Dr. Tara Sanderson:
Hi, everybody, and welcome back. Thanks for being here today. We are going to be talking with Shannon Hears of Catalyst Counseling and Firelight Supervision. You might remember her from a previous episode. Today, we're gonna be talking about risk, how to manage risk as supervisors, how to understand risk, that your supervisees bring to the table, any types of support or care that we can give to ourselves when we go through all that process. And I'm super excited, to talk to Shannon today because I know that anytime we have a conversation, I learn so much. So I'm so glad that you're here with us again today.

Shannon Heers:
Oh, thanks, Tara. That's so kind. I love chatting with you about all things related to supervision. It's so fun. Absolutely. So our

Dr. Tara Sanderson:
is who has the best voice you've ever heard or maybe the most memorable voice you've ever heard?

Shannon Heers:
You know, that's a great question. And because I don't have a very long memory, I'm going to take something that is fully in context of my day today. My daughter's homesick, and she's been wanting to watch the movie Hercules, the Disney movie Hercules, for a very long time. And there is a woman there, Lilius White, that just has a fantastic voice. She does the song 0 to hero for Hercules, and we just play it on repeat. And it is very, it's very distinctive. It's so powerful. And it just really draws me in.

Shannon Heers:
So that is the voice of the day.

Dr. Tara Sanderson:
I love that. I love that. My first voice that came to mind was Morgan Freeman. I feel like his voice is just iconic. If he was narrating my life, I feel like I would just be a happy little camper most of the time. And then the second one that came to mind was The Rock from Moana. Like, I absolutely every time something goes on and I say you're welcome, I absolutely have a little bit of The Rock singing you're welcome in my head. And it's it's just a very memorable, he's got a very memorable voice.

Shannon Heers:
Yes. Yes. Absolutely.

Dr. Tara Sanderson:
It is funny when when care when people become caricatures inside of, like, cartoon movies or Disney movies or things like that. How how much their voice just brings so much meaning and so much, you know, something different to the table.

Shannon Heers:
Yeah. It's kinda beyond the words that they say, which is, you know, what we as therapists and supervisors look for. We look for things other than what just the words people are saying, what's underneath them, you know, what's, what's going on behind the words? What are they not saying? So

Dr. Tara Sanderson:
Yeah. Yeah. This makes our work so much more, so much more of a challenge, I think, as supervisors because, you know, somebody can just be reporting all of this stuff about their clients, but we have to listen to what's beyond that. We have to try and make sure we're understanding the context of things, and all of that can can be a challenge as you're sitting with your supervisee, just trying, you know, just trying to check all the boxes and make sure that the right things are happening, but also, you know, what else is happening in there? I used to talk about it, like, like, in my in my graduate school work. There were some supervisors who were really, really good and some supervisors that I just managed. Like, I would tell them enough information to get me through that supervision hour so I could get back to

doing the thing. Because what else they brought to the table wasn't exactly what I needed, and I didn't really have a choice in a supervisor at the time. So because it was site specific or whatever.

Dr. Tara Sanderson:
So I just kind of, like, manage them to get to my next thing. And when I start noticing that about my supervisees, when they start trying to manage me, that gives me a clue of, like, oh, something else is happening here. But what shall we do about these things?

Shannon Heers:
Yeah. You know, I think that's one of the big challenges to being a supervisor is you're really dependent on what your supervisee is telling you. You don't have to be a 100% dependent on that. As a supervisor, you should be doing other things than just listening to what they're saying and presenting their cases in session. But overall, you know, it is challenging. You're not doing the work yourself. You're not in the room with the clients that they're seeing. You're not seeing their interaction.

Shannon Heers:
So, yes, for sure. It definitely takes takes a level of being being open to managing risk, but also knowing how to manage that appropriately and to do it well so that you're not missing things. They're not hiding things from you whether intentionally or unintentionally.

Dr. Tara Sanderson:
Yeah. Because not everything that our supervisees do in that realm is is intentional. They're not sitting there thinking I'm not going to tell her about these three clients. They might be thinking to themselves, oh, these other clients are really important, and I wanna process through what I'm doing here. But then over time, you realize, wait, I don't even know those clients names. Like, who is that person that you've been seeing for 8 months and never told me about? Excuse me. So, yeah, it may not have been intentional that they that they didn't tell you about them, but they didn't tell you about them. So now we have to kind of wrestle with some of that piece of it.

Dr. Tara Sanderson:
What are some ways that you think are important for either new supervisors or even, supervisors who've been doing this a long time to manage some of that risk of not really being present for all the things that all their supervisees are doing?

Shannon Heers:
I think there's a lot of different things you can do, and one of the first things starts with kind of that initial contact you have with the supervisee. You know, the the initial contract, the paperwork also, the disclosure, the supervision contract, does it delineate when they need to contact you? Does it delineate what an urgent or emergent situation is and how they can reach you and what they should do if they cannot reach you. So I think that's, first of all, setting up the expectations. If you have any risk issues that are considered urgent or emergent that you need to be contacted for consultation on that or supervision on that, I guess, right away. So setting up that expectation, and then if they don't, that becomes an issue in in the supervision relationship. It needs to be followed up on Yeah. For sure.

Dr. Tara Sanderson:
What do you define as the difference between urgent and emergent?

Shannon Heers:
So I would say emergent is, like, something immediate that needs attention in the next hour. So, you know, typically, that would be a danger to selves, danger to others, grave disability type of situation. It could also be a child, abuse reporting issue. Like, that to me is an emergent issue. Urgent, I would say, within 24 hours, you know, that you need to be consulted with as the supervisor.

Dr. Tara Sanderson:
Yeah. I love that. I love that it's based on time more than, like, a checklist of items. Like, although you gave some examples of these things might be emergent things, there are urgent things. I think there are also areas that each supervisor is going to have some different ideas of, right, of, like, what what what is urgent to one might be, emergent to

another, like and and you have some flexibility, but I love keeping that in mind of, like, if I didn't know this for 24 hours, would I be upset about that? Or do I need if I know that within the hour, I'm a am I going to go, I don't need to know about that until after session. Like like, where is that line of when I know I need something versus not? Like for my practice, for, for calling child abuse reporting, my clinicians don't need to let me know before they do that, but they need to let me know immediately after that they have done it. Because they don't need permission to call for child reporting, but they definitely need to tell me that they've done it afterwards so I can catch up on the case. I know it's happening.

Dr. Tara Sanderson:
I would call that very much an urgent thing that you let me know immediately after it has happened, versus if they're thinking about it or if they're researching it or if they're discussing it, that might be something that we're that we're working through together, and we and they can let me know within 24 hours that, you know, they they talk to the client. They figured out these things. They think they wanna call, but they wanna talk it through with me. That could be more of a, we're doing this together little bit less, emergent, especially if it was like one of those cases where the person's above 18 now, but so they're not at risk, and they we don't need to call immediately. But do we need to call still kind of thing where I think that's an area where a lot of supervisors feel very stressed. Right? Like, they like, they're supposed to have this right answer for for when to deal with some of these risks. What are some ways that you kind of help supervisors navigate that question of needing to have all the right answers when it comes to risk questions?

Shannon Heers:
Well, I think we're not always gonna have the right answers, and I think it's okay to say I don't know, but I will consult and get back to you. And I think that is something that a lot of supervisors, like you said, they we feel like we have to know everything and have the answer right then. In retrospect, it's much better to think about it, consult with someone who might know or have more knowledge or experience than you do, and come back with the correct answer or the best answer for that situation. So in those cases, I think having someone at your disposal who you can consult with as a supervisor is is very important, whether it's a colleague, your own supervisor, you know, whoever it is that can provide you that trusted consultation. And then, you know, keeps going up from there. If they don't know the answer, hopefully, they're consulting with someone they trust. You know? So you all you never wanna make risk decisions in isolation. You never wanna be the only person saying yes or no or this is what needs to happen because sometimes we are people.

Shannon Heers:
We're infallible. We're not infallible. I mean, we do make mistakes. And I think it's okay to to normalize that, that you may not know everything. There are so many different types of questions that your supervisees can come in with, and some of them you're like, well, that's obvious. I know the the answer. And others you're like, wow. That's a little bit of a nuance, different that I have ever dealt with before.

Shannon Heers:
So I'm not sure. And I need to think about this for a minute or consult a book or talk to someone about it and then come back with you at that with that information.

Dr. Tara Sanderson:
I really needed you to say that to say that it was okay to ask for help, right, and to have your own people to do that. I think a lot of people when they graduate, when they get their license for the first time, when they especially when they sign on with their super supervisee, they have this big feeling that they're supposed to be fully cooked now like 100% know how to do this. And they can do it. We all know in the back of our minds that, of course, we don't know all of the things, but it's so hard when you're trying to prove yourself or you're trying to, like, show that you're good enough, that you you end up leaning into that and making more mistakes than than is needed. And especially in risk situations, we do need that that other support. And and I think building that building that modeling from day 1 with your supervisees of saying, if I don't know something, I've got people who know things, and they've got people who know things, and we'll find the answer because there is one. There is an answer. We'll find it, but we're gonna do this together.

Dr. Tara Sanderson:
We're gonna we're gonna do this with the support network that we build. And that is why Firelight Supervision does such an amazing job of saying, like, you need to stay connected with supervision or consultation for the life of your

career. Right? That's part of the reason that you built what you're building.

Shannon Heers:
Yeah. It really is a continuum. You know, once most of our licensing boards say that once you're in the period between when you graduate and you're fully independently licensed, you have to have supervision. So I think all of us in the field kind of really understand that, and we know the reasons why. But what happens is when the state says or your state says you are independently licensed, You can practice on your own, and there's nothing in the requirements to maintain that license for you to get ongoing consultation. We often think it's okay to practice without that consultation, but then you get into sticky risk situations where maybe you have to make a call and you're really not sure because you've never dealt with that before, or you're not sure because it's a new client or you're not sure because you're in a new city and you don't know the resources quite as well. Or you're not sure because you only practice virtually and you don't know what places offer in person support for crisis. So there are so many factors that can go into not knowing, and that I think is where the biggest risk happens is when you're practicing and you're not offering that second layer, getting that second layer of support.

Shannon Heers:
And that is what Firelight Supervision does is we offer supervision throughout the lifetime of your career as a therapist. 1st as a supervisee, then once you're fully licensed and you're continuing to develop your niche, your theoretical orientation, who you like to work with, really finding your way as a therapist or counselor. So we provide that extra support, not just that clinical support, but that community that you can get support in a group setting if you want, in an individual setting if you want, with other people who are at different stages of their professional development and career. And then once you if and once you decide you wanna become a supervisor, then we can help support you in your development as a supervisor also because it really is a continuum. You can't just provide clinical supervision for one stage in your career as a therapist.

Dr. Tara Sanderson:
Absolutely. And I when we're thinking about what are the ways we can care for ourselves when people are, going when our supervisees are going through some sort of risk or some sort of challenging situation, that is, to me, care point number 1. Have a group of people who you consult with regularly, who can offer you that kind of level of support. Because if you you know, there's no amount of massages or bubble baths that's going to make the feeling of that stress of your supervisee's stressful situation go away. But being able to reach out and get some good collaborative support can help tremendously to make sure that you're on the right track, that you're guiding them on the right track, and that we're caring ultimately for our clients' well-being.

Shannon Heers:
Yeah. It's really gonna help build confidence too in your abilities because you're you might even be thinking, you know, I think this is the right answer, but I'm not sure. And then someone comes in and is like, yeah, you're on the right track here, but you need to think about this. You're like, okay, that's pushing yourself. You're learning. You're going a step beyond of what you you knew yesterday. And that's a good feeling, especially for us, therapists who love to learn and continue to grow and develop both personally and professionally. So I think developing that confidence is a is kind of a side effect of getting that ongoing consultation.

Shannon Heers:
You're gonna feel less isolated. You're not gonna be making risk decisions independently, which is gonna lower your liability, absolutely, and for sure, if you're getting consultation. And you're gonna help work on some of that confidence, and and I would also say imposter syndrome. You know, a lot of therapists and supervisors when you first start something, you know, you might have imposter syndrome. You know, this is funny. Probably about 4 months ago or so, I was sitting in a counseling session, and I think it was a fairly new client. And the client was telling me their story, and I was like, oh my gosh. You should see someone for that.

Shannon Heers:
And I was like, oh, I am the person that they are seeing for this. I've been in the field for 25 years. You know? And so I was like, okay, Shannon, like, get it together. You can do this. Uh-huh. But, you know, even then, like, imposter syndrome just kind of pops up every, you know, every now and then for us. So, so definitely getting that support. So

you're not feeling like that on a regular basis.

Shannon Heers:
Yeah. I don't I don't feel like that all the time, but it does pop up every now and then.

Dr. Tara Sanderson:
Yeah. Or when it does pop up, you do have place that you can go and be like, this happened again, and here I am. And I had to remind myself of this, and I wanna be in a group of people where we all go, we got you. Like, that happens to all of us. I love it when my supervisors ask me, like, okay. On the trajectory of, you know, now when I'm a student or now when I'm a, associate, when do I stop feeling imposter syndrome? And I go, I don't know. Tell me when you get there. Because it's so real.

Dr. Tara Sanderson:
We all have those moments, whether it's because we're not fully versed in a diagnostic area that that the client needs or the type of, you know, theoretical orientation that they need. Or it's just one of those days where your confidence is at a lower point, and you're sitting with them looking across the way going, gosh. You should get some help with that. Lolita, yeah. That's me. I'm giving you the help for that. K? Let me just put on my different hat here, and I will join you where we're at. Right?

Shannon Heers:
Yeah.

Dr. Tara Sanderson:
You can make sure we all Just a

Shannon Heers:
clinical supervisor who knows you well or who has developed you've developed that relationship with can really help pick out some of those themes. Like, I noticed you had this 3 months ago with a similar presenting issue with the client, and I'm wondering what is that let's dig into this. What does this mean? And that's what good clinical supervision is about. It's not just case consultation. It's looking at the themes over time. It's developing, kind of this knowledge of the person that you're supervising and say, this clinical supervisor. Yeah. Have a strong relationship with your clinical supervisor.

Shannon Heers:
Yeah. I love that. And I think that that yeah. Coming back to how do we

Dr. Tara Sanderson:
take care of ourselves, having a strong relationship with somebody that can call you out on those pieces, who can help notice those patterns or those cyclical behaviors that kind of come up and and bring those to light so you can address what you need to address in therapy. You can address what you need to address in your policies and procedures. Maybe there's some sort of a hole in what you're doing on that side of it or or what have you. Even as a licensed person, we've always got some places that we can shore stuff up and make things better for ourselves and for our clients, to just make sure we're kind of on on the right track.

Shannon Heers:
Yeah. I think that's oh, sorry. Go ahead. You're good. I was just gonna say, I think that's one of the things as supervisors that's our that's our responsibility to model to our supervisees or our consultees, whoever you're working with, is how to take care of yourself, because we've had talks before about burnout, and it's just so prevalent in our field. Like, if we're not working with therapists at the start of their career or even mid career about how they're gonna manage their burnout, they're gonna get burnt out. You know? So that's how we as supervisors can model to the people we work with. This is what I'm doing to take care of myself.

Shannon Heers:
And part of taking care of myself is getting ongoing clinical support, like, literally for the rest of my life because

because that makes me feel connected. It makes me feel like I'm not, the answers aren't all up to me. Yeah. And and that I'm part of a bigger a bigger thing, a bigger field. That that's what connects me even more to the counseling field.

Dr. Tara Sanderson:
Yeah. I love it when people that I'm working with or as I'm working with people when we reference, oh, yeah. My therapist the other day was telling me about this or my con the lady I consult with for supervision stuff was telling me about this the other day. And we're referencing those people in our lives as a way to model like, I'm I'm still in the thick of all of this too. Like, I'm learning from my therapist. I'm learning from my consultant. I'm learning from other group practice owners. I'm learning from all sorts of people in the field, and I'm referencing what I'm learning to teach them.

Dr. Tara Sanderson:
Like, this is normal. Have a group of people who are inputting into your life the good stuff so that you can be using that good stuff across the board of what you

Shannon Heers:
do. Mhmm. Yeah. For sure. And I think that really applies to risk, which is what we're talking about today. Because as you know, as a supervisor if you're working with supervisees who aren't fully licensed yet, they're basically practicing under your license. 100% of what they do. And that can be really heavy.

Shannon Heers:
It can be really heavy. So you wanna be very confident and know that you are doing everything that you can to help them manage risk with their clients. Kind kind of a hand mouth full there.

Dr. Tara Sanderson:
Yeah. Absolutely.

Shannon Heers:
But, you know, as a supervisor, you wanna make sure that you are familiar with your supervisee's cases, but not just that. Are you reviewing their assessments? Are they are they documenting and assessing and, asking the right questions for risk factors? And then not only that, but are you doing some sort of live, either live or recorded supervision with them so that you're watching what they're doing in sessions so that what they're telling you in supervision session and what you're you know, obviously an issue. Yeah. We want to trust our supervisees, but at the same time, sometimes they don't know what to tell us, and they don't know what information we need. Maybe they're missing one piece of a puzzle and that one piece would be something that would raise a red flag in my mind.

Dr. Tara Sanderson:
Absolutely.

Shannon Heers:
Yeah. As a supervisor. So I think that working with your supervisees on the how they provide you the information, but also being on top of things. You can't watch all of their sessions all the time. Like, that's just not doable, but are you doing it enough that you're getting an idea of what they're doing and they know what is important for them to tell you?

Dr. Tara Sanderson:
Yeah. Absolutely. I love that. Like, in addition to maybe what you write in your supervision form of the notes that you're taking in supervision, giving them a framework of what other things might be out there that we may not know about so that we can grab those and bring them in. And doing that through watching some videos so that you see some of that live interaction of pieces that you may not recognize or notice. Or maybe it's just asking some more questions or asking them to present more formally, in in some sort of a process to just hear it from a different perspective instead of the week to week, this is what we did kind of feel. It might be important to say, okay. I'm gonna have you fill out this this, sheet for a case presentation, and I want you to give it to me more formally and give me all of their demographics and give me all of their history, and do these pieces just so we can kind of see what else is in there that maybe we haven't been attending to.

Dr. Tara Sanderson:
Because there are so many times, I'm I'm sure you have this in your own clinical practice, where where we forget a really key component, like, maybe it was a death of a family member or maybe it was something, and and we're trying to figure out why are you so depressed around this season? What is going on? And the client's like, I don't know. I don't know. And we look back in the notes. We're like, oh, there it is. No wonder your body is responding to something here that we could have just misdiagnosed or misworked, but we need to spend some time remembering this thing or grieving in this way or whatever it is. So just yeah. Some of those pieces I think are are really important. And I think even speaking to that documentation piece, teaching our supervisees to do their own documentation inside of supervision as they would need to do continually in getting consultation is a really important part of the the practice of what we teach them.

Dr. Tara Sanderson:
Because one of the big factors of decreasing our our liability and our risk by getting consultation is having proof that you got that consultation. Right? And that burden of proof is on you.

Shannon Heers:
Yes. It is. For sure. You know, I want to jump back to, to when you were talking about the formal case presentation too, because I also find that incredibly helpful when you're managing risk because literally they just they have to say everything about the client. They can't miss what are the medical issues. You know, they can't miss big sections like that. But I get a lot of, pushback on on doing formal case presentations. Therapists do not like doing those or at least the people that I work with.

Shannon Heers:
And so they push back on it, and they'll be like, well, I'll just do it from memory and, you know, this, this, this, and this, and I just end up with more questions. And so I really do ask people to come prepared. Like, I know this may not be for you, but this is what I need as your supervisor. Mhmm. I need the context. Part or I forgot about that part. So it does end up being very valuable, but it can also look as, oh my gosh. It's homework.

Shannon Heers:
I have to prepare for supervision.

Dr. Tara Sanderson:
More thing.

Shannon Heers:
One more thing that they don't like doing. But I will say it makes me feel a lot better managing risk, having that information, so that is more important to me.

Dr. Tara Sanderson:
Mhmm. Mhmm. Well, even kind of pairing with the idea of having them take notes on their own process and and getting that consultation piece, the element of having them tape some of their supervision or tape some of their, sessions to to do. A lot of people that I run into really, like, after school is done, they're like, yay, I never have to tape again. And what I encourage other supervisors to do and other practices to do is to say, let's make it just a company culture. Let's just make it a culture that you live in. But but, yes, we go ahead and tape, even if it's 1 client a quarter, that you tape some so that you get feedback on some of the things. And then and then to encourage that, I recommend that all the supervisors tape some of their sessions and show them in those meetings as well, and that they get feedback from the people that they are working with.

Dr. Tara Sanderson:
Because doing that models what we're what we're asking them to do. We're not above that. We don't stop that process ourselves. But, also, I think it's such a teaching element for them to see some of those things live. One of the questions I get from my supervisees all the time is because I make them ask risk questions at the beginning of every session, tell health or in person, and those risk questions include, you know, have you had any thoughts of suicide? Are you are you having any risk factors at home? Like, are you safe at home kind of questions. And, the first question that they always

come out with is like, okay. So we have to do this every time. How do you do that on session number 134 when they've heard those same 4 questions 133 times? Like, at what point do you not have to ask those anymore? And I said, well, at what point do you think that they're no longer at risk? In my opinion, they're always at risk.

Dr. Tara Sanderson:
I have had 2 clients who've completed suicide in my lifetime already. I am only 43 years old, and I would like to be in this industry for a long time. I don't want any more. I would like to be done now, which means I gotta ask that question because we're the only place. These therapy offices are the only place where people are getting asked that question. Right? One of my one of my most, like, memorable stories, I was working with a couple of, male clients. And I had gone to my gynecological visit. And my doctor asked me if I was feeling safe at home.

Dr. Tara Sanderson:
And I was like, thank you so much for asking. And, you know, and I chatted with her. And then I looked at her and I said, I wonder how many times guys get asked that question. And she said, I don't know. I really only work with a lot of women. And I said, true. So I went back to those sessions and I asked those couple of guys, and both of them had had some sort of relational violence in their homes. And they looked at me and said, no one has ever asked me that before.

Dr. Tara Sanderson:
Everybody just assumes that a man's the perpetrator. And I just, like, weeped about how sad it is. And I thought, well, that's dumb. We can ask that question. We're in this office with you every week. We can ask. And even if people don't tell us, we should be asking and making sure that everybody's safe and that everybody can get the help that they need in whatever way. So demonstrating that for them, some of the sessions that I love taping for my clients is a brand new client session or my for my supervisees.

Dr. Tara Sanderson:
The brand new client session where they see me ask it for the first time, and then work showing one where I've worked with them for 6, 8, 10 months, whatever, where I ask it again, and they can see what it looks like. Because sometimes I do adjust my language a little bit. Sometimes I've had clients who walk in and they're like, no to all the questions. And they go sit down, right, because they've been here, done that. And so for some people, it's not part of their history at all. Like, they haven't had any suicidality in their whole life. That's not part of their issue for coming in. And they and, you know, the worry is, well, am I gonna just is it gonna make it awkward or whatever? So being able to demonstrate by me showing my videos shows like, no, it doesn't have to be awkward.

Dr. Tara Sanderson:
As long as you give a good explanation, you talk to them about the reason. Like, this is just how it works to come into my practice, even if no one ever has asked you this before. Right?

Shannon Heers:
Yeah. And I think those videotapes that you're providing to your supervisees of yourself doing that work can be really powerful because they're not only see using it to to see how you ask the questions, but they're they're looking at your comfort level. They're they're looking at how you're interacting with the client. You're look they're looking at how you're listening. They're looking at your nonverbal skills. All this stuff that just comes so naturally to you and to us, you know, having been in the field and done this work for so many years, but they're still learning. They're still thinking so hard about trying to incorporate that and be natural. So, yeah, I definitely think the video can go both ways.

Dr. Tara Sanderson:
Mhmm. And I feel like that also helps me have more, have not more, have less stress about what what it is that they are assuming happens in the therapy room. Because I do feel like our industry does make this little secret spot that nobody's supposed to know what happens in here. We, like, create this this culture of secrecy around it, which is good. We should have a lot of control over that space. But but also, like, it's hard to learn when you don't know what's happening inside that little secret box. So when we give ourselves some room to to to show them things that happen inside of that box, of course, with the appropriate authorization from our clients, all of that good stuff. But when we do show them that, I think it it relieves some of the pressure from me of having to feel like, I don't know if they know what they're supposed to be doing.

Dr. Tara Sanderson:
I don't know that they know all the things. I can say, well, I've shown them all the things. I've demonstrated the things. They have access to these videos to go back and relearn some pieces or figure out some stuff. So I I feel more relief that I don't have to I don't have to stress as much about, about that

Shannon Heers:
worry. Mhmm. For sure. And I think it also shows us, or shows our supervisees that we're, you know, we're still learning, like you said. I think you I think you pointed that out. Now if we make a mistake, you know, one of the things that I like all our kind of newer therapists as well as our interns to do is to, watch video or sit in, live if possible or or virtually if possible on, everyone's intakes because everyone does their initial session so differently. We cover all the same topics, but we just run them all so differently.

Dr. Tara Sanderson:
Yeah. Yeah.

Shannon Heers:
And it just gives so many people an ID or it gives the interns and the supervisees an idea of everyone's different style. And there's no one way to do this. And maybe you liked the way that I did some of this and you didn't like the way I did the other parts of it, that's fine. It works for me. You know, I I've been doing it long enough that I know it works for me. I know the information I need, and I know how to get it. But someone else's style might be very different. So it really helps really helps them develop their style also because I think that that's really important.

Dr. Tara Sanderson:
Yeah. I love that idea for people who've got a big enough team to be able to have multiple, visuals, multiple opportunities to to see how other people do stuff, can make such a huge difference in the in the growth of the supervisee to be able to feel like, okay, this person does it this way, this person does it this way, but they both came to the same conclusion at the end. They both did their informed consent. They both did that whole process. Now I get an opportunity to play with that stuff and figure out as long as I hit the markers of all the things I'm supposed to do. What's my most authentic way to be in that space with this client? How can I do this my way and meet the mark of of what we're trying to go for here?

Shannon Heers:
Mhmm. Absolutely. And it helps them, again, taking this back to risk, it really helps them see how you ask those tough questions. You know? And telling your supervisee, you know, here's how here's what you need to ask is very different than than how they do it. You know, they have to figure out the hows. But sometimes if if they're really awkward or they're not comfortable with some things, or they're not comfortable with their decision making, it's gonna come off as really, not confident. Yeah. When you're asking those tough questions, You know? And so modeling a way that you can ask those tough questions from a very caring and compassionate viewpoint, but also, you know, being like, I'm really comfortable saying I'm really comfortable with risk.

Shannon Heers:
I am really comfortable if you are honest with me and I'll tell you at what point I'm not gonna overreact. I will tell you at what point we need to get outside intervention. If you just tell me you're having suicidal thoughts, I'm not gonna automatically call the ambulance.

Dr. Tara Sanderson:
You know,

Shannon Heers:
I'm going to talk with you about what that looks like. I'm going to ask you a ton of questions. We're going to go through this together. And if in the end I do decide we need to call the ambulance, you'll know why.

Dr. Tara Sanderson:

Yep.

Shannon Heers:
It will be very clear to you that that is kind of the only answer at this point. So, yeah. So I think having that confidence in yourself, being able to assess risk and coming at it from a a perspective that is very not overbearing, but very caring and modeling that for your your supervisees or people who are newer in the field can be really, really powerful.

Dr. Tara Sanderson:
Yeah. On a really practical level, my, my practice is built all around Google. We have the BAA, and we keep everything within the circle, which are really hard to, like, make sure that everybody's stuff is well cared for and really protected. But I think about from that training perspective, we have a couple of shared drives inside of our Google that contain, like, these are our our supervision training videos, or these are our training videos on risk questions or those types of things. Do you have any tools that you recommend for people to make sure that their supervisees have access to those training things when they need that?

Shannon Heers:
That is a great question. I think it just depends on how your practice is set up, because a lot of people will supervise people outside of their practice. So one of the main I I would actually come at it from a little bit of a different perspective. I would ask the supervisee what's your training and experience in risk risk assessment. And if you don't have any, here's some recommended trainings you can go get. But I wanna make sure that they have some sort of a context Because if you're practicing in well, anywhere, but in private practice, especially, you don't have that that team around you. You don't have that safety net. So you really wanna be make sure that they can handle anything that walks through the door.

Shannon Heers:
Yeah. And so that's one of my first questions that I work with people on.

Dr. Tara Sanderson:
Yeah. In, in a training class I took for supervision, one of the big components that they had talked about in your supervision contract was putting in there, like, these are the expectations of trainings that you'll attend or articles that you'll read or things that you'll do, as part of our experience within the first, like, 6 months or something usually. And, and and they were recommending, like, of course, address whatever you want in there too. But things like, you know, how to do a suicide assessment should be in there. How to do, access to lethal means should be in there. You know, risk factors according you know, with mandatory reporting or whatever should be in there. And finding some good trainings to say, especially if they're outside of your practice. Right? They're outside of your whatever agency you're working for, and they're maybe doing their own independent practice of putting that in your contract that says within the 1st 6 months, like, you have to do these things as a part of our arrangement to keep working together because they are vital to you being successful as a practitioner.

Shannon Heers:
I love that. I love that idea. I think it's a great idea. I don't do that, but I might start doing it now.

Dr. Tara Sanderson:
Pro tip for everyone out there. Add that to your contract.

Shannon Heers:
Well, you know, we're just talking about covering covering your risk, covering your liability as a supervisor. And the more that you can do up front and the more you can say, you know, this is what we're gonna work on together, then the more confident you're gonna feel in your supervisee and that you can provide that, for them.

Dr. Tara Sanderson:
Yeah. In mine, the other one that I I add in is that I want them to report every 3 months on what they're doing for cultural competencies, Because I do think that that is an area that we can never actually be competent in, but we should be striving towards learning and growing all the time. And I include things in there, like, like looking at the deaf or hard

of hearing community, visually impaired communities, differently abled communities, as well as the the ethnic or culture based systems. Because I think we focus a lot sometimes on, like, well, are you doing enough learning about the LGBTQ community or or whatever? And some of those other ones get left behind sometimes. As I was dealing with bronchitis recently, and I couldn't talk sometimes I kept thinking to myself, maybe I really should, like dive in and learn some sign language like this. If I'm not gonna be able to talk, I feel like my whole job is communicating. I might need to learn a different way. Like, this is not gonna work forever.

Dr. Tara Sanderson:
Luckily, I do have my voice back. I'm very grateful. But that has spurred me to think more about like, what what is out there for the deaf and hard of hearing community. And I think that encouraging our supervisees to think of all of the people who are just not like us, right? Like each individual

Shannon Heers:
person who's outside of your own personal experience, and

Dr. Tara Sanderson:
learning more and more about them, outside of your own personal experience, and learning more and more about them over the course of every quarter. Like that keeps us up on our learning and growing and and benefiting.

Shannon Heers:
Yeah. And I think that's a great, responsibility that we also have, yeah, as supervisors to continue to keep up on that learning ourselves also. Because if we're asking anyone else to do it, we, of course, have to walk in their shoes first.

Dr. Tara Sanderson:
Absolutely. Absolutely. Absolutely. Well, thank you for this, like, engaging conversation about risk and liabilities. Is there anything you would like to plug today as we get ready to wrap up?

Shannon Heers:
Well, if you are a solo practitioner and you are practicing without a community or a supervisor, check us out at firelightsupervision.com. We just launched a membership community for people who are fully and are seeking clinical consultation within a community, and we offer lots of different things throughout our 3 different tiers of of opportunities to to join, but primarily connection with other therapists, access to a clinical supervisor or clinical consultant once you need it or anytime you need it, as well as we we do offer monthly clinical trainings on some of the topics that you talked about, which is great. So there's a there's a lot of stuff that we offer in our membership community, but most of it is is feeling like you're a part that you're not working alone, that you're part of, of a team again.

Dr. Tara Sanderson:
Yeah. I love that. I think, I think that as people continue to assess for themselves, how much risk they're willing to take on, how they navigate supervision with other folks, or whether they just need a community themselves, that you guys are providing such an amazing service and amazing opportunity to connect with other folks and and build that network, not that network of support that keeps us keeps us safe. I love it.

Shannon Heers:
Yeah. So thank you so much for having me on Tara. I love the podcast and I love all the different topics that you're talking about. It's just so informative.

Dr. Tara Sanderson:
Yay. I'm so glad. Well, thank you for being here and making it even better. Alright, everybody. We'll see you next time.