one for therapists that work in, you know, somatic meditation kind of modalities. We have an HSP for therapists who are highly sensitive and identify that way; we have a consultation group for that. We have a consultation for Neuro divergent therapists, so people who identify as neurodivergent kind of come together Yeah. So we have an addiction one, kids want adults to focus on, like, there's just lots of really cool groups that we can do. There's so many that we probably can't do because we don't have the expertise, but there are the right really ones that we can do. And then we also offer individual and group soup of soup, to supervision if you want to be perfect. And I think the group component of that is really cool because you're coming together with other supervisors who are in similar stages of development as you are. And I'm actually a big proponent of groups in general. Like we love groups, we have strong group therapy components, my group practice, and then kind of in the supervision, aspect, group supervision, group consultation, soup of soup groups are really I just find the power in the group work. So amazing, you know, I think there's a lot of value in individual work, you can definitely dive deeper into issues and cases and stuff. But group work can be so powerful in and of itself also. That's kind of that's kind of what we do and where we're at.

Dr. Tara Sanderson

Yeah, I love that. And I love that you, again, that superpower of that foresight of saying, like, hey, there's a need here. What can we do to help meet that need? And then, as you were seeing that need and facilitating it, you realize, like, this needs to be separate from my group practices. This is growing to be its own thing. It's not just some branch of what we offer. It is a whole component on its own that is sustainable and can grow in a lot of different ways. And I heard one key element that I always want to like, you know, put a little flag by for people of, like, if you are not specializing in that area, don't provide supervision for that area, right? Like there are lots of things you're really good at, do those things. And if you want to provide that other service, find somebody who's a specialist in it, and hire them and move in that direction. But don't provide supervision for things you don't know about know your limit.

Shannon Heers

Absolutely. I think that is so true. I mean, I even have some of my therapists, and I practice we have a strong supervision component. But I have some of my therapists in my practice seeking outside consultation because they have a specialty area that we are not experts in. So we implement that also. Yeah, and I would definitely say that.

Dr. Tara Sanderson

Yeah, and I love the element, too, of not being afraid, right? Like, as a group practice owner, you are not afraid to say yes, let's get supervision for this thing that you want to learn from somebody who's really good at that. I'm not. I don't feel like I have to compete. I don't feel like I have to go become this thing. So I can be your all in everything. You're really allowing the community and the people who do those things well to help supplement and support your practice, which I love.

Shannon Heers

Yeah, I mean, it's, you can't operate from a scarcity mindset. You know, our supervision is about growing our field and preparing new, not only new therapists but experienced therapists to be better at what they do. And you have to be able to say, Yeah, this is something that I don't feel competent in. Now, I think it is okay to say, Yeah, I don't, I don't necessarily specialize in that particular theoretical

orientation. But I do think I can support you in your work. So I think you can say that also, there's definitely a balance there.

Dr. Tara Sanderson

Yeah, that's a great distinction. There's a difference between, I know enough about this thing to be able to support you and help you as you're kind of growing in this thing. And you want to, you know, want to specialize in EMDR; I don't do EMDR. I know. I know enough about EMDR to like help support you in this practice. But if you want to grow this skill, you're going to need somebody who also specializes in that to help you really blossom in that way. That distinction is so amazing, to help new clinicians, new supervisees be able to say, I don't need to know everything I know enough to be able to help in a lot of ways. But when somebody's ready to really grow in a way, maybe we need to get some outside support to do that.

Shannon Heers

Yeah, exactly. I have an individual supervisee right now who is actually very experienced but has not gotten his license yet. And he is much more knowledgeable than I am in a few different kinds of modalities. solution-focused brief therapy and narrative therapy. And while I have a strong background in ES and solution-focused therapy, narrative therapy is just not something I've really kind of, you know, done a lot of work in, and so being very upfront with him about that, but also knowing that he has the theoretical knowledge that he needs for that what I can bring to him is exposure to other different modalities and saying you don't have to practice just within these two here are some other ones. So yeah, it's what you can bring to it as well, as you know if he ever wanted to work with an expert, I would say he's close to expert level already. We've ever wanted to work with an expert to kind of continue on his journey with like narrative or solution focus. That's certainly something I would have no problem referring out for.

Dr. Tara Sanderson

Yeah, yeah. I love that. In thinking about supervisor and supervisee fit, what are the things that you look for to know that like, Yes, this is a good fit? Well, or maybe we need to switch things up and have somebody meet with someone else.

Shannon Heers

I think part of that is also a learning process because sometimes supervisees don't realize that therapists don't realize they have a choice and who they choose. Especially if you're working within an agency, you know, you may not have a choice as to who you choose as a supervisor. But in actuality, you really do have a choice. You know, you can elect to kind of find your own outside of where you work, may be a little more cost-intensive for you, but there's definitely a choice. So we as supervisors need to educate like potential supervisees. And, like, Hey, are you interviewing other supervisors? Like, here's the questions I need to ask you to know if we're going to be a good fit are the questions you need to ask me to know we're going to be a good fit, you know, I was looking at Do you have experience with that population? Do you have experience with a theoretical orientation? Do the styles mash, if you have someone who's very extroverted and outgoing as a supervisor, working with someone who's very introverted and needs to be drawn out as a supervisee? That might not be a great fit. Yeah, so I always say, look at population, look at experience, look at supervisory training. Also, if you're choosing a supervisor, you want to make sure you have someone who has some significant training and experience. And then style also, I think, is really important. did to get into your question. I'm not sure. Not all parts of it.

Dr. Tara Sanderson

Absolutely. I think that is, I think that all of those areas are really important. And I love that you said, for people, for us as supervisors to help again guide and, and, and instruct them to, this is how you need to address supervision. When you come into that first supervision meeting, here's some thoughts of things you might want to ask or things you might want to know. And you have the right to go talk to other people and interview other folks. And maybe you have to take that cost on yourself if the company's not going to pay for it or what have you. But like you have a right to get the supervision that you need. You don't have to settle for just something happening here. You want to be able to have this be a really awesome growing experience for you.

Shannon Heers

Yeah, and I wish someone had told me that when I was, you know, early on in my career, when I got that really bad supervisor. I wish I had even thought that I have the option to look externally. Now, I will say that the second time that happened in

my career, I did and I did seek out additional external supervision, and it was incredibly helpful. So I did learn my lesson. But you know, you always hope that people don't have the same experience that you do. You know, so I would say to anyone listening to this, like, know that you have that choice, you know, and if you don't know exactly what you're looking for, at least get as close as you can to someone who, who you like working with.

Dr. Tara Sanderson

Yeah, the interpersonal phase is really important. And then, you know, layering, layering in their education and their theoretical orientation, and how we're moving through some of the ways that we like to learn and grow. One of the types of supervisees that I love working with are people who haven't figured out their theoretical orientation yet, because I'm a pretty resource-driven therapist and resource-driven supervisor. It's so much fun for me to be like, let's try this in your next session, you're gonna go from this dynamic or Oh, like, let's talk about how you feel like the agent of change works like, how do you see change happen in people, and having some of those levels of discussions when I meet with supervisees, who've got a really clear kind of head-on about what their theoretical orientation is, like, there is a little piece of me that's like, Oh, I'm not really needed. And it's not true I am, I just have to change, you know, my perspective of what we're going to do in our sessions and how we're going to roll in those pieces. But, as a therapist, or as a supervisor and a therapist looking for who's going to be my right fit. The ones that bring me the most like joy and fun are the ones who are still exploring what their orientation is because it's fun for me to help explore along with them and introduce them to so many new things.

Shannon Heers

Yeah, that's so interesting when you're talking about, like, who you love working with, and I think that's important for us as supervisors because we get that concept as therapists who do we who what's our niche? Who do we love working with? Therefore, who do we do our best work with as therapists? We should be the same as supervisors, you know, who do we love working with? And it's okay to say I don't think we're going to be a good fit. And, you know, if you have resources, here's some referrals for you. Because I think that's important because once you start a supervision relationship with someone, that could be two to four years of your life

as a supervisor, and it's if it's someone you don't match with. It's gonna be hard to get through.

Dr. Tara Sanderson

Absolutely, absolutely. It's in that's, again, such an important parallel process, right? We're able to talk through that with our supervisees. And help them understand that, like, not every client is going to be a good fit for you. Not every supervisee is going to be a good fit for me. And it's not a personal issue. It's really just a like, how do we want to spend our time? How are we doing those pieces, because the more people we work with that we're not good fits for, the closer we are to moving toward burnout, right? The more people that we work with, but bring us joy and it's fun. And it's interesting for us, the less we're leaning towards burnout, and the goal is to stay in this industry as long as we want to and continue to do the awesome work that we can do.

Shannon Heers

Right? And if you're staying within the scope of your practice, you shouldn't be getting burnt out because that's your expertise area. That's what you know, it doesn't it doesn't like feel like stuff in your soul is being sucked out of you. If you're doing that work, yeah, I agree.

Dr. Tara Sanderson

For sure. Well, is there anything else that we haven't kind of checked and checked into on our questions that we want to like, jump in for anything else, you want to make sure you kind of connect us with

Shannon Heers

Gosh! I feel like we've talked about a lot today. I think that just be really planful as a supervisor, how you want to how you want your career as a clinical supervisor to go. So I think a lot of people get into supervision when they're like, Oh, I'm burnt out with doing clinical work. You know, and that's not where you want to start. As a supervisor, you want to start because you love doing clinical supervision, and you're passionate about it, and you like it, and you're good at it. And that's where you want to start. You don't want to come from a place of, like, this is a last resort, you know? So I think just being planful about what do you want your career to look like in one year and two years and five years and 10 years as a clinical supervisor, you know,

and it, it may change and grow, you may not know what you want it to look like in 10 years, you know, when I started doing supervision, you know, it was supervising interns was, you know, in pre-licensed therapists, which is interesting, you should really be doing that after you have a lot of experience. But that's not how most people get started, you know, and then you transition into providing consultation for, you know, intermediate and advanced level therapists, and then you transition into providing supervision of supervision. And you know, so what do you want to what do you want your kind of career and your development to look like? And just knowing you can't go from A to Z without doing all the steps in between.

Dr. Tara Sanderson

Yeah, oh, my gosh, I love that. When I do any type of business consultation, or helping people set up different things, one of the first questions I ask them is like, Tell me your why, why are you doing this? Tell me exactly what excites you about this and what's going on. And when I hear things like, Well, I'm kind of burnout doing the stuff I'm doing. So I'm trying to just mix it up, I go, Well, let's hold up that. Because if you're just looking for something new and shiny, supervision of folks is probably not the thing yet. Like I'm not going to discourage you from doing that ever. But, like, maybe what you need to do is start a blog for right now or like jumping into something that is actually a little new and shiny. Because these these folks have intense needs as supervisees. We're not we don't need to experiment on them yet. Let's make sure this is really where you're headed and where you want to go. Because these folks deserve the absolute very best because the people that they're serving deserve the very best, too, it's this trickle effect is huge. And I love that part, too, of thinking about your developmental journey. 510 years down the road, what is it that you want that to look like? What layers of things do you want to add and do in there? I think that could be a really great second question for me to start asking people is like, Tell me the 10-year dream, like what does it look like when you are there? How are you navigating the different folks that you're seeing? What kind of folks are you seeing and helping them kind of devised this plan of where they're truly headed.

Shannon Heers

Yeah, I love that. And I'm so glad you're doing that work with people. Yeah, thank you.

Dr. Tara Sanderson

Absolutely. Absolutely. Well, let's give you a second to plug firelight supervision. And tell us anything else you'd like to know about how people can get in touch with you. What, what things are going to be, you know, helpful or necessary for them to connect with you guys? And then we'll wrap things up.

Shannon Heers

Great. Thank you so much. So our website is probably the easiest and best way to get in touch with us. It's just firelightsupervision.com. And you will see all of our services listed. We have a page with all of our supervisors. You can schedule a free phone consultation with any of the supervisors. If you're interested in any of our clinical consultation groups, or supervision of supervision, it lists like what supervisors provide what group and those services, hopefully in a very easy way. And so yeah, just we would love to hear from you. We provide a lot of blogs also. We're putting out blogs once a week on different things related to clinical supervision. So yeah, check it out, see if any of them will be helpful for you. We'd love to hear from you. We also put out monthly training on different, more related to clinical topics, I would say. So we've we did one on assessment one on diagnosing, we did one on DVT are November of one, I don't know when this is coming out. But November 2022 is on money management for therapists, you know, just different topics that people want to hear about, you know, and those are really low cost. And it's online, it's virtual, and we send out the recording if you can't attend live, so there's a lot of different resources that we have that you can access.

Dr. Tara Sanderson

That is so amazing. I love even seeing how, like a spider web, it's growing into lots of different ways that you can help therapists, supervisors, and people who are moving into consultation and all of that grow as clinicians as business owners and be really thoughtful about that process. That's wonderful.

Shannon Heers

Oh, thank you. It's a bit overwhelming at times. Much more to do.

Dr. Tara Sanderson

I bet. All right, folks. Well, thank you so much for listening. I hope that this was a fulfilling, more so today. We will have links to firelight supervision on our website, so feel free to check them out straight from there. And we look forward to talking to you soon.

Shannon Heers

Thank you so much, Tara.