

Dr. Tara Sanderson:

Hi, everybody, and welcome back to supervision smorgasbord. Today, we are gonna be talking with Jennifer Kennett, and she is a, licensed mental health, therapist in Washington. Jennifer is a counselor, educator, a supervisor and a successful private practice owner, of Eastside Couples Therapy, since 2013. She has over 25 years experience as a therapist, and she she views the therapeutic relationship as central to effective change. She's been forging a reputation as a compassionate, caring, and collaborative counselor, throughout her career, helping clients achieve the connections and growth and change that they crave. In 2021, She began the counselor education and supervision doctoral program at Antioch University in Seattle, which I cannot wait to talk more about. And, she offers clinical supervision and consultation through her practice. She also has her MBA and coaches mental health professionals to grow their ideal private practice.

Dr. Tara Sanderson:

As an educator, she views learning as an intellectual playground, and she believes that learning starts from a place of curiosity. She wants learners to feel encouraged to explore ideas by engaging their prior knowledge, their lived intellectual and emotional experiences. I could not say that better. One of the values in my practice is learning and teaching, because I feel like we all have to be growing and learning all the time. And so I am so grateful that you are here, Jennifer, and that We have a a common core value just to start with. So welcome. Welcome. Welcome.

Jennifer Kennett:

Thank you. I've been, saying to People that I'm in grade 39 right now.

Dr. Tara Sanderson:

Yes. The little nerd in me, I do a lot of, like, Dungeons and Dragons and video game stuff. I always tell People I'm at I'm at level 43. Like, that's that's where I am in my world. Just I'm keep leveling up and just continuing to grow and grow, so I dig it. Yeah. As we get started, I always ask a random question of my folks. And today's random question is, if you could afford something amazing as a gift or Experience for your best friend, what would it be?

Jennifer Kennett:

Well, I think the there's I I have 2 answers because one is not Something I actually have control over, which is I would give her peace of mind. She's had a cup tough couple of years, and I would love to see her just Feeling better. On on the more practical side, I would give her a around the world, travel tour. Just, like, 6 months of going wherever she wants to go and experiencing whatever she wants to experience.

Dr. Tara Sanderson:

Oh, that sounds amazing. My dad is, thinking about doing one of the around the world cruises where it stops in, like, a 144 ports or something ridiculous over the course of a year. I feel like that would be right up that alley of, like, let's just go Explore all the things. Exactly. Oh, how wonderful. How wonderful. Well, today, we are gonna talking about working with associate level clinicians, and you are based up in Washington where it's where it's legal to practice as an associate, running their own private practice. So there are some different complexities that happen when it's not an internal person that you are supervising where it's a person outside of your practice that you're supervising and doing their job.

Dr. Tara Sanderson:

Oregon allows that as well, and I know that there are several other states Du. So I know that there are folks out there who this may not apply to or it may, but please listen anyway because some of those, Weird intricacies may apply to you anyway. So tell me a little bit about what it's like in Washington, where the rules are set right now, and and let's just dig in. So, Washington has, you know, an

Jennifer Kennett:

interesting landscape, I suppose. The the licensed mental health counselor is one designation. And social workers and MFTs can also Get an LMHC, but we can't get any the other, designation. So I can't be an LMFT and an LMHC because I don't have enough Training for that Mhmm. According to them. And so that's it creates an interesting dichotomy. I think that the LMHC has become a bit of a A catchall. And, we have some very concerning developments happening.

Jennifer Kennett:

We just had a A law passed that is going to allow for bachelor level, clinicians, quote unquote, to do Diagnosis. Oh, interesting. Yeah. This was, this is a Thing that that a couple of legislators really got their their, I you know, excitement behind. They think it's going to solve the mental health, worker prices. I I don't understand how they're going to make this more helpful, but, anyway so so that is it's it's interesting. And we do also have a designation called, agency affiliated counselor. And what I what as I've been delving into that, it really is also Doing exactly what this this new legislation is.

Jennifer Kennett:

An agents affiliated counselor doesn't have a requirement to have a master's. So Right. There's a lot, on the landscape. Yeah. And, so supervision is is, interesting as well because we have, In Washington State, a requirement to do 2 days of training to become an approved supervisor and to have been fully licensed, for 2 years. So not a tremendously difficult thing to overcome, but there's that. And then there's a doctoral a doctorate in Counselor education and supervision. There's nothing in the middle.

Jennifer Kennett:

So there's this very strange dichotomy of of People who who get the basic training, and, again, I assume the vast majority of them are excellent supervisors. But there are people like me who really am excited about getting further education. And when I started looking into what's continuing ed for supervisors and Crickets. So, the doctorate seemed like the a fun thing to do, and I know people I'm insane when I say that, but intellectual playground. I wanted to go back to the playground. Mhmm. And and I I continue to see this as a as a real dichotomy because you've got interns who come out of their practicum having worked with either a doctoral student like myself, or a faculty member supervising them. Yeah.

Jennifer Kennett:

They go into an internship, and they may or may not have a supervisor who's trained because there's no requirement. There's there's an implied requirement, but there's no actual requirement Oh, wow. So it's just it's mind blowing and very frustrating. So one of the things that I'm doing is I've just been elected to the board of the Washington Mental Health Counselors Association.

Dr. Tara Sanderson:

Congratulations.

Jennifer Kennett:

Thank you. I just spoke with our with our president. She's having interviews with all of the incoming board members. And I said, well, I have a Priority. She's like, oh, let me know. And I explained that I'm I really do want to have, Washington to have more of a system Kind of like Oregon. I actually really like what what you guys have done down there. And I'd like to to have those rules reformed in the next year.

Jennifer Kennett:

And she was, like, Absolutely. 100% on

Dr. Tara Sanderson:

board. Yeah. Yeah.

Jennifer Kennett:

It can happen. So I'm excited about that. I think that there's some opportunities to to really make a difference and Build some supports for, associates. Part of what I hear occasionally, not very often, but I do hear it, I hear of situations where A supervisor refuses to sign off on documentation because they were you know, this person was working for them and then moved to a different company. And The the supervisor's like, nope. You said you were gonna be here for the 3000 hours. You're not gonna get, you know, our our sign off. That sort of thing shouldn't happen.

Jennifer Kennett:

Of course. And so I want I want those new therapists to be protected. Oh. Because it just, At this point, there's no recourse. The Department of Health won't do anything. They basically say we're not, you know, we're not responsible for doing any investigation into supervision issues. So yeah. Yeah.

Jennifer Kennett:

The your face says it all. Yeah. That's frustrating.

Dr. Tara Sanderson:

Yeah. I think that there's something really like, I keep thinking of, like, legacy. Right? So, like, what these people are learning about how to be a supervisor from these people who are either supervising them or they're just not getting it to then being passing that on when they are at a place where they are licensed long enough and thinking, oh, I think I'll add this component to my practice to fill out some of my hours, or I'm just interested in it, or I want a different or a better experience for for the next generation. Yep. But they're only teaching from what they know. Right? It's so like parenting where you have you know, you you had your own parents and you decide, I want to do it a different way, so I'm gonna lead in this way. But you only have your own experiences. So I love that your passion is to figure out a way to help new, newly licensed folks or just people who are coming into the field from whatever angle

Jennifer Kennett:

Mhmm.

Dr. Tara Sanderson:

To get that Care and consideration to move themselves forward because that's the only way we we are going to really make our field better.

Jennifer Kennett:

Exactly. And it's interesting because to the the issue of having associates have their own practice. I mean, One of the things that I would say is is true across the board, across the US, is we have a pay equity issue. We are not paid For the kind of training and expertise that we have. It sucks. And so you've got these these new therapists who've graduated often with significant debt, and the expectation and they may have spent a year doing doing an internship where they are not paid. Is that another whole story, but I I Yep. I get off that soapbox.

Jennifer Kennett:

And and they they're now going into roles potentially in community mental health, which are chronically underfunded, and they're being paid a a wage that they cannot live on Mhmm. At a master's level training. And so the alternative is to go into private practice for themselves or work for a group practice. There are fantastic group practices out there, and anyone who is who's uncertain about about going into private practice themselves, I that's my Recommended route.

Dr. Tara Sanderson:

Absolutely.

Jennifer Kennett:

But then there's then there's open your own shop Yeah. And Find your own supervisor. The good news is that they can find a supervisor that is a good fit for them. Mhmm. The bad news is that they don't have the the same level of of oversight and community that, somebody who's working in community mental health or group practice would have. Yeah. And, I mean, it's interesting because the last 3 years have really upended our profession anyways. You know? COVID has been an industry disruptor.

Jennifer Kennett:

And And so the idea of telehealth was not particularly easy to push, you know, pre COVID. Now everybody all the clients that I had were were saying, no. I I just I let's keep doing this. This this works fine. And supervision also went online. So there's this this shift in in how we do it. And I just I guess that the people that I've worked with have been very focused on. I want to have a a practice that will sustain me and it has systems that make sense for me.

Jennifer Kennett:

I don't want to have to do high acuity clients right away. I don't wanna have A caseload of 60 right away. Like, that doesn't feel like a a sustainable piece, and and so I'm glad they have this alternative. And there's risks attached to it as well.

Dr. Tara Sanderson:

Absolutely. Absolutely. I think there yeah. Our field has has been so impacted by the pandemic in in a 1000000 ways.

Jennifer Kennett:

Mhmm.

Dr. Tara Sanderson:

And I love some of the the opportunity to be doing telehealth, to be doing things virtually, to allow for some of those pieces. And it is it has made things complicated, because the level of of risk is great to them as a practitioner when they don't have as much support, as a business owner. I feel like so many things come up just even on on the framework of, you know, not not just of, like, taxes and of business licenses and of renewals and of, you know, figuring out Problems that come up with all sorts of different pieces, but then just on the level of, like, you know, what address do you put on this form if you're doing everything from home. Right? Like, that's a whole another kettle of fish. And if your supervisor doesn't have an MBA or doesn't run their own private This or does you know, however, they may be giving you old information. They may they may not be up on what needs to be done. You know, you have to keep up with all of the if you're working with insurance, insurance mandated pieces, if you're all doing private pay, How do you advertise to do an all, you know, virtual practice? So much has changed. It's it gets really, really complicated.

Dr. Tara Sanderson:

So it is It is one of those pieces where, yeah, you need to you need to be vetting the right people to be doing the right supervision, to be doing the right business support. And it gets complicated when you're out there on your own.

Jennifer Kennett:

Yeah. It's it's I think one of the things that I'm I'm particularly aware of, at this point, is that we have potentially a a cohort, Even a couple of cohorts of counselors who have just graduated having done their entire training online. They may have done their Their practicum and their internship online. Mhmm. And the the barrier to entry for, business is much lower, so they're going to do an online practice.

Dr. Tara Sanderson:

Mhmm.

Jennifer Kennett:

And that's an interesting change.

Dr. Tara Sanderson:

Yeah?

Jennifer Kennett:

Is is it successful? Is it not successful? We don't know yet. We really don't have the research to say is is Somebody getting trained online and doing work online, is that equivalent to the in person experience? And I don't know. Yeah. But I don't wanna make the assumption that it's wrong or that it's right. I just wanna say, let's Let's take keep a a really close eye on it.

Dr. Tara Sanderson:

Yeah. We're still such in the baby stages of the research of what this looks like from a therapeutic standpoint, from a business standpoint model, like, from all sorts of areas. We are we are still at a place of, like, well, I guess we're just gonna keep gathering data and and see see where this goes and what happens.

Jennifer Kennett:

Yeah. So when I think about the the supervisees that I've worked with, they're they have sought me up because I've got

the business coaching side as well. Mhmm. And that I think is just the fact that they know that they need that really is is a taken their favor.

Dr. Tara Sanderson:
Yeah.

Jennifer Kennett:

They're they're aware that they of what they don't know, and they don't wanna do it wrong. I mean, we're, Yes. As a group, we are very risk averse, but I do see counselors who just are like, figure it out. And Yeah. They can, but they also can get themselves into significant financial trouble or for that matter, legal or ethical trouble. So Yeah. Having a supervisor who's who's got that awareness and is keeping up on that that training is going to benefit them. Yeah.

Jennifer Kennett:

A lot of the peep the the the the women that I've worked with are this is their 2nd career, a bit older. I got a couple that are that are younger but have gone and had Some experience out in the the field, and then about halfway through their their associate license period, they're like, you know what? I think I I wanna do the the private practice on the side, see how it goes. And what I've often said to the associates is, No. You can't bill insurance, but you can learn how to do insurance billing or you can learn how to do marketing. Having to do both at the same time isn't fun. Why not put your time and energy into learning how to be an effective marketer so you can get more of those private bank clients? And that that it gives so many people people so much more choice. If you're making a a reasonable income, you can choose to have pro bono sessions, available on your on your practice. But if it's if the idea is, well, I have to make sure that I'm available to everybody, and the only way to do that is to keep my my Rates really low, that's not helping.

Dr. Tara Sanderson:
Yeah.

Jennifer Kennett:

I always make the the analogy that, It's like saying that we're going to stop global warming if everybody personally does recycling without Right. Without the fact There's major corporations that are essentially polluting the system. Right. So we are not responsible as therapists and and particularly new therapists for ensuring that there is access to care. Mhmm. And I and I it's not to say we don't care about it, But Yeah. Subsidizing by by keeping our rates so incredibly low that we can't pay our own bills is a not sustainable system. So I really do encourage my my, supervisees to think about it from a financial Mhmm.

Jennifer Kennett:

And set their rates higher than their I always say, what is the the rate that makes you go, oh god. No. And maybe it's, like, 10 to \$15 less than that. And they're like, Hello. It's about let's build a system that's sustainable for you.

Dr. Tara Sanderson:
Mhmm.

Jennifer Kennett:

And and If it's if you get out there and you're not getting anybody, lowering that amount isn't gonna kill you.

Dr. Tara Sanderson:
Right.

Jennifer Kennett:

It's a whole lot harder to raise your rates once you've set them at a low rate.

Dr. Tara Sanderson:

Yes. That is true. That is true. In, in the course that I teach, I I go through this worksheet that I got from, Hey, Tiffany. I don't know if you've experienced her. I love her work on helping people really address their own personal money story, because I think that that helps so much with that, oh god, I can't charge that rate when when you know, like, where your

own story comes from. But I love the fact that she really comes back down to just it's numbers. It's math.

Dr. Tara Sanderson:

And and the way that I talk to my students about it a lot of the times is, like, we have We have several hats that we have to wear. So we have our clinician hat, which is the one you've been studying for for the last several years and practicing and doing all this work for, and you're very proud of that hat, and you should be. It's a very important hat. But when we're talking about setting your fee, you have to put your boss hat on. Yeah. Because it's not the clinician who is setting the fee. It's the boss. It's the boss of the company who needs to be paying the bills and doing the things.

Dr. Tara Sanderson:

So when you have that hat on, as much as compassion is a huge component of many clinicians, The boss's job is to make sure that the numbers work. Right? Like, that's what risks and numbers and, like, All the stuff that nobody really wants to talk about, but that's the hat you have to wear. And so, yeah, addressing that feeling that comes up of, oh, I don't wanna charge that much Mhmm. It's really important, and do your work on your money story. But at the end of the day, look at your budget. Look at your bills. Decide how many clients you wanna see. Do the math, and then sit with that.

Dr. Tara Sanderson:

And then you could you can make adjustments from there. If I wanna be making such and such a number and I don't wanna see as many clients as it would take to make such and such a number. Yeah. I can do some math on, like, what am I willing to give up in my personal life or, you know, what what things am I willing to do to make this number to make it more reasonable. You can play with the numbers afterwards, but it doesn't have to be all about making sure everybody's needs are met or negating my on or making all the money in the world. Exactly. We're we're really trying to find the right way to be functioning and living sustainably for as long as we can in the industry.

Jennifer Kennett:

Yeah. I mean, I often will say to to my, my new supervisees, You know, what what do you need to make to cover your personal bills? Mhmm. Because whatever your That number is if you're going to do online, you need to to have 25% more to cover all of your costs, probably, You know, 30% more. So you've if you wanna make \$100,000, you need to be making a \$130,000 to cover everything. Mhmm. And if you're gonna be in person, expect that 50% of your your revenue is gonna go straight to overhead. And that kind of Their eyeballs get wide, and they're like, wait. What? Because they've never been a business owner.

Jennifer Kennett:

Yep. And so that's that just a as a very, very basic piece of information is that's often where I know. Is this am I gonna be able to work with this person or not? Yeah. They do a a gulp and go, okay. That makes sense.

Dr. Tara Sanderson:

Yeah.

Jennifer Kennett:

If they argue with me, they're not ready for being to be in business. This

Dr. Tara Sanderson:

is Kate. Yeah. Yeah. Being a business owner is a completely additional job to being a therapist. Yes. When you're writing your own thing.

Jennifer Kennett:

I don't know if you've read, The E Myth. Spoke from

Dr. Tara Sanderson:

a couple of

Jennifer Kennett:

years ago. It's it the e being entrepreneur, not electronic. And I one of the things I love these talks about is The fact that, yes, you you know, when you are working for somebody else, he says you people have an entrepreneurial seizure. They're technicians. They're very good at being technicians. Uh-huh. Uh-huh. They start going, I could run a business being doing this.

Jennifer Kennett:

The problem is that they they give up a boss they may or may not like. And all of a sudden, they're working for the craziest, Micromanaging, insanely frustrating boss that they've ever worked for, and they can't get away from him or her.

Dr. Tara Sanderson:

It's So true. Oh my goodness. I love that. I am gonna put that book in the show notes for people to go check that out. That sounds fantastic.

Jennifer Kennett:

Yeah. And it's I mean, his whole thing is is build a business that is, franchisable. So it makes the system super simple and so that anybody can do them. And then you can you can Shine in the technician areas without having to worry about the the business stuff. Yeah. But that that entrepreneurial seizure, I was like, oh, man. Has he

Dr. Tara Sanderson:

This is surprising.

Jennifer Kennett:

And and working for the worst boss you ever have.

Dr. Tara Sanderson:

Yes. For sure. So yeah. I love that. Oh my gosh. That's fabulous. Yeah. Yeah.

Dr. Tara Sanderson:

And those are those are conversations that I think we need to have with supervisees when they're thinking about running their own practice. Every time I have launched a supervisee, whether they've been part of my practice and then moving out on their own or just starting out moving on their own, one of the first, you know, things I talked to them about is, like, okay. Let's write your manual of how you're going to run your business.

Jennifer Kennett:

Right.

Dr. Tara Sanderson:

Let's put down all the policies and procedures. Let's Look at these pieces. And it's always a thing that they put off until the very end, and they don't want to do it. And I laugh and go, I get you. Like, nobody wants to sit down the write a policy and procedure manual, except for nerds like me who really love writing policy. Good. But I I think that that's that's another one of those This is, like, setting your fee, understanding the money part of your practice is is a is a one whole component, and then writing down how this works even if it's just for you. Because there's something really fantastic.

Dr. Tara Sanderson:

The example I give a lot of times is there's something really fantastic about when a client asks you, But why do I have to pay this cancellation fee? Or why do I have to do this thing? And you can say, well, because that's what's in the policy manual.

Jennifer Kennett:

Yeah. And they look

Dr. Tara Sanderson:

at you and go, okay. And they go on their way. Like, they don't even ask a second question. Now you're the one who wrote the manual, and you're the only one who's in charge of it. So it's really just because I said so, but it sounds so much cooler when you're like, I'm a real company, and I have a policy manual that tells me how to run this job. Right. Because that's because now you're in the employee role. Right? So, like, when the client is asking you this, it's not they're asking you as a person.

Dr. Tara Sanderson:

And they're asking you as an employee of a company. And that company has rules, and you're just following the rules. Right. Right?

Jennifer Kennett:

And the way I get my supervisees to to Start thinking about policies and procedures as I talk about healthy business boundaries.

Dr. Tara Sanderson:

Yes. Okay.

Jennifer Kennett:

What are the boundaries that you wanna set on your business? Yeah. And that they we start talking about, well, I you know, I don't wanna work every evening. Great. That's a healthy business boundary. Right? Like, why should we

Dr. Tara Sanderson:

are this, and now that's the boundary of that business. Good.

Jennifer Kennett:

But I'm like, write it down. And they're like, why? Like, because you need it in your policies manual. And they're like, Oh, so they're not even thinking policies. They're they're thinking, how do I set this up so it works for me? And and so I'm getting them kind of a sneaky way.

Dr. Tara Sanderson:

Yeah. Well and and I love that too of, like, write it down. And the answer to the question is, you know, well, why do I need to write it down? And my first thought was because if you don't write it down, it doesn't exist. Exactly. Same thing that goes with our notes. Same thing that goes with, did this person pay me for my therapy service. If you don't write it down, it doesn't exist yet. So if you want your hours to be, I don't do nights, I I end at 5, If you write that down, now you have something that you can, like, hold to.

Dr. Tara Sanderson:

But if you just think I'm going to be done at 5 and then a client says, yeah, but Can't you do a 7? You might think to yourself, well, I guess I could. I mean, I don't have anything going at 7. Right? And you skip your boundary. Right? You kind of jump right over the fence instead of living that line, which is so important. Yes.

Jennifer Kennett:

Yeah. I think the other thing that that really for me makes a difference with With working with associates, who wanna run their own practice is I really look at Supervision, the way I look at therapy, which is the relationship is the central piece. And, you know, story I like to tell is about one of my early supervisees who came in, and we've been working together for several months. And she said something offhand about Personal life. And I was like, you know, tell me more. And she's like, oh, sorry. That that I know that's not appropriate for this. I'm like, hang on.

Jennifer Kennett:

I want you to bring your whole person to this space. What's going on? And she said, well, my husband and I are thinking about having a baby, and I'm really Freaked out about my practice and what's gonna happen, and and I'm like, great. Let's make a plan. And her eyes went wide. She's like, wait. We can talk about that. I'm like, absolutely, we can talk about that. That is part of you being a good therapist And living a life that is sustainable for you.

Jennifer Kennett:

Yeah. And her response was my last my last supervisor wouldn't you know, didn't wanna hear anything about What was going on for me personally? Yeah. And I just thought, wow. That's an example of of a place where it's not gonna work. A supervisee who feels like they're only allowed to bring this much of themselves, you know, like an inch of themselves to the the the supervisory space Isn't going to trust that they can bring up the dumb thing that they did with their client the last week.

Dr. Tara Sanderson:

Good point.

Jennifer Kennett:

So the reason that it, I think, it works for me to supervise associates who have their own practice is because they trust me, and they will Bring their challenges to me because I'm not going to judge them. My I don't have gatekeeping as the 1st role on my list of It's the last. It's the extraordinary. I assume that this person is competent until they prove otherwise. I'm not it's not to say I push gatekeeping to the side and never think about it, but I think when we treat our supervisees like They're going to do something wrong. We're kind of setting them up to fail. Whereas if I assume most things are fixable, you know, that that But they need to let me know so we can fix it. Great.

Jennifer Kennett:

Then then Absolutely. Then we've got a very different, dynamic.

Dr. Tara Sanderson:

Yeah. I love that. I think that there there is there's an old model in our in our history at in psychology and counseling that says when you come into supervision, you're coming in here to just deal with your clients' stuff. Right. And you need interventions and you need tools and you need approvals and you need those pieces. And And once that's done, get on your way. And I think we are moving into a phase from most of the supervisors I talk Too, we're moving into a phase where we're realizing that's not enough because most of the most of the biggie kind of errors that people are making and the things that they're getting reported for and the things that they're getting investigated for aren't because of the in the room client stuff. They're they're because of life circumstances outside of the room kinda infiltrating because they don't have a space to talk about it or they're not taking care to have a space to talk about it outside, in in whatever capacity.

Dr. Tara Sanderson:

So having supervisors who say things like, you know yeah. Of course. Talking about how you are thinking about having a baby and how that's gonna impact your business, how that's gonna impact your marriage, how that's gonna impact you as a person

Jennifer Kennett:

Yeah.

Dr. Tara Sanderson:

Is really important for us to talk about because you are Doing something you're making this this really important choice and and that does impact all those things. So it is part of your whole person. It's part of your professional self. It's part of your all the pieces that matter here. So, yeah, let's talk about how we can make sure that you've got the supports that you need, that we've made plans for the things that that that impact the work that we're doing Exactly. And that you've that you're gonna be taken care of. Because then when something else happens, she can say, so it was safe enough for me to talk about my baby. So it's probably safe enough for me to talk about This client is is super attracted to me, and I don't know what to do.

Dr. Tara Sanderson:

Exactly. Safe to come in and talk about that.

Jennifer Kennett:

Yeah. I also think that we're you know, we Our in parallel process with our, you know, our supervisees. The relationship that we build with them is a model for the kind of relationship that they can build with their clients. And if we come in

from a place of judgment or a place of constant oversight And and truncation of who they are, that's gonna show up in their their counseling room, and that's not good for the client. So It's really, really important that we build healthy relationships. One of the fun things that I've been doing in the last 2 years in my doctorate is Obviously, really, you spend time talking about supervision and learning about supervisory models. And while it sounds So arrogant to say, I've created my own. I've created a modeling vision that talks about not only the the The process, but, sorry.

Jennifer Kennett:

Not only talks about the things that supervisors need to do, but it talks about the process. And it it shows How integrated our work is to our our our counselor's client work as well. Yeah. And if we're not managing that relationship Effectively, if we're not being, able to, you know, show our counselors, the counselors' supervisees, how to switch roles within a a session, They're not gonna know how to do that. I mean, yes, they've had training, but they're this is in vivo. They're what they're experiencing can turn they can turn around and use next week or the next day, and it has to be good quality.

Dr. Tara Sanderson:

Yeah. So Yeah. That's really powerful. I think, I think I speak to what we're doing as modeling often with our with my supervisees, with with people I'm training, with all sorts of pieces. But I love I love that wording of They're coming into this room and experiencing in Vivo, in this moment, the the things that we want them to replicate outside of this session. And one of the one of the questions I would have for you is is do you do you try and bring that up explicitly with them of, like, hey. The technique I just did was this or this this component, what you're feeling. I want you to to notice this thing because when you're working with so and so that you've told me about blah blah blah.

Dr. Tara Sanderson:

This could be a really good tool. Do you do that explicitly, or are you doing it more implicitly of, like, just having them kind of remember and work through those things.

Jennifer Kennett:

I I'm gonna say yes if you answer both. There were times where When a when a counselor or super supervisee is particularly stuck, I will. I will talk out loud what I'm doing so that they're they're able to see the explicit.

Dr. Tara Sanderson:

Mhmm.

Jennifer Kennett:

This is this is a way to set yourself up for Success. But a lot of the times, it's it's just about being that warm, caring, genuine person who is willing to ask Those exception questions are, I mean, one of the questions that I ask my supervisees all the time is, tell me about a successful client you're working with. If somebody you feel really proud of the work. And, again, I get this sort of odd look the first time I ask it because, clearly, they've never been asked. Yeah. But that's something that they can then go into their their relationship with their client and just say, hey. Tell me something you're proud of this week.

Dr. Tara Sanderson:

Yeah.

Jennifer Kennett:

And invite that into the the room in a way that they might not have had they not had that experience of being asked that very question.

Dr. Tara Sanderson:

For sure.

Jennifer Kennett:

So you probably you you've you've made a good point that I probably can do more explicit than I have. So thank you. Good reminder.

Dr. Tara Sanderson:

Of course. Yeah. I find that I'm I'm also somebody who, like, tries I'm a I'm I'm a very resource oriented supervisor. I wanna give lots of opportunities for them to learn and and train and get tools and and all sorts of pieces. But I have noticed over the past probably since the pandemic, I've noticed that my supervisees, really thrive more. When I look at them and say, would I do whatever it is I'm gonna do, and then I pause and and ask them, like, okay. How much how much did you get of that? Tell me what you what you learned from those pieces. And then I explicitly explained, like, okay. This was the tool that I was using, and this is where it comes from mostly because I just want them to, like, Continue to grow and learn and learn new stuff.

Dr. Tara Sanderson:

But I have I have noticed that in those subsequent sessions, they're coming back and saying, hey. I tried that thing you showed me, and here's how it went with this client or here's where I got stuck and maybe I didn't catch this part or whatever it is that makes it to where I feel like It's that learning model, right, of, like, you learn something and then you kind of absorb, and then if you teach it to somebody else, it goes deeper in your own understanding and then kind of grow from from there. I can't remember what that stair step model is called, but I feel like it's called some staircase is what I've heard. Yeah. I'll take that. That Sounds great. But, like, that that piece of it, I think of, like, hey. Let me show this to you, then let me teach This to you, and then you're gonna go try it, and then you're gonna come back and share it with me.

Dr. Tara Sanderson:

Kind of that explicitness, I feel like, as to especially because so many of them have have limited experiences, whether it's because they've all been in classroom online or all been in Clients online or whatever it is. They're just wanting to soak up more of those training components.

Jennifer Kennett:

Yeah. It's funny. Many years ago, I I taught, drama to little kids, through a program called drama kids. And, one of the the teaching models was I do, we do, you do. So I love that. I would demonstrate. Then as a class, we'd do it together, and then I'd watch them do it. And I it Yeah.

Jennifer Kennett:

It's amazing how much How often I think back to, I do, we do, and I do.

Dr. Tara Sanderson:

I love that. I may I may totally steal that.

Jennifer Kennett:

Absolutely. But it's it I think it it makes sense for people because it is so much how they learned as as small children. They observed. They they often did it with Their parents or their teacher, and then they had a chance to to practice on their own.

Dr. Tara Sanderson:

Yeah. Yeah. I love that. I love that. So in in thinking of kind of this this wrap up of of what we're talking about today and the complexities of working with the supervisees who aren't in your practice, who are running their own gig. What I'm hearing is, like, there's just layers. Right? There's the the typical clinical supervision layer that We need to be doing with all of our supervisees. There's this additional layer of, like, being a business person and running your own practice and and having to navigate all of the setup and put together as well as maintenance of running your own business.

Dr. Tara Sanderson:

And then there's this whole other layer of that experiential nuance of being in the seat, understanding and experiencing the growth that you can make as a supervisee and how that applies to the work with our clients. So it's this very, like, layered, nuanced gig to help people do their own practice.

Jennifer Kennett:

And to me, the the Bedrock Foundation is a good supervisory alliance. No different than than the therapeutic alliance, which is, you know, is the one thing that makes a difference in in therapy. If you feel like your your counselor is the right fit and is compassionate and caring, you're much more likely to change.

Dr. Tara Sanderson:
It's no

Jennifer Kennett:
different for the supervisory alliance. So my job as the supervisor is to track that and make sure My supervisee continues to feel like I am the right fit for them. And I I mean, I will. I'll Check-in with them. How how do you feel like we're doing? Is there anything I could be doing better? I mean, I would love to have a a Feedback informed treatment for supervision.

Dr. Tara Sanderson:
Yes.

Jennifer Kennett:
Same basic thing. Like, every time. Did I get it you know, what did I miss? Did I get it right? Do you feel like we're we're heading in the right direction?

Dr. Tara Sanderson:
Yeah. And I know that there are some feedback forms out there like that. I have found, do have you ever read, Radical Candor? Yes. Kolkander.

Jennifer Kennett:
Yes. Yes.

Dr. Tara Sanderson:
There was a there was a couple of questions from there that I have pulled from my supervisees that I really like of the, like, what's going well, What's not going well? What do you need what are you going to do about what's not going well? And then what do you need me to do about what's not going well? And I love that format to just be really informative of saying, like, you can't say nothing for any of the answers. You have to say something. Something is not going right. There's always something that could be different. And it doesn't mean that it's going wrong bad. It just may be like, oh, yeah. I just didn't like this thing that you said or this way that you said this thing or whatever. And then that follow-up question of, like, and it's your job to do what you need to do about it, and then we can deal with, like, what you need from me to help with that.

Dr. Tara Sanderson:
And there have been times where I've had a supervisee absolutely call me out on missing something really important for for our relationship component, and what they needed from me was an apology. And I was like, thank you for asking. Yes. Let's talk about this situation. Let's dig into this place because these ruptures are not only going to just happen in our space, they're going to happen in you and your client space. And this is a great opportunity for to for me to model for you how to address those ruptures when they come up with our clients. And and I I love that feedback component because it it always asks for that positive part, but it always, again, gives us space for What's going what's going not as great? What would we like to see different? How can we make that different thing happen? And On

Jennifer Kennett:
that line on that, same Vane, I really make it a a a specific intention to let my supervisees know That a rupture alliance that is repaired is stronger than the original alliance. Yeah. And they're like, wait. What? Like, this is the thing is it you know, we're allowed to screw up. It's what we do after that is going to make the difference. And, certainly, there are gonna be clients who decide that we're not the right fit, and that's okay. But to to think, uh-oh. I screwed up, and Now everything's bad, and I can't address it.

Jennifer Kennett:

And I'd like I, you know, become paralyzed. That's because they don't realize that they that what they do is going to make such difference and can actually improve the the clinical relationship. And I see that with me with me as well. Like, my job is if I do something stupid or something you don't like. It's my job to to attend to that. I mean, you need to let me know because I can't know what I don't know. But it is my job as your supervisor to to find a way to to repair that.

Dr. Tara Sanderson:
Yeah. And

Jennifer Kennett:
so yeah. Lots of parallel.

Dr. Tara Sanderson:
The the mark of a success in a relationship with a client They're, like, a successful relationship isn't that you haven't had any ruptures. It's that you have Have them and and addressed them as they have come up, that you've been an active participant in the building and maintaining of a relationship.

Jennifer Kennett:
Exactly. Yeah.

Dr. Tara Sanderson:
Yeah. That's huge. I feel like you and I could probably talk forever, but I think I am gonna wrap us today, and I will definitely invite you back because talking number 1, business is super fun for me and number 2, supervision. So you are like the best of all of my worlds. But thank you so much for being here, and I feel like I've got some great Takeaways for people to think about how they're doing supervision, think about those models, and whether you're doing supervision in a in an agency or group This or with folks that are out on their own. You know, there's some great stuff here. I'll put your contact information in the, show notes so that if people have questions or wanna follow-up with something or just learn about this new model that you're building, they can reach out to you and and have a chat. Is that alright?

Jennifer Kennett:
Sounds great. Yeah.

Dr. Tara Sanderson:
And I

Jennifer Kennett:
I would love to come back when I'm looking for for, People that for my dissertation. So

Dr. Tara Sanderson:
Oh, yes.

Jennifer Kennett:
12 months.

Dr. Tara Sanderson:
I love that. I'm in for sure. Oh, well, thank you so much for your time today, and we'll see you all next time, folks.