

Dr. Tara Sanderson:

Hello, and welcome, everyone. Thank you so much for being here today. I am with a wonderful guest, doctor Amy Parks, and we are gonna talk about all things supervision, and I'm so excited that you're here today. We have a random question for you. And today's random question is, what is your ultimate vacation?

Dr. Amy Parks:

Thank you so much for having me today, Tara. I'm so excited to tell you my ultimate vacation. This is, like, the best way to start a podcast. So my ultimate vacation, and I've never taken it, so it's in my fantasies, is to go to Greece. And I want I don't have to go to any special bougie islands, but I want to go to Greece, and I wanna eat, like, all Greek food and walk in, like, bare feet and live in a village and just really, like, hang with the Mediterranean vibe. Oh, yeah. But my husband doesn't want to go because he says there's pirates in Greece. Oh.

Dr. Amy Parks:

And I say, you know, bring me the pirates. I mean, I'm all about a good pirate. So, anyway but it's definitely on my bucket list to go. So, hopefully, soon.

Dr. Tara Sanderson:

Love that. I love that. I follow a guy who does, cruises, and he sets up all of these little, adventures on these cruises. And he had one the other day that I almost dropped all my money on because it was something it was something like that of going over and doing some river cruising and then Greece through some of the islands and then over through some other spots. And it was, like, 42 days and, like, all these, like, so much wonderful time in all of these islands and all the, and I almost immediately just dropped all my money and then thought, wait a second. Probably should make sure I can do that.

Dr. Amy Parks:

Listen, honey. Throw in a boat, and I'm all I'm a 100% in. I'm telling you, pirate boat, Greece, Mediterranean food, like, I'm all about it.

Dr. Tara Sanderson:

You're in. You're in. I love it. I love it. That's fantastic. That's fantastic. Well, tell us a little bit about yourself and Absolutely. Let's jump right in.

Dr. Amy Parks:

So happy to do that. So I am doctor Amy Parks, as you said before. I have been in the mental health field for over 30 years. I started my career as a school psychologist, and worked in public schools for 20 years working in alternative ed, and then opened a private practice and quickly became a group practice, about 15 years ago. And, fairly soon after that, then became a supervisor. And, so I have been, working in with children specifically, really, with children and teens almost my entire career. Well, actually, not even almost. My entire career, I have been doing children, teens, and families.

Dr. Amy Parks:

And in the last couple years, I've really, pushed the the gas pedal on the supervision, part of my work because I really believe so much in supervision and how critical it is to our field and to the next generation of mental health clinicians and started the clinical supervision directory, which we'll talk about in a little bit. Mhmm.

Dr. Tara Sanderson:

Yeah. Yeah. It is interesting to me, I think, how how that, that process goes. Sometimes you start your own private practice, and then you start adding people. And then at some point, you start adding supervisees or students, and then you have to go, wait a second. We need a whole different process for this. Actually, I was just having a conversation with the psychologist at my company, today of, like, let's talk treatment plans. And here he is he's a person who's been in the industry for 30 odd years.

Dr. Tara Sanderson:

He his treatment plans look a lot different than how I want my students' treatment plans. And not because he's not doing them right, it's because he's got so many tools in his tool basket that he's able to ebb and flow and do what he needs to do in session and use the right interventions to get where he's going in a way that my students don't have that capacity yet. So when I build treatment plans with students, we are being very intentional about, like, how long that we are going to go between starting this treatment plan and ending this treatment plan, when we're revising it, how we do all of those little details of interventions, and what a goal is versus an objective. And so as I've been training him to my style of supervision so that he can provide supervision at my practice, it's it's been a journey to have this conversation of, like, well, this isn't how I do it, though. Can I just teach them how I do it? Like, I don't know. Do you have 30 years to train them to be who you are?

Dr. Amy Parks:

Right. Exactly. Months. And there are a lot of pros and cons to what you're talking about because, you know, certainly, the pros are an enormous amount of experience and a lot of a lot of historical clinical knowledge that is priceless. And yet one of the cons to that, and we see this in the field quite often, especially that, you know, new emerging clinicians either don't have the capacity yet to embrace or, don't really believe in or is not applicable to the kind of clients that they're actually seeing currently. And so, you know, really, one of the things that I think is pretty critical right now to supervision is the ability to really adapt to the supervisee because we've spent a lot of our years just saying, do it my way, and my way is the way you're gonna go. Like, be on my road. And I'm not saying that we have to do it.

Dr. Amy Parks:

You know? Like, we have to meet everybody exactly where they are as we do in treatment, but I do think that there's a shared experience there in in supervision. And it really needs to be about where the supervisee wants to go and also where you clinically, as a supervisor, see as a realistic path, you know, for them. And and so that's a really it's really interesting because we could get into the weeds and say, you know, this is the this is my way. And and in fact, it's not even the way anymore. You know? Like, I tell a story a lot of times to my supervisees that when I first started in this field, we did attachment treatment therapy very differently, from reactive attachment disorder very differently, very unethically in comparison to what we do today. And, tragic results occurred because of that. I did not, thank god, participate in any of that, but I'm very well aware of the of the the trajectory of how reactive attachment disorder treatment has happened. And, you know, people are appalled, and I'm like, but, you know, like, things change, people.

Dr. Amy Parks:

Yeah. You know? That's what

Dr. Tara Sanderson:

we knew at that time, and now we know better.

Dr. Amy Parks:

Exactly. Exactly. And so that's, you know, really where the sit the clinical supervision directory evolved as well because what we've the way we've always done it doesn't work. The way we've always connected supervisees with supervisors doesn't work, and no one was solving the problem. And so I really wished someone had because I didn't necessarily want to do it. But at the same time, I knew it had to be done. And so, the clinical supervision directory, which is a connection superhighway essentially for it's the Tinder of supervision is what we tell people without the dating. So, like, you know, there's definitely no dating.

Dr. Amy Parks:

No. No. No. No. No. Bad. Bad. But it's really an opportunity for supervisors to connect and meet each other and to do soup to soup, like supervision of supervision, and then also for supervisor supervisees to find supervisors.

Dr. Amy Parks:

Like, because it's it's practically impossible in many states. Yeah. Absolutely.

Dr. Tara Sanderson:

Yeah. Absolutely. I love that. I may I think the there's something there's something really powerful too about knowing some of those differences in in location. Right? So, like, in my practice, I do a lot of supervision of my folks in my

practice. And when I train them, I I have that conversation of, here's all of the ways that you can think about this. And as you get out on your own or you do different things, you're at a different place. You may do this different ways.

Dr. Tara Sanderson:

In my practice, this is how we're gonna do it because it's my license and my liability. Right. But I want you to have this broad view of there's no one right way here because if you do this supervision style, your treatment plans look different. If you do this kind of intervention, you know, your the length of treatment might look different, and all of that really depends on who you are coming in the space. And I recognize, especially as students, you're you're coming into the space not knowing all of who you are and what you're gonna do. So we're gonna just explore, which means I can't tell you how to do it right my way forever, but I can tell you how we do it here. And this and this is why we do it this way here. Like, in my practice, all of our, our notes and stuff fit to a bunch of different models of insurance companies because we take insurance.

Dr. Tara Sanderson:

So I went through all of the the ways that different insurances rate us on how well we've done our treatment model reviews, and said, okay. I'm gonna smush all those together, and that's the note we write to make sure it covers all of our companies. And when we do orientation, I talk about the reason this looks like this is because this one question comes from Cigna, and this one question comes from Moda. None of the other people cared about it, but because they did, It's in there. We do

Dr. Amy Parks:

it this

Dr. Tara Sanderson:

way to make this yeah. And I think that that's a really powerful component of adding in the whys. We do the things the way we do them

Dr. Amy Parks:

Yeah.

Dr. Tara Sanderson:

And recognizing our students and supervisees are coming in with new knowledge, and they can add to what we do. So giving them space to even say, what have you learned in school about let's can we integrate some of that, or how can we use some of those new tools? Because we're we're just here doing the work day in and day out, and so maybe we need some of that freshness too from them, which is really cool.

Dr. Amy Parks:

And I guarantee you not a one of them has ever taken a note. So they have I mean, an internship maybe, but they really have no idea. So you're starting them from scratch. And they're very lucky to have you have such an awareness of the managerial part of supervision and the clinical part of supervision because that can be a very sticky, position. And I do a lot of consultations with individuals who are, like, sort of balancing that that role, and it's a duality, really. Yeah. And and there's no getting around it. And some people do it really well like you, and some people suck.

Dr. Amy Parks:

And and it really can mess somebody up, because there can be a lot that you learn managerially that's not appropriate clinically. And, you know, I see that a lot. Unfortunately, it happens in bigger settings like hospitals oftentimes and and things like that where they have multiple, you know, multiple people sort of or lots of turnover and things like that. And that's what worries me a lot about supervision and and sort of standardizing what super just to some extent, standardizing what supervision looks like because it doesn't look the same in any of the 50 plus one states. It looks it doesn't look the same at all. And and I and I always laugh at the states who where is there's no requirement for training to become a supervisor. You just have to look cute. So, that just stuns me.

Dr. Amy Parks:

Yeah. Like It's any other industry. There's no other industry. Literally, there's no other industry where you will supervise

another person, and your license is being lent to them for a period of time, and you have no training in how to do it. There's no other industry at all.

Dr. Tara Sanderson:

That commentary about us still being in the wild west of medicine It's very, very true. It's not. The amount of difference between all of our states on a bunch of different levels is wild in how different we treat all sorts of different parts of art profession, especially supervision. The other one I see a lot is, the difference between states on whether or not a, a prelicensed person so in the process of licensure, we call them associates here, but a prelicensed person can run their own business Oh, yes. Supervision in that that's a variety of

Dr. Amy Parks:

process things. That makes me crazy nauseous. You know, even just the smallest, you know, a the smallest detail, which I think is so so funny, is, in this is not true in social work. Social work has made it very and and LMFTs, they have marriage and family therapists have made it very, very, streamlined. Those in this way, this they have they have made this one thing streamlined, but counseling hasn't. In the counseling field, in all 50 and I always just say 50 plus one states because we have to count DC. But in the 50 plus one states, there are actually 26 different acronyms that represent prelicensed counselors. 26.

Dr. Tara Sanderson:

What is up with that?

Dr. Amy Parks:

Why is that? Why is that? How can the public possibly be protected by that? It blows my mind. Yeah. Okay. Even know. I mean, I've been doing this for almost 2 decades, and I don't know. And the like, I pride myself on knowing how almost every state functions, and I still get hung up about, wait. Are you guys LPCs or wait. Are you a like, who are you residents? Are you a who are Yeah.

Dr. Tara Sanderson:

Absolutely. It is it is a it is intense, the

Dr. Amy Parks:

differences between the different states. And and I, you know, I I sit on a couple committees that don't have any real plans to do anything about that. So it's really it's really hard to watch, but, you know, it's just it's interesting to see. I I you know, the only the only, you know, like, whatever stand I can take right at this point in time. I mean, I I can't fight all the battles. The big one, though, that I wanna fight is this idea that supervision needs to be something we talk about all the time. It needs to be at the forefront of conversations from the very beginning of when you begin grad school, and it should be supervision should be something that we talk about throughout your career. You should never not be participating in collaborative conversations that look like either supervision and or, again, collaboration.

Dr. Amy Parks:

That should never stop. And there's so many people who are like, oh, I don't, you know, I don't really need that anymore. And I think, god. I can't imagine what it would be like if I didn't get supervision from other people. It's just like saying, oh, I don't need therapy anymore. Like, really? Like, really?

Dr. Tara Sanderson:

Yeah.

Dr. Amy Parks:

So I don't know.

Dr. Tara Sanderson:

Yeah. I I fully agree. I was just chatting with someone today about about the practice of continuing to tape sessions and getting feedback on those taped sessions. Mhmm. And, and they had a very visceral reaction has changed so much. Being do being able to do telehealth and and be with a person and just hit record as part of, of course, an approved

practice. We've gotten their consent, all the right details. But to be able to do that, we're already on camera and seeing things.

Dr. Tara Sanderson:

It's not so bad anymore. Like, it's not the camera in the corner of the room or the big I mean, we we had a big cam corner in the side of

Dr. Amy Parks:

our room. Yeah. We had a we had the window where that you know, other people were on the other side. So, yeah, same. Yeah. And you knew they were taking notes, and then you went in. And when you went around the corner, you know, the people that had, like, 3 or 4 pages, you thought, holy cow. I'm in trouble.

Dr. Amy Parks:

Right?

Dr. Tara Sanderson:

My I remember my 1st year in grad school. 1 of my supervisors, they still did the Earwig one where you could hear your supervisor as you were doing therapy. Oh, no. I never had to do that, but I, like, I remember looking at him and being like, I don't I don't know what to do with that.

Dr. Amy Parks:

Can you imagine how long that would be so hard. It's so funny. I do have some supervisees that say they hear me in their mind, but can you imagine what it would be like if you were talking in their ear?

Dr. Tara Sanderson:

Ask them this. Yeah. I if you really should not have gone there, you're really gonna go down the bad path right now. For sure. But but it speaks to the space of I think the more that we as supervisors bring our supervisees into our space, let them sit in our supervision sessions, let them watch our tapes, that that will that will incredibly change the dynamic of, like, oh, I do this forever. If we talk about our supervision groups and say, yeah. I'm in a soup of soup group where I do consultation with so and so. Like, in my practice, we do a case consultation, group meeting, and I regularly bring my stuff in, not to show off how good I've done, but to be like, I got 12 really intelligent people in this room.

Dr. Tara Sanderson:

I might as well take advantage of that.

Dr. Amy Parks:

Absolutely. Because why would I want to think of it all on my own? Like, why would I not want more people? I mean, and from my perspective, one of the biggest advantages of having a group practice is people to consult with. And that was a big priority in the CSD and the clinical supervision directory was creating and and this is launching in January, creating an opportunity for supervisors, especially those that are in group practices where the they don't have anyone else to talk to and to be to supervise them except the owner who's exhausted Right. To be able to come and say, okay. Our owner is doing something else. We're coming as the leadership and supervisors to talk to other supervisors because it it just is so it's so rare in in you know, especially at a on a national level. It just doesn't exist.

Dr. Tara Sanderson:

So And it shouldn't be like that. We should figure out ways that we can communicate with each other and that we're that we're modeling that so that the next generation of supervisees is walking into that space saying, well, of course, whatever job I go to has consultation groups that we attend. Right?

Dr. Amy Parks:

Right. And if they don't, like,

Dr. Tara Sanderson:

I don't know if I wanna go to a place that doesn't have a consultation group regularly. Right.

Dr. Amy Parks:  
Or you imagine

Dr. Tara Sanderson:  
their own and saying, I need to make sure I have consultation groups because I'm alone here, and I don't wanna be alone.

Dr. Amy Parks:  
Exactly. Imagine a world where, number 1, like, 10 years from now I was gonna say 20, but let's shorten the window on that. Like, imagine 10 years from now, a world where every state requires training for supervisors, like a minimum of 10 hours to become a supervisor. I really like 20, but okay. So let's say a minimum of 10, ideally 20. Every state requires soup training for supervision. Every state requires ongoing training for supervision. Every state or every supervisor has access to case consultation or soup of soup ease you know, easily.

Dr. Amy Parks:  
And every supervision every supervision seeker has this one URL that they can go to to find their supervisor. Wouldn't that make supervision the most professional, powerful opportunity and the fastest wouldn't that solve the the issue of getting everyone licensed faster, more professionally, well, and on the ground? That should be it's a no brainer to me. Like, it's just truly a no brainer to me. Yeah. Absolutely. You know, the other advantage too is that the more we have people that are out there that are saying I'm a supervisor or I'm in a group practice and we hire residents, we hire supervision seekers, associates, whatever state you're in, you know, that becomes an employment engine too. So when you graduate from the university, you don't have to be hunting around for your opportunity. You can start saying, gosh.

Dr. Amy Parks:  
Are you hiring? You know, like, I found you through the clinical supervision directory. That's that's a big part of the goal as well. So

Dr. Tara Sanderson:  
Yeah.

Dr. Amy Parks:  
I just I'm yeah. My just I think the world would be so much better in terms of our, you know, our success rate for bringing people into the field and keeping them in the field. Instead of this burnout rate and these people that are just dropping like flies. I know people that graduate from grad school, and then they don't even go get residents. They don't do their residency. They quit.

Dr. Tara Sanderson:  
Yep.

Dr. Amy Parks:  
Because no one told them they have to do 200 more hours of, you know, supervision.

Dr. Tara Sanderson:  
Right.

Dr. Amy Parks:  
Right. So Yeah.

Dr. Tara Sanderson:  
Yeah. In our state, our LPCs or our professional counselors, can get some of their CEUs covered by doing paid supervision. So each year, they have a bank of hours that if they pay someone for supervision, that counts as their CEU time. Oh. Which I love.

Dr. Amy Parks:

It's not lovely. That's a nice little problem.

Dr. Tara Sanderson:

Not you can't do all of it. So you can't just go to weekly supervision for it. But for a good chunk of hours out of the however money you need to say, like, we value you continuing to go through supervision, so we're gonna count up to however many hours towards your CEUs.

Dr. Amy Parks:

Well done. I like that. Yeah. I

Dr. Tara Sanderson:

love that. I wish our board, my psychology board would do that. Please listen to this podcast, psychology board.

Dr. Amy Parks:

Well, they've they've done a pretty good job with sci pact, so I don't wanna give them too much. I mean, they you know, I I don't think it's a bad gig. So I don't wanna you know, like, they're they're they're doing okay compared to the compact for counseling. They you know? But anyway Yeah. It's alright.

Dr. Tara Sanderson:

And every every state, I'm sure, has their CEUs different in all of those spaces, but that's another avenue that if we could kind of say that supervision is so important, we're gonna count that as an educational opportunity.

Dr. Amy Parks:

Yes.

Dr. Tara Sanderson:

And I'd love that. Okay. Be doing it. I'm adding that to my It's such a beautiful way to have that communication.

Dr. Amy Parks:

I'm adding that to my presidential platform. Excellent.

Dr. Tara Sanderson:

Thank you. Please. Everybody votes.

Dr. Amy Parks:

I'm adding that because that is an excellent model. And, really, you know, I why not? You know? Why why why why would I not do that? Yeah.

Dr. Tara Sanderson:

Yeah. Great idea. It's a lovely addition, and I think and I think it really value it puts, again, that value towards the supervisory process. And I think the more that we can do things like that, the better it's gonna be for everyone, in in our profession to continue to consult with each other and continue to move forward. I was, helping do some research a little a fit not a little, 50 state project, a big fifty state project. And one of the things we were looking at was how many states, allowed for super or for, associates or, people who are prelicensed to have, practices independently of, of an organization. And what we what we honed in on was of the states that transitioned when they said that said, we're no longer doing that. We would we want you to be in a company or a group practice or or those types of things.

Dr. Tara Sanderson:

We saw that there that the rates of, complaints against clinicians over the next 10 years, like, went down by almost 65%.

Dr. Amy Parks:

Of course, they did. Absolutely. Of course, they did. Right? Yep. Exactly. Exactly.

Dr. Tara Sanderson:

Risk, so much less complaints because they had somebody working with them intimately on their cases, intimately on their note writing, intimately on how we do this

Dr. Amy Parks:

job. And that mitigates the risk right there. There you go.

Dr. Tara Sanderson:

Yeah. Right. Cute.

Dr. Amy Parks:

So how many states are still allowing it? I know that I I know that LMFT or MFTs in Tennessee can have their own practice. I don't actually know how many people. I I'm not really aware of what states can do

Dr. Tara Sanderson:

it anymore. Surprisingly not rare. There's a lot more of them than there are not.

Dr. Amy Parks:

Oh.

Dr. Tara Sanderson:

And a lot

Dr. Amy Parks:

of the ones sick.

Dr. Tara Sanderson:

Yeah. A lot of the ones that allow for it also don't have a lot of rules on the supervision part of it, the that supervisors need to have a certain amount of training or those types of things. So it's it's it's a lot of states Colorado, Pennsylvania, Kansas. Yeah. Okay. Gotcha. Okay. But Oregon's one of them.

Dr. Tara Sanderson:

Oregon allows for for people to go out and start their own practice without, without having a a full license for, for LPCs and MFTs and psychologists residents. Our our I LCSW folks are our, folks moving towards an LCSW can't, but the rest of them What

Dr. Amy Parks:

do you think is the philosophy behind that? Like, the was the was somebody in somebody's wisdom, did they think this will just get more people in the field faster, so we just need to do this? But we don't care if they're good. Like, they can be they can be not a great dentist, but, like, a so far sort of okay dentist, and they can do dentistry. But they shouldn't be a great dentist. Like, that makes no sense.

Dr. Tara Sanderson:

Honestly, I I yeah. As you were saying that, my my thought was, I wonder if what they thought was, well, they're under supervision, so they're probably fine. Like, they're running a business, and they're under supervision, so they're probably fine. I think it's Okay.

Dr. Amy Parks:

So these people are still under supervision, and they're running their business. Okay. So I see what you're saying. So they still are under supervision. They're prelicensed. They are under supervision, but they're running a business.

Dr. Tara Sanderson:

Okay. Let me throw another wrench in it too for you. Interesting. I'm anti this, by the way.



Dr. Amy Parks:

Like I'm very anti this, but I don't know. Maybe I shouldn't be because maybe what is that free enterprise? But, anyway,

Dr. Tara Sanderson:

go ahead. But but I the the rent in in our part of the country is so my psychologist residents who run their own business, not my personal ones, but in Oregon, psychologist residents who run their own business, if they decide to go that route, still receive 2 hours of supervision every week. Right?

Dr. Amy Parks:

Mhmm.

Dr. Tara Sanderson:

So that because that's what they would do anywhere else. My professional counselor associates or my MFT associates, those folks, receive depending on how many hours of clinical work they have done. So they get 2 hours of clinical work for every 45 hours. I mean, sorry, 2 hours of supervision for every 45 hours of clinical work they do in a month. So if they only do 40 hours a month, they only get 2 supervision hours that month.

Dr. Amy Parks:

Oh, well, that's not

Dr. Tara Sanderson:

very much. More than if they do more than 46, they get 3. Uh-huh. Okay. Here's my psych resident doing 40 hour weeks is getting 2 hours a a week, so 8 hours a month. But my LPC associate is getting 3.

Dr. Amy Parks:

3. Right. Yeah. Yeah.

Dr. Tara Sanderson:

Total. Like, that's all they need in order to do that.

Dr. Amy Parks:

Interesting. Which

Dr. Tara Sanderson:

and they can and both of them can run their own business, do stuff independently ish, right, but just have to show notes maybe to a supervisor. And there's even some wobble inside of our community around whether or not you have to read all of their notes as a supervisor.

Dr. Amy Parks:

So, you know, we're never gonna regulate the the business aspect of it, but I am still going to continue my presidential campaign for regulating, to some extent, the supervisor part of it because reviewing notes on the regular is critical. You know, frequency of meetings is critical. You know, that kind of cadence of meetings, those kinds of things are critical. And, you know, okay. So fine. You can run a business. Are you making sure that everyone knows that you are still precicensed? Does everyone know you know, like, I know that there's probably regulations around that. But do supervisors monitor that? Are supervisors even getting any feedback from you know, are they getting seeing clinical outcomes? Are they they getting any feedback from clients? I don't know.

Dr. Amy Parks:

But I just feel like that still needs to be carefully, you know, attended to.

Dr. Tara Sanderson:

On that aspect of, like, in order to do supervision well, the outcomes that we're looking for of good clinicians going into this field includes things like frequency of supervision, that you're reading their notes and giving feedback on them, that you're being able to see them do the work in some fashion. Right. That's not just client report. Right. That we are

absolutely being able to see some of those pieces that we are

Dr. Amy Parks:

reporting or live in live sessions or you're sitting in. Absolutely. And I can imagine a lot of people don't bother with that. You know, I mean, I'm not trying to put I'm not trying to throw any supervisor under the bus, but I do know that it's a busy job. And so if you don't have to, some people don't do it. And so one of the things that I'm hearing you say is if we can find when we find the research and pull the research that you've been working on and others that says the this is how great supervision increases efficacy of of outcomes for good great and creating great clinicians. I think we need to be sharing that because that's a really that's a very powerful evidence to support quality supervision. I really I'd love to see that.

Dr. Tara Sanderson:

Yeah. Absolutely. It is it is wildly important that we that we use our great skills in doing this research to pull together the information so that we can make the change we would like to see and not just on a state level. I mean, I would love to see my state rules change as quickly as possible, but really on a on a national level and thinking about it from the perspective of what's in our ethics codes around supervision that we are that we are really embracing this as this is vital to our industry. This is vital to the work that we do even just just as clinicians. When I think about how many people's stories I have to hold in my head on a regular basis, I love having a colleague that I can call and talk to and say, hey. I'm really weighed down by the level of, you know, depression that this client was having, and I'm noticing I'm taking a lot of that in, and I just need to process it for a minute. Mhmm.

Dr. Tara Sanderson:

Because that's a lot of stuff that we can't bring home to our spouses or our partners or our children or our Right. Or our just regular friends. Right?

Dr. Amy Parks:

We And sometimes not even your colleagues. Sometimes it has to be a supervisor, somebody who is at your level or above because they have to have more capacity than you at the moment. You know? Like, there are a lot of things inherent in that kind of thing. You know? I would love to do something that I think would be so fun. I don't even know how to do this, but I think I'm gonna try to do this. I think the people who set the standards I know the people who set the standards for LPCs, but I think supervisors. But I think the people who set the standards for, like, for social workers, for MFTs, and for psychologists, all the people that set the standards for those supervisors, we should all get together. Yeah.

Dr. Amy Parks:

There should be a just a they don't we don't have to have the same standards because there are differences inherent in our philosophies, inherent in our lenses, and our foundational tenants. That's all okay. And we could probably have at least half of our of our, you know, supervision requirements be exactly the same. Yeah. That would

Dr. Tara Sanderson:

be so amazing. Base level that would be so powerful if we were all doing this. Yep. And then we can kind of shoot off in the ways that make the most sense to each of our industries.

Dr. Amy Parks:

I would love that. Alright. I don't know how to figure that out, but that's something

Dr. Tara Sanderson:

else. To do item 46.

Dr. Amy Parks:

Yeah, exactly. 446 is probably more like it.

Dr. Tara Sanderson:

Probably. Oh, yeah. Well, tell us a little bit more about this, the supervision directory where we can find it. Absolutely.

## New things that are coming

Dr. Amy Parks:

up for you. We have a lot of new things coming up. So the clinical supervision directory is about 2 years old now. And, so, again, as I said, it's kind of the tinder of supervision. It's a connection superhighway to connect clinical, supervision seekers in all mental health fields, psychology, men marriage and family therapy, social work and counseling with supervisors from anywhere in the United States. So if you graduate from University of Maryland, but you live in Oregon, when you go home, you can find your supervisor just by putting in the state. But you can also put in another a lot of things, like, a specific language that maybe you speak Spanish or you speak Urdu and you wanna find a supervisor that speaks your native language. They you wanna find somebody that specializes in maternal mental health or maybe one runs their own business, and so you wanna have somebody that has some business acumen and work with them.

Dr. Amy Parks:

So supervisors have a membership. The membership is a paid membership. They can purchase their membership monthly or annually. And the cost of the membership is so low that by the time you've seen your supervisee twice, you've paid for it. So, we're matching. We get about 2,000 supervision seekers a month, looking for supervisors. So we're always looking for supervisors to join the directory. My goal is to have every single supervisor in the entire United States in the directory.

Dr. Amy Parks:

Fantastic. And the more direct the more supervisors we have, the less and less it needs to cost because all I need to do is pay the team, and that's just the purpose. Yeah. But the goal is, you know, really to connect people. So in 2024, we're adding a bunch of new things. We we have a podcast coming out called supervision simplified, which is gonna be I'm really excited. It's gonna be all around, supervision of interns and residents, prelicensed clinicians. And, we're also gonna be doing some interviewing of actually the residents and prelicensed clinicians as well.

Dr. Amy Parks:

So we can talk about some of things from their perspective and then also supervisors in academia and some other things. So I'm really excited about that. And then we're also launching soup of soup, which is the sort of nickname for supervision of supervision. So there'll actually be 24 annual opportunities twice a month. So, 2 times a month for supervisors to log on that are members of the supervision directory for free, part of your membership, to, log on for 75 minutes to meet with other supervisors, talk about things that are going on with you or with your clinician, with your supervisee, whatever, and it's just an opportunity just to connect. We have a Facebook group that we connect with all of our members with, on a pretty frequent basis, so that's really exciting as well. And we offer CEs and supervision and ethics. So those are the only two things that we that we teach on, and, we're always looking for faculty members.

Dr. Amy Parks:

So our faculty members are paid, and they offer courses in everything from burnout to, ethical dilemmas to supervision, decolonizing supervision. So

Dr. Tara Sanderson:

amazing. So many really good things. I can't wait to put links in all of our in all of our stuff to make sure we can connect with you.

Dr. Amy Parks:

And we can't forget, by the way, hello, doctor Sanderson, that you and I are doing an event together in May. Remember? Supervision Saturday, which we can't announce we're not gonna officially announce the date until we actually 1000% sure we have the date. But supervision Saturday is gonna be an amazing opportunity for supervisors to get CEs and to also connect with some of the great supervisors throughout our country that are doing some incredibly cool things.

Dr. Tara Sanderson:

Yes. I am so excited about that. I think we've got some good speakers lined up, and, hopefully, it'll be a really fun event for people to just spend a little time connecting and learning and growing.

Dr. Amy Parks:

Yep. It'll be virtual, by the way, so people don't have to go anywhere. But it would be fun if it was somewhere cool like Greece on a boat.

Dr. Tara Sanderson:

Hey. We are coming full circle

Dr. Amy Parks:

in With a pirate.

Dr. Tara Sanderson:

In. How do we make Greece our next supervision Saturday? I like it. I like it. Well, if everybody comes to the supervision Saturday this time, we'll be able to, like, really put something together for for the There

Dr. Amy Parks:

you go. I'm I'm in it. I'm in it. Thank you

Dr. Tara Sanderson:

so much for all of your time today. I so love having you here. We will definitely invite you back on, and I can't wait to see how how everything grows in this upcoming year. And when you get all your links and stuff together for your new podcast, I'd love to put them on the show notes as well. And I'll make sure everybody has all the access we can have to everything supervision because we need it, and we need to be talking about it like nobody's business. So

Dr. Amy Parks:

That's terrific.

Dr. Tara Sanderson:

All for being here, and we'll see you next time.