

Kaleigh Boysen-Quinata

[00:00:00]

Dr. Tara Sanderson: Hi everybody, and thank you for joining me today. Today we are gonna be talking to Kaylee Boisen Quinata. Is that, do I say that right? Yes. Yes. You got it. Yes. Um, Kaylee is a licensed marriage and family therapist and a group practice owner. She owns Family Roots Therapy in Portland. We actually know each other because of a group practice, owners group that got started on Facebook, and we've all sort of collaborated together, and it's been really great to have other business owners talking to each other about all of those pieces.

Dr. Tara Sanderson: But then in addition, Being business owners who are also supervisors, gives us like this extra layer of stuff that we get to talk about and, and kind of enjoy working with each other on. Uh, Kaleigh's background is in child and family therapy, and today we're gonna be talking about thinking about supervision and helping supervisees, uh, develop a systemic lens in how they're doing the work that they're doing.

Dr. Tara Sanderson: And I love this topic because I do a lot of individual therapy and I [00:01:00] don't work with a lot of kids and families. So this is gonna be a great opportunity for me to learn as we go. So Keely, thank you so much for being here, Kaleigh. Uh, oh, I'm gonna mess it up every time. Kaleigh. No, you

Kaleigh Boysen-Quinata: got it. Kaleigh?

Kaleigh Boysen-Quinata: Yeah. Okay, perfect. Yes. Thank you for having me, .

Dr. Tara Sanderson: I'm excited. So I always start my podcast episode with, um, fo asking folks an interesting question. And my interesting question for you is gonna be, what do you consider the ultimate comfort food? ? Ooh,

Kaleigh Boysen-Quinata: that's a really good question. I think for me, the ultimate comfort food is probably mac and cheese.

Kaleigh Boysen-Quinata: Um, I love everything cheesy, and carbs, and so that just meets all of the

Dr. Tara Sanderson: criteria right there. It does. It's so warm and just like, oh, it's so good. Mm-hmm. , are you like a, an interesting mac and cheese fan? Like, have you tried lobster, mac and cheese or like truffle mac and cheese, or is it like more the, the purist?

Dr. Tara Sanderson: Um,

Kayleigh Boysen-Quinata: I'm definitely an interesting mac and cheese person, but I won't say no [00:02:00] to just the, you know, the usual, the old school craft mac and cheese either. But I, I definitely love a lobster mac and cheese or the, uh, we have in Portland, the, the bistro montage that does the, um, one that has like anti Dewey sausage and spices and stuff.

Kayleigh Boysen-Quinata: I'm

Dr. Tara Sanderson: into all of that too. Yeah. Nice. All of. Oh, I knew I liked you. Mac and cheese is, is kind of the ultimate, in my opinion as well. All right, so let's talk a little bit about your experience with supervisees. Um, and, and we can kind of start wiggling down into that idea of a systemic lens. Tell me a little bit about where, where you've come from having supervisees and, and what you're.

Dr. Tara Sanderson: Yeah,

Kayleigh Boysen-Quinata: that's a great question. So I am an L M F T and I spent, uh, which is a licensed marriage and family therapist. So that's kind of my background is MFTs tend to have more of that systemic lens within our training. And I spent a lot of the early years of my career doing community mental health, uh, working with children and families and then [00:03:00] school-based.

Kayleigh Boysen-Quinata: I was a school-based therapist in a middle school and high. . And then, uh, when I started, I then started my own private practice and then eventually grew that into a group practice and then it kind of made sense to start supervising people from there, although I had started doing that a little bit previously in some of the community mental health roles.

Kayleigh Boysen-Quinata: And so, um, for me, a lot of my desire to start supervising was about the fact that the MFT community here in Oregon is so small. There's not very many of us. And so I really wanted to. Both find like-minded clinicians, but also to help develop younger clinicians or clinicians

who are newer to the field, uh, to help them kind of develop this lens also and just share this training and background that I have that I think.

Kayleigh Boysen-Quinata: Uh, a lot of people don't necessarily come into the field with, and so for people who are interested in that, that was just, that's been a big passion of mine and I just wanted to kind of share that with newer therapists.

Dr. Tara Sanderson: Yeah. We've got some interesting rules here in Oregon about like how many [00:04:00] hours you have to do for su for, um, for getting your MFT in addition to what you would've had to do for an lpc.

Dr. Tara Sanderson: So, See a lot of people like flip to doing, just being an lpc because it's harder to get all of the hours Yeah. For the MFT part of it. And I can I see that too. Yeah. And I can kind of see too how some of the systemic lens might get lost in that, um, that journey. If they aren't really finding a, a supervisor who is keeping them focused in that.

Dr. Tara Sanderson: Yes. I think that's very true. Yeah. So tell me like your definition of the systemic lens and, and how you kind of keep that focus in supervision.

Kayleigh Boysen-Quinata: Yeah. For me, a systemic lens means that it's kind of the idea that the whole is greater than the sum of its parts, is kind of how I describe it. And it's the idea that people exist within the context of systems.

Kayleigh Boysen-Quinata: And so if you were talking about, um, an individual making change, , [00:05:00] a lot of it is around the idea that you can't only change one thing within that system. And so if you're talking about someone within a family system, if they're making individual changes, that's also impacting the whole family. Um, and, and that, uh, systems are also going to be oftentimes resistant to change or kind of wanting to keep things the same.

Kayleigh Boysen-Quinata: And so also keeping in mind, that while you have someone who might be in therapy and trying to maybe make some personal changes, there's also going to be pieces of that system that are gonna be resisting that, um, or have maybe been, uh, that maybe the, the person's behavior or symptoms have been serving some kind of function within that system or benefiting others within that system.

Kayleigh Boysen-Quinata: So I think when you take that broader lens, um, sometimes that's families, but sometimes that's larger social systems and

structures. That you're like you're taking all of that into account when you're working with an individual or with a family, um, and that you're just able to, I think, think about change differently.

Kayleigh Boysen-Quinata: Um, and think about how your client [00:06:00] maybe exists within some of these bigger SY systems and why. Their behavior symptoms might be present.

Dr. Tara Sanderson: Yeah. I immediately thought of that game. I don't know how many people played this game, but there was a game in youth group when I was younger where like you each hold on to different parts of a rope and your goal is to like try and like untangle and and be one big circle at the end, right?

Dr. Tara Sanderson: Oh yeah. I immediately thought of that, of like, okay, you've got this teenager who. In therapy for their depression and they're working on like how to have good boundaries and building their self-esteem. And every time that they're growing in that way, it's pulling on some of those other people cuz they're twisting and turning and trying to get out of their little knot.

Dr. Tara Sanderson: Right? But it affects, yeah, everybody else in the family, it affects their friend circle. It affects all sorts of things because they're moving and changing and it might make it tighter on some other people. It might make it looser on some other people. It might, you know, hurt in some ways because other people may have liked it the way it was, or it was useful the way it was, or some of those pieces.

Dr. Tara Sanderson: [00:07:00] That kind of network of every change that I'm making is gonna impact other folks.

Kayleigh Boysen-Quinata: Yeah, I love that analogy. And I've also heard in, when I was in graduate school, the easy analogy of a mobile, a lot like a baby mobile that you would hang above a crib. And the idea, it's balanced. Right? But if you remove one piece of that, or you move one piece of that around, it throws the whole thing off balance.

Kayleigh Boysen-Quinata: And then all the other pieces, you know, either they either have to reorganize to a different position to kind of, you know, rebalance that out or it kind of stays hanging. Yeah. Lopsided. And I always look kind of like that image too, of Yeah. You know, you can't, it's, this shift is going to kind of throw off the whole system.

Kayleigh Boysen-Quinata: Yeah,

Dr. Tara Sanderson: absolutely. When thinking about helping supervisees keep that in mind, what does that look like as a, as a tool that you use in supervision often with

Kayleigh Boysen-Quinata: kids and families that looks like involve trying to involve those families, and obviously to what extent we're [00:08:00] involving parents or siblings or other family members, that really depends on the family and on the child or teens needs.

Kayleigh Boysen-Quinata: Um, , but often that means evol sometimes involving other members of that system so that you can more directly observe what's going on or more directly see the interactions as they maybe show up. Um, so that, you know, you're not just getting one piece of that or one person's report, but maybe multiple people's reports.

Kayleigh Boysen-Quinata: Um, but even if you don't have multiple people in the room and you're just doing individual therapy, I think that looks like still asking those questions. Well, what does, you know, if I'm thinking of asking really solution focused questions, you know, not just what would this look like for you? What would success look like for you in the future?

Kayleigh Boysen-Quinata: What would this look like when things are resolved? But what would your, what would your mom notice is different about you? What would your dad notice? You know, what would, how would your interactions with your siblings be different? And so maybe we're asking some of those questions about those relationships with all of those.

Kayleigh Boysen-Quinata: [00:09:00] Um, and that I'm asking those questions of supervisees too, of what is this person's relationship like with their family, you know, how does, um, how has, how has they, how have they been maybe interacting with them or how has this, you know, used the example of a teen with depression? Um, how has this depression may be impacted, um, their, their parents or how have, how their parents interactions with them maybe impacted that depression?

Kayleigh Boysen-Quinata: And so I'm kind of asking questions to. , those connections with those little, that little rope that you described that might help supervise you kind of. Some of those conclusions too.

Dr. Tara Sanderson: Yeah, I love that. Keeping in mind, like both for the supervisee at the session itself, saying like, let's, let's look outward from you and see what, what will change when we do this piece, or how people might notice that piece, but also just in those supervision sessions saying like, , keeping that in mind of saying, okay, you're giving me all this information about the client and tell me about that outlying circle.

Dr. Tara Sanderson: Like tell me about [00:10:00] who else is involved in that when you do supervision, do you, like, I, I know I have a format that I want them to present cases for me in. Um, do you have them like give you the, the outside circle of folks that are involved in that client's life as part of their, like, this is who this person is and their.

Kayleigh Boysen-Quinata: I do, sometimes we'll do case presentations in group supervision, and I will have them more formally write out, okay, who else is in this system? Who are the client's supports? Uh, you know, what, how are the parents responding to kids' behavior? If it's a kid, When it's more individual supervision, I will often, they just know from working with me that I'm going to ask those questions

Kayleigh Boysen-Quinata: And so by the time we've met a few times, they know they'll come in and they know, or they're like, oh, okay, I know I need to ask about that, or, I know I need to follow up on this. So it's a little bit more informal. But I think just by them knowing that I'm gonna ask about it kind of reminds them too, um, of like, oh yeah, I need to ask about, uh, this, or I need [00:11:00] to see what dad's perspective is on this if I haven't met with him, or something along

Dr. Tara Sanderson: those.

Dr. Tara Sanderson: Yeah, absolutely. I can, I can absolutely see how being in supervision with you as you over, over the first few weeks, like you're probably asking those same questions about every client to the point where they do get to a place of being like, oh yeah, I should probably just know that , I should probably get here and do that piece.

Dr. Tara Sanderson: Yeah. Yeah. That's super. What do you think is kind of one of the, the ways that supervisees may struggle with, um, with navigating the family system's work that needs to be. . One of the

Kayleigh Boysen-Quinata: big areas that I see a struggle with is in a hesi, a reluctance to contact parents or a hesitancy maybe to contact parents.

Kayleigh Boysen-Quinata: And I felt that too when I was a new clinician. So I completely understand where that comes from. And I think often there's a kind of an a piece of, especially for younger therapists of feeling really intimidated by that or feeling. They maybe connect with teens really easily, but, um, it, but [00:12:00] feel like parents aren't going to take them seriously or, oh, I don't have kids, so who am I to get, be giving advice to parents.

Kayleigh Boysen-Quinata: Um, which my thought is, I wouldn't necessarily, uh, I wouldn't necessarily want you to be giving advice to parents, but more just that you're, you know, you're hearing their perspective. You're seeing these other parts of the sys of the family system. Um, so I think some that is often a big struggle. and I think it's also just intimidating.

Kayleigh Boysen-Quinata: I think it's, uh, it's hard to have multiple people in the room. It's really challenging in a different way to consider not just being attuned to your client, but also being attuned to what you know, who these other people in the room who might have reactions to what you're saying. Um, there's a lot more opportunity for things.

Kayleigh Boysen-Quinata: Go off the rails or for someone to get upset or for there to be this conflict. And so I think that is, that feels intimidating, I think, to a lot of new therapists and I remember feeling that way too. So I completely understand it. But yeah, I think that's a lot of where client, where clinicians can

Dr. Tara Sanderson: struggle.

Dr. Tara Sanderson: Yeah, I think I, [00:13:00] I could easily see where, uh, especially if you got started with a client, like a kiddo client, and the parents brought them in and said, we need therapy for Johnny, whatever. Um, why is it always Johnny, why do we pick that name? Like, I feel like, I feel like we need to come up with something way more, um, inclusive, but so they bring their kiddo in and they're like, we need help for, for our kiddo.

Dr. Tara Sanderson: Um, and then when we involve the system, yeah, there does feel like this piece of like, well, who's my client? Who am I trying to please here? What is gonna happen? When I was, um, running, uh, I was getting ready to run some groups for, um, some teens with anxiety. The consultation I got on, like my advertising and things was like, normally you write your content to the person who's coming to the group, but with teens you have to write the content to the.

Dr. Tara Sanderson: because the teens probably not gonna look up this information and say, I want to go to this group. Now some are some teens absolutely self-advocate and good for them, but a lot of times it's really that other, that other element and, and we have to find [00:14:00] a way to like balance this space of like, we're here for the kiddo and.

Dr. Tara Sanderson: By helping the kiddo, we're helping this whole family unit. Every, everybody's anxiety's gonna decrease because the parent is worried that their kiddo is, you know, not gonna have the most fulfilling life, right? So, right. We wanna help decrease their stress so that we decrease the kiddo's stress and everybody's less stress so we can live our happy little lives.

Dr. Tara Sanderson: Yeah. And I think that's an interesting component in thinking about multiple people in the room, right? Because most of the time when I'm advertising about a group, I'm not in the room with all of those people having this conversation. , right? It's right , I threw it out there on the internet and hope for the best.

Dr. Tara Sanderson: Right? But in the room, what kind of, what kind of, uh, maybe tools do you use or ways that you do supervision help people to start kind of navigating their own distress so that they can tolerate whatever happens in the room with multiple. Yeah. I

Kayleigh Boysen-Quinata: often use the framework of, it's [00:15:00] interesting that you talked about needing to kind of market to parents or like have that content reach parents.

Kayleigh Boysen-Quinata: Cuz I feel like it's very similar with therapy of yes, you're the client might be your child or the child or teen. . Um, but all really in any family system, parents hold quite a bit of power and control. They're the ones paying for sessions, typically. They're the ones driving the kid and making sure that they're there.

Kayleigh Boysen-Quinata: And I think if you don't have that buy-in from parents, it's pretty likely that they might, uh, they may terminate services early. They may not want to continue their kid coming. Um, and so I think I often frame it for supervisees that way of, if you can. This relationship with a parent, not, not only are they seeing the benefit of therapy and they're seeing maybe why their child should keep coming, but all and, and they're trusting you as a therapist, but also that you as a therapist are only seeing this kid once a week in an office and then they're going home to this parent the rest of the week.

Kayleigh Boysen-Quinata: And so if you can get buy-in from [00:16:00] that parent of translating some of what the kid's doing in therapy. Doing that at home, then I think there's a, a much higher likelihood of that change being longer lasting and being able to have more of an impact at home, which is reducing the parent's stress. It's reducing the kid's stress, you know, so I kind of frame it that way with supervises talking about the benefit of doing this and the, and why.

Kayleigh Boysen-Quinata: Even though it might feel hard or intimidating, you know, why we're, why we're taking this approach.

Dr. Tara Sanderson: Yeah. Just even what resonated for me was by having the parents on your side, your, the kiddo, your client is going to get better faster. I mean, yeah. But by, by having them buy in, by having them want to be a part of what you're doing in therapy, by practicing all that at home, your kiddo is gonna get better care ultimately.

Dr. Tara Sanderson: So we have to continue to like, keep keeping those people in the know of what's happening and work with them in that space. I'm, I'm absolutely remembering a, a supervision session. , [00:17:00] um, where my supervisee was like, you know, the parents are not connecting with me on this. Like, I, I recommended this thing. We tried it in session, it worked really well.

Dr. Tara Sanderson: But the parents are like, no, we don't need to do that. How, how do I, how do I navigate that? Uh, what would you say if the parents are like, no, we don't wanna do what you're recommending? Mm-hmm. ,

Kayleigh Boysen-Quinata: that comes up a lot, definitely . And so often what I recommend is spending a little bit of time. Um, trying to see where the parent is coming from on that and what I've found very often, often parents have their own trauma, their own struggles.

Kayleigh Boysen-Quinata: They maybe have their own beliefs that came from their parents. They might have had negative experiences with therapists or with, uh, child and family services in the past, and be kind of hesitant to trust some of these recommendations so often. , I recommend trying to get a little bit into, obviously you're not the parent's therapist, and so it's a little bit of a fine line between not being the parent's individual [00:18:00] therapist, but also um, kind of understanding where they're coming from.

Kayleigh Boysen-Quinata: Yeah. And, you know, where is this, what is it about this that makes you uncomfortable? Um, often I use a lot of role play and

that I think sometimes can help uncover some of that too, of you. . If you're saying, telling me that this isn't working at home, let's role play it out and let, show me what you do at home with your kid.

Kayleigh Boysen-Quinata: And you know, I'll even the kid kids love it and get into it. Like, don't really stomp. Show me what you would do at home. Do you stomp around? Would you throw your toy? Like, I wanna see the realistic mm-hmm. response here. And I think sometimes that helps it click for me too of, oh, okay. Maybe a. , um, is misinterpreting what I'm saying or misunderstanding what I'm asking them to do.

Kayleigh Boysen-Quinata: And so sometimes actually role playing out the steps or having kind of getting into a little bit more of like where is the disconnect here, I think can really help a lot.

Dr. Tara Sanderson: Yeah, rebuild the rapport by seeing the parent and [00:19:00] validating their experience in that knot scenario, I think about like, when this person is, is twisting and trying to like go under whatever of like pausing and saying, look at where everybody else's hands are.

Dr. Tara Sanderson: See what's, what's twisting that person's hands are practically turning blue because of how much you're needing to pull on this rope. So this isn't gonna work this way. We can't sacrifice their hand for you to get free. So let's pause and, and do this other piece. Seeing where people are at and then being able to like, make some sort of shift.

Dr. Tara Sanderson: And if we can't see where they're at because they can't explain it, or they just aren't getting what we're saying, role play. I know that that is always like the dreaded word for therapists and for, for especially newbie therapists or supervisee therapists. Uh, but it is so. so helpful when we can, when we can do it right, and we can help them kind of get really in touch with this piece and we can see what's going on in their mind and how they're responding and, and what they're getting from what we're saying.

Dr. Tara Sanderson: [00:20:00] Yeah, absolutely. Yeah. Are there any other tips that you have for supervisees, um, that you think are, are specific to working with families or working with kids? ?

Kayleigh Boysen-Quinata: Yeah, that's a great question. I think one of the big ones for me is just to not be afraid of conflict or not to shy away from that conflict because I think it's going to.

Kayleigh Boysen-Quinata: happen much more so in couple therapy and family therapy than it will in individual therapy. And I think oftentimes what I hear from new supervisees is, well, I don't want to, I don't wanna upset the, the parent. I don't wanna upset the client. You know, I don't want them to start arguing or, you know, and often my thought is it's actually a great thing to be able to see them arguing.

Kayleigh Boysen-Quinata: It's a, you know, I think it actually gives you a ton of information. Obviously you don't wanna just let it go on for a whole hour and let them sit there. You know, bicker back and forth at each other, but often it gives you a lot of insight into, okay, this is the pattern that's happening [00:21:00] at home, and so where can we interject or where can we try something different?

Kayleigh Boysen-Quinata: Mm-hmm. , um, and I will often use that language with families too, of, okay, you this, so I'm get seeing a really good picture now of what happens at home and so we're gonna try something different Yeah. In here, so that you're not just repeating what you're doing at home. And, but I think often that feel for new supervis.

Kayleigh Boysen-Quinata: They often feel a lot of hesitation around that challenging or feeling like, oh, I don't want to, I don't want to upset them, or I don't want to upset them. And obviously I think that comes from a good place. You obviously don't want to go too far in the direction of, uh, you know, upsetting people or provoking a lot of conflict, but I think it, it's not necessarily helpful to shy away from that conflict either.

Kayleigh Boysen-Quinata: And it can be a really helpful and beneficial for a therapist to actually. Some of some of that play out in the room

Dr. Tara Sanderson: too. Yeah, that's such an interesting point. The difference between I am provoking this and it is going to be detrimental to my client and I need to [00:22:00] witness this so that we can figure out what comes next.

Dr. Tara Sanderson: Right. Like there is some part of that process where really we, we need them to be present in the moment doing kind of what they normally do a little bit, because we can't be in their home seeing it when it happens out there. We ha there's, there is some pieces. Yeah. Instead of telling me about the fight that you had over the weekend, like, Sometimes I kind of need to witness what that fight looked like a little bit.

Dr. Tara Sanderson: Not the whole thing. I really don't need three hours, but like I need to see enough to where I really get, you know, how much this is impacting you or how much this is, you know, what's happening with that. So I love that, that element of it. And I think that as a supervisor, you know, helping them identify when they.

Dr. Tara Sanderson: The, that like, uh, conflict avoidant in them, whether it's in a place of like, I just don't wanna make things worse, or, you know, I don't want them to have this whole knockout drag out in front of me. Um, or, you know, or for other reasons that helping them recognize like, okay, how [00:23:00] much of that is your stuff that is mm-hmm.

Dr. Tara Sanderson: your buttons, you don't like to be around conflict. How much of that is really, it's not beneficial in this moment to go into that level. Like, I think about parents who come into a child's session. Right, and then they start bickering with the child present. Like that's a really great time to be like, whoa, whoa.

Dr. Tara Sanderson: Like, we need to, we need to make sure that this setting is appropriate for what we're doing here versus like in a couple session, clearly, if the, if the adults need to have. A moment, like that's a different piece. Right? But like helping supervisees kind of parse out like, when is this good? When is this planful and purposeful?

Dr. Tara Sanderson: When is this now moving into harmful territory and we need to protect our client, right? Or we need to protect in another way is a really important element of how our supervisor brain has to keep kind of tabs on what's happening in the family and what's happening in those sessions and. . I feel like I prepare our supervisees for that.

Dr. Tara Sanderson: Cause I think sometimes we're in a very report based system, right? [00:24:00] Where mm-hmm. , we can't necessarily. , make sure they know all the things before something happens, right? So we hear about it and we're like, ah, well next time maybe we need to dot, dot dot, right? Or whatever it is, or whether you do video supervision or any of those pieces.

Dr. Tara Sanderson: But I love the idea of when we start thinking about the developmental perspective of an intern or a new licensee year or whoever to be in your practice of like what kinds of. We wanna make sure we talk about enough at the beginning so that over time when those things do come up, they've got some of those tools in the background of their mind.

Dr. Tara Sanderson: Right? And I feel like conflict is one of those ones we would wanna have kind of early on of like, let's talk about this here before we get into the stages where that really shows up in your sessions. . Right,

Kayleigh Boysen-Quinata: exactly. And I think the other piece of that is we all, as therapists, we all have relationships with our own parents or families that are going to influence this.

Kayleigh Boysen-Quinata: And so I think sometimes bringing that into supervision also, or, or, or knowing a [00:25:00] little bit of that with our supervisees too, can be helpful just because sometimes there's a, I think a really strong urge to. Protective of certain family members if maybe you identify with, you know, with their role in the family.

Kayleigh Boysen-Quinata: And so I think just being really aware of all of those pieces too, of sometimes your reaction to that conflict. That might be because of a role that you played in a similar conflict in your family or, you know, uh, there's obviously all of those pieces to kind of keep in mind too.

Dr. Tara Sanderson: Yeah. How do you, how would you suggest to another supervisor about how to kind of help, uh, supervise.

Dr. Tara Sanderson: understand that dynamic of really like, you know, maybe some of that internal alignment with a, with a particular party in a family or a unit. Um, and like help them notice that for themselves.

Kayleigh Boysen-Quinata: Yeah. I like to ask those questions kind of how you just did. Of who in this family system. are you aligning the [00:26:00] most with who you know?

Kayleigh Boysen-Quinata: Who are you feeling the most? Um, who are you feeling like you have the most rapport with right now? Who are you feeling like you have the least rapport with or you really struggle to connect with? And, um, and just asking kind of open-ended questions of why do you think that is? And I'm not necessarily gonna ask supervisees to share stuff that they don't feel comfortable sharing with me in supervision, cuz again, I'm not their individual therapist, but I may ask some of those, you know, what is, what about.

Kayleigh Boysen-Quinata: What about this relationship maybe feels difficult for you with this person? Or is does this remind you of anything in your history or is there some can, maybe some counter transference coming up. And I think just opening those discussions sometimes can be helpful, um, while also making

it clear that you don't have to share anything personal with me as your supervisor that you don't feel comfortable sharing, but just think asking them to reflect on.

Kayleigh Boysen-Quinata: Maybe who they're aligning the most with or who they are maybe more naturally aligning with and who they might struggle more to align with [00:27:00] just so that they can be aware of where they may need to focus some attention. Yeah, because I, we all have that, that's not a bad thing. I, I'm gonna more naturally align with certain types of clients.

Kayleigh Boysen-Quinata: Um, and someone else might more naturally align with a different type of client. Um, and that's okay. I think it's just building our awareness around it.

Dr. Tara Sanderson: Yeah, absolutely. And I think there, there is something really beautiful too in how you are continuing to separate out. Like I'm not your individual therapist supervisee.

Dr. Tara Sanderson: Like you don't need to go deep into your family. Yeah. Dynamic with me, . Um, and I do need. Think about this because this does impact the work that you're doing. Um, so whether you're in your individual therapy or not, or whether you share with me any of this stuff or not, like you need to be thinking about it in this way.

Dr. Tara Sanderson: And I think that is so important for us as supervisors to keep, um, coming back to of like, yes, we are part of their journey as a clinician and part of that journey is we need to tap into some of those areas that are sensitive. Too compassionate or , you know, bad boundary setting. Mm-hmm. or whatever it is.

Dr. Tara Sanderson: And [00:28:00] instead of trying to do therapy with it, we may need to assign them things like, Hey, I want you to go think about this for yourself this weekend. Or like, there have been times where I've looked at somebody and said, you know what? I think you need your own therapy right now. Like, yeah. You know, that's now a, that's now a supervisory requirement that in order to continue on in, in what we're doing, I need you to be in your own therapy and working some of this out.

Dr. Tara Sanderson: It's doing some potential damage to your ability to do this career for a long time. And my job is to help you launch, to do this career for as long as you desire to do it. Um, yeah. And, uh, and, and trying to really find

that, that good space of as it's sometimes it's hard to wear the supervisor hat without having like the therapist hat creep in a little bit.

Dr. Tara Sanderson: So, so doing that work of kind of rere reminding them as you're talking about it, saying things like, like, you don't need to tell me all of the details here, but I do need you to think about this. So that that, so that you're kind of realigning your supervisor hat and being like, I'm [00:29:00] only wearing that right now.

Dr. Tara Sanderson: Therapist hat go away. Right. Sometimes. Exactly. I really do want those hats. So like in, in session I can just be like, I'm putting on this, but no, like, stay here. I like

Kayleigh Boysen-Quinata: that visual. Yeah. Now I'm putting on this hat, . Yeah.

Dr. Tara Sanderson: Well, and that's an interesting question, and maybe this is going a little off topic, but I, I kind of, I'm interested now that I thought about it, of being a, a boss at a group practice and having supervisees.

Dr. Tara Sanderson: Do you supervise people at your. I do.

Kayleigh Boysen-Quinata: And that is a challenge sometimes because I know not everybody does that. But that definitely is a challenge sometimes, is that sometimes I am wearing that boss hat and sometimes I'm wearing that supervisor hat. And those are two different things that sometimes conflict with each other.

Kayleigh Boysen-Quinata: And so I, I try to just be really intentional with my leads when we start of saying, you know, I want to se intentionally separate those two things and. Your clinical supervision, time to be clinical, [00:30:00] supervision time, and even, even if we're using the, some of that time to talk about some more admin e practice things, I want, I still wanna make that kind of a separate thing where I'm saying, okay, let's kind of deal with this first and then we're gonna get into the clinical supervision.

Kayleigh Boysen-Quinata: Um, so that there, I'm kind of clearly separating those two roles. Yeah. Cause it does get.

Dr. Tara Sanderson: Yeah, it does get very messy. Those are actually probably the hats that I want more than anything. The therapist hat, I feel like I'm pretty good at not letting it slip on too much. Mm-hmm. , but the administrative

supervisor and the therapy supervisor, the clinical supervisor, those are the hats that I think get the most messy because.

Dr. Tara Sanderson: There are things that, that, uh, you know, just in general are administrative e things that do fall under the camp of clinical supervision because they're just stuff, right. And then there are things that are administrative supervision that are clearly not clinical supervision that we do need to like, Figure out like, when am I meeting with you about that thing?[00:31:00]

Dr. Tara Sanderson: So I'm not taking your clinical time, and when am I just doing clinical and not letting that bleed into other things if not needed, you know? And I think that's definitely an an area that's a struggle. , I did a lot of mm-hmm. , um, a lot of like ethical consideration about that piece of like whether or not it was ethical to be an administrative supervisor and a clinical supervisor.

Dr. Tara Sanderson: And, and I, I did decide to go ahead and be both, um, for the moment. Eventually I'd love to hire another supervisor at my practice. Uh, but those are. Few and far between and they're hard to find Yeah. To do that work. So, uh, so I did decide to go ahead and do it, and part of that decision making process was that I wanted to try and create very clear, siloed experiences of like, this is when I'm giving you your administrative supervision, your administrative feedback on how you're doing in your job.

Dr. Tara Sanderson: And then these are your clinical supervision where. , I'm not gonna talk to you about any of that other stuff. And, and in the meeting I might even look at you and be like, Nope, that's for that other meeting we have. So [00:32:00] like, put that on your to-do list to talk to me over there, or shoot me email about it.

Dr. Tara Sanderson: That's. Like that I can deal with as a boss boss. And then let's stay, let's stay focused on your clients. So let's stay focused on your experience as a clinician. Let's stay focused on your growth in this section. And then when I do the, the evaluations for them as they're, um, uh, getting licensed and whatever, like we have those meetings as part of their clinical supervision because that's part of you clinically.

Dr. Tara Sanderson: Towards your licensure. That's not an admin thing. Um, cuz we're talking about how you've grown and all of those pieces, but they have a separate, um, like evaluation for being my employee. Um, so I really try and like if anybody were to question , I wanted to be like, here's how I do it. And it's very clear and I've got all these lines.

Dr. Tara Sanderson: Because I don't want it to be too messy, and I'm sure I probably am going overboard. I tend to go overboard, um, on those pieces. But I just, I really want people to value that clinical supervision as being something [00:33:00] different than just your boss telling you you're doing a good job. Right. . Right.

Kayleigh Boysen-Quinata: I really appreciate that and I try to clearly delineate that too.

Kayleigh Boysen-Quinata: There's times I could probably do better at making those completely separate, but Absolutely. I think that's important

Dr. Tara Sanderson: also. Yeah. I think the hardest part for me always ends up being that I want them to like feel like they can ask me anything, anytime, anywhere. But then sometimes what they wanna ask me about is all the admin stuff during their clinic, clinical supervision time.

Dr. Tara Sanderson: And I have such a hard time being like, no, don't talk to me about this right now. I just wanna be like, sure, we can talk about whatever you want. And then I'm like, no. Wrong hats . Like,

Kayleigh Boysen-Quinata: yes, . Stop it. Yeah. Switching hats .

Dr. Tara Sanderson: Yeah. I may end up buying some of those hats at some point like that. That may be a thing.

Dr. Tara Sanderson: We'll see. Yeah, I like that. . Cool. Well, anything else that you feel like, gosh, if I get off this podcast, you know, and people don't know this thing, I should probably tell them about, um, working from a systemic. Oh man.

Kayleigh Boysen-Quinata: I'm sure as soon as I sign off I'll think of something , [00:34:00] but right now, in this moment, I can't think of anything else.

Kayleigh Boysen-Quinata: I feel

Dr. Tara Sanderson: like we covered a lot. Yeah. Yeah. And I feel like we got a lot of really good snippets of like, this is an important thing and, and make sure we're thinking about this this way. So I feel good about it. Well, tell us a little bit about some things that you would like to. .

Kayleigh Boysen-Quinata: Sure, absolutely. So the main thing right now is just my group practice here in Portland is Family Roots Therapy.

Kayleigh Boysen-Quinata: Uh, we have an office in Northeast and Southeast Portland, so we provide. Uh, we've provide counseling for kids, teens. Uh, we've got some folks who see the little, little early childhood, zero to six range too, which is uncommon. Um, and then it's some new parenting kind of work too. Uh, I have some other things in the work around, um, in the works around doing some parenting classes and like kind of parenting education more on that side of things.

Kayleigh Boysen-Quinata: But I don't have them super put together to share out in the world yet. But that's something. Uh, up and coming. So, um, so yeah, people can just visit my website@familyrootstherapy.com and there's a contact form and, you know, that can, uh, [00:35:00] get ahold of me and just learn more about the practice too.

Dr. Tara Sanderson: Very cool.

Dr. Tara Sanderson: And, and that is a plug to everyone to keep an eye out for those parenting classes and things, if you've got those needs or if you wanna refer somebody for them. Um, all of that information will be up on the show notes page for today. So I'm, uh, I'm excited to, to see how you grow and maybe when those classes get up and running, we can have you on again to just share a little bit more about that element and how that's helping people.

Dr. Tara Sanderson: So that'd be really cool. All right. That. Well, thank you so much for being here today and, uh, I think we got quite a few little morsels and takeaways that'll help people, uh, think more from that systemic perspective. I can even think about things in my own practice and I'm like, I should ask some of those questions a little differently to help my people kind of make some of those connections, um, in a way that's gonna.

Dr. Tara Sanderson: Mutually beneficial to, to my clients and the, and the families, uh, that they serve. So, uh, if you would like to learn any more [00:36:00] about, uh, this topic or, uh, want to, uh, see the show notes, you can visit us@supervisionsmorgasboard.com. You can also drop requests for topics or a message for us to wrestle with on another episode.

Dr. Tara Sanderson: Thank you so much for joining me this week, and we'll be back next time. Have a great day, folks.