

# Podcast Guest (Amy Smitke) (2023-07-31) - Transcript

## Attendees

Dr. Tara Sanderson, Amy Smitke

**Dr. Tara Sanderson:**

Hi, everyone, and welcome back. Thanks for joining us today. Today, we are chatting again with Amy Smitke. You may remember her from episode 107. Amy has been developing some incredible tools for supervision, and I have been recently using them. So I'm super excited to talk today, a little bit about her supervision conversation starters, and a bunch of other things that she's got going on. Welcome back, Amy!

**Amy Smitke:**

Well, thank you for having me. I'm so happy to be here.

**Dr. Tara Sanderson:**

We always get started with kind of random questions. Your random question today is, "What is your favorite comfort food?"

**Amy Smitke:**

Well that's a difficult one because I definitely have- Probably mood wise, probably would vary that, but I would probably have to say cereal, actually.

**Dr. Tara Sanderson:**

Oh, I love that. Like, do you have a specific type of cereal or just any cereal?

**Amy Smitke:**

That is going to be very mood dependent. I usually have a variety of different cereals available. Some would be, I guess, on the more healthy end and some would definitely not be. So it kinda really depends on, like, the mood that I'm in, but, cereal has, like, a- a big place in my heart. And has for most of my life. It got me through college because I'm a super picky eater. I've gotten better as I've gotten older, and so it's just been like one of those things. If I want something sweet, I can get cereal. If I want something lazy, I can get cereal. I'm feeling a good mood, I can just make a bowl of cereal.

**Dr. Tara Sanderson:**

Yes. Yes. I totally hear that. I think mine tends to be like, if I'm needing like, deep comfort, it's mac and cheese. That's like a deep comfort thing. But I feel like when it comes to ease of things, I'm a big fan of popcorn. Like, I just throw it in the microwave for a few minutes. You can eat a bunch of it without feeling like super weighed down. But also it's filling because it's just a bunch of popcorn kernels. But cereal, that's a really good one. I feel like I'm really picky about cereal.

**Amy Smitke:**

What's your favorite cereal?

**Dr. Tara Sanderson:**

You know, Frosted Flakes. It's just that, like, so nostalgic. Mhmm, mhmm. I feel like that's a good one. I had one of those, like, packs from Costco recently that was like the Fruit Loops and Apple Jacks and Frosted Flakes and whatever. I was so dismayed that, like, Fruit Loops and Apple Jacks did not taste the same as what they tasted in my childhood. Like, I did not enjoy eating them as much as I, of course, still loved my fruit- my Frosted Flakes. I feel like those have stood the test of time, and Apple Jacks and Fruit Loops just have not lasted the way the way that I want them to in my memory of what they taste like.

**Amy Smitke:**

Right. We still get Fruit Loops every once while I haven't had Apple Jacks in a very long time. I would say my go to, kind of just more indulgent one, is gonna be either- They wreck your mouth, but, the Captain Crunch, like the Peanut Butter Crunch or the Captain Crunch, not the berries. I don't like the berries. But but it's definitely one of those two.

**Dr. Tara Sanderson:**

Yeah. I love that. There's so much of, like, that little kid in us who just, like, wants to just eat that cereal and, I don't know, it definitely reminds me of Saturday mornings. Of just, like, watching cartoons and- And, yeah, there's something so easy about, like, bowl, cereal, milk, done. That's dinner. 3 minutes, like, no effort. For sure, for sure. Well, Amy, let's talk about those Supervision Conversation Starters to start, and then we'll see where we wander off to in our time. Tell me about how you came to deciding to make that product, what it was that you were kind of envisioning. Just tell me about it.

**Amy Smitke:**

It's so funny, actually. I have to give my husband credit for that. I, I remember us, like, we were

out having a dinner one day and I, I don't know, I was talking about some of the other things that I was doing. And he's like, well, you need to put out, like, flash cards, is what he called them. That, like, other people can use. And I was like, I mean, I guess. I was like, that's- that's gonna take some time to put together because, you know, you have to come up with a lot of content for that, but I was like, that's actually not a terrible idea. But not so much flash cards from like a study perspective, but like- You know, and I think I find myself- One, I come to all these random questions. And I'm like, I don't know the answer to, and I'm gonna have to ask the board or I'm gonna consult with the board. Because they're so kind of random and off the wall. You're never gonna find them in the code of ethics or the laws and the rules. And they don't necessarily they're not black and white, right, in terms of they are okay or they're not okay. And, so I'm like, and I usually take note of those things. Like, these are great questions. You know, whatever. Not knowing what I was gonna do with them, but I would take note of them. And so, and he- he mentioned that. I was like, okay, now I actually gotta sit and think about that. And I think- I don't know about you, but I find that sometimes it really depends on: does case consultation take a lot of group? Is there a content that I'm specifically covering in supervision? Like if there's a, particular, are we just doing, you know, test prep today? Are we talking about a specific ethics thing, whatever it is. But sometimes I find like, I got 5 or 10 minutes at the end of group, like, the end, right, where we don't really have much to talk about or nobody has case at the beginning, and I'm like, you know what? Let's throw something random out there and kinda see how people work with them. And so that's kinda where those came from. And I thought, one I need to be a little general with them because not just social workers are supervising, right? Like, you know, kind of be across the board, but we also don't all work in the same populations. You know, situations. So, when you buy the downloadable ones, in particular, like, you can buy them based on, the whole- The whole gamut, which is over 300 questions, or you can buy smaller packs, which are maybe specific to corrections or school social work or something like that. So if you kind of have a niche that you work with, you can kind of carve them out in that. And then there's general ones. But- but yeah, so I was trying to think of how can I help people fill time or spark discussion. Maybe they're new in particular, or even I don't know? I'm seasoned. I still sometimes I'm like, I have 10 minutes left. It's not enough time to really get into a really detailed conversation about X Y or Z, but these are really great ways to kind of just even sometimes have a brief discussion. So that's kind of where those those came from.

**Dr. Tara Sanderson:**

I love that! And, I'm a bit of an information hoarder. So when I looked at the options, I thought, well, the definite ones that I need are the general ones. And then I looked at your whole other list of all the other types of things that I could do. And I was I'm just buying the whole set. Like, I don't know when these things will come up. They might- Some of these might come up anytime. I might as well just buy them all right now. And that has been really interesting to work with my team on, because even though we may not have some of the clients from each of those perspectives or some of those situations, it has been so engaging for us to have to think about it from a different mindset than what we're in in private practice. Or like putting us- Putting ourselves in, like, a medical setting or in a, corrections kind of setting and thinking about, like,

how would this be different if we were in that setting versus here. So it's really kind of stretched our mind a bit to think about things from a different perspective. Which I think is- is so valuable in our industry. If we get too focused in on only the way that we do things, we start to get a little hardened about, like, that is that must be how it is done instead of going, well, it would look different if you were in corrections. Yeah. How would this look different? And what would we wanna be thinking about? What rules apply in that setting that are different?

**Amy Smitke:**

Yeah. Cause they are vastly different. And I do- I, I've worked in a variety of settings throughout my career, and I think that's been helpful for me to like kind of keep in mind that like, okay, it's not- It is gonna vary to some degree from place to place, but in my- some of the groups that I run, I actually have kind of mixed, you know, I've had someone in hospice, medical social work, school social work, private practice, like all in the same group. And so, it's always very interesting to also hear their experiences and perspectives, which I think really keeps the the engagement in the group and the ability to kind of, like you said, see those things from different perspectives, that sometimes we may get kind of like blinders on, right? Like, you know, for horses wearing blinders, they're only seeing what's in front of them, they aren't really seeing the potential big picture, and that can be really limiting and almost detrimental to us when we think about situations.

**Dr. Tara Sanderson:**

Yeah. And I, I think the other thing that really kind of engaged me in that process too was- I don't know about your evaluations, but for our evaluations, for our supervisees, we have to verify that we have been talking about ethical situations as part of our thing to the board. And there are only so many times you can talk to, to a supervisee about, like, don't have sex with your clients. Like, like that when people think of an ethical scenario, that's like number one that comes up, which rightfully so. Please don't do that. And there are thousands of other ethical conundrums that come up. And so when I when I saw these on your site, I thought, oh my gosh. Someone has finally catalogued at least 300 of these other scenarios that we can start to wrestle with that aren't the the ones that we typically think of, like dual relationship of different pieces. I mean, that's a big one too. I feel like that happens a lot too. But, like, there are just these other nuances and other ways to think about things that are just, I feel like, so valuable. As you have used them in, in your scenarios, what are some of the the maybe the cards or the questions that have come up that you thought like, "Wow. This was super powerful." Or, "This is something that, you know, I wish every supervisor was asking their supervisees."

**Amy Smitke:**

You know, I think I'm trying to think of one specifically, and I'm, of course, drawing a blank because I- I'm having trouble separating some that came up naturally. So, like, for any, there's one, in there about, and you may not have gotten to it or not, but it isn't there somewhere. And

this was actually a question posed in my group that I reached out to the board about because I was like, you know, I'm not so sure. But it definitely posed a large, large conversation- Was, essentially, a supervisee said what happens if, I was traveling out of either state or country, a crisis occurs, I'm a licensed professional. I wanna help in that crisis situation. Where do my ethics lie? And I was like, wow, that is a great question because I don't, I don't know. Like, right? Like, that's a really, really powerful question. And so we took quite some time really thinking about what would that look like, what would be the potential ramifications, both from the board's perspective, from the state or country you're in. Like, in all these different, like, parameters of, like, how does that is that more helpful than harmful? Is the risk out weigh that, like, you know what I mean? Like, we do not think about those. And then of course I- As I think I may have mentioned before, I've reached out to my board all the time with questions, but I'm like, I'm not 100%. So what do you think? And even they were like, you know, that's a great question. And they were like, you know it probably is okay. Given that it's considered a crisis and you're not giving on ongoing counseling, but you may also be at risk of whatever that state or country you're in, and their rules and regulations. So it's not- It's a very gray area of like how do you respond? In the case, right? And so I talked about- And I gave them resources, so I was like, you know, there was also like this training called Psychological First Aid. I don't know if you're familiar with it.

**Dr. Tara Sanderson:**

Yeah. Yeah.

**Amy Smitke:**

Okay. And I was like, that might also be like a helpful tool, because I don't- Good or bad, well, I would say probably bad. We're not, I don't think, overall very trained in crisis work. You know, we're generally educated on crisis work, but we're not trained like a- An EMT would be on a crisis, right, or firefighter, or police officer, right? Like, they are trained in crisis in a very different way than I think that we are. And if you take something like Psychological First Aid, it is meant to be: this is what you do in a crisis. And it's not meant for just clinical people, right? It's meant for anybody, kinda like Mental Health First Aid isn't meant necessarily for clinical people. It's meant for the general public to understand how do I deal with these things as I probably see them on my day to day, and how do I support or respond to people in a situation that I'm probably not trained for. And some of us may have been fortunate that our internship or first job out of the field was maybe crisis related, and we got that experience. But for many of us, when a crisis happens, we're like, I do not know what to do.

**Dr. Tara Sanderson:**

Yeah.

**Amy Smitke:**

And so, but yeah, so that's kind of a question that was naturally prompted in my supervision. And I was like, this is probably a really good example. That was a real Conversation Starter, because how often does that question come up?

**Dr. Tara Sanderson:**

Yeah. For sure. And I love- I, I do remember. I think one of the the top tips that I gave from our last episode was, "become friends with your board." Like, get in touch with them a lot. Talk to them all the time. I mean, not technically friend-friends, but, like, be in touch with them a lot. Don't be afraid of them. Be- They are there to support and and help us. I mean, their job is to protect the public, but the best way that you can also do that job is by making sure you're asking lots of questions and checking in with them. And not just assuming that everything's either fine or not fine, but ask. Get to know them, in that way. And, and I love that, and I give that advice to a tons of people is "Hey, well, have you checked with your board on that?" And they're like, I didn't wanna- I didn't wanna ask yet. Because I wasn't sure. I didn't wanna, like- Oh no, ask. Like, just go ask. It doesn't hurt to ask before you do something or figure something out. Like, get their perspective because ultimately, especially as licensed clinicians, we do have to make a judgment call at times. But if you already know what their perspective is gonna be and what the ethical perspective is gonna be, then you're able to make a judgment call much more educated. And then even more, especially in a crisis situation, getting training on crisis, I love that you mentioned the Psychological First Aid. I'm gonna put that in the show notes. And then I have a, a training from I think it's the Tele Mental Health Certification Institute. They've really got to shorten that name.

**Amy Smitke:**

I agree, it's a mouthful.

**Dr. Tara Sanderson:**

It's a mouthful. I'm not one to talk. All of my names are also very long, but whatever. Its fine.

**Amy Smitke:**

I don't really think about that when I'm creating stuff.

**Dr. Tara Sanderson:**

It's so true. But they have a training. I think it's a 2 hour, 1 and a half hour training on, like, how to do crisis support via phone calls or different things. And I've sent some of my staff through that. I'm gonna put that link in there as well, because I think that that is a place that although we, as clinicians, are a place where people should be reporting suicidal thoughts. That people

should be reporting this stuff, that is dangerous in crises. We're not always trained well on how to respond to that. We can respond empathetically. I think we're trained to respond empathetically, but, like, the follow through unless you got that at a practicum or a first job at a school experience or something like that, yeah, it's really about learning on the go. So I, I really wanna some of those resources into our show notes for people that they can get some further training in that. Because I do want us training our next level clinicians, right, these supervisees, to feel more confident in that so that people feel more confident telling us when they feel that way. And hopefully, we just build this cycle that allows people to share where they're at, and we can handle those crisis situations better.

**Amy Smitke:**

Yeah. So, so true. And yeah, I agree. Like, the the board they're- What my board told me was we we want to help you not get in trouble. Like that is like our job, right? Like, yes, we're protecting the public, but we're also protecting you. But we can't protect you if you don't ask. And I see so many times in groups where people are asking questions, and I get it. I think it is: I don't know that I can ask my board this, I'm afraid to ask my board this- But then they're getting such mixed information that I find it really concerning. I'm like, please, please, please contact the board on this question. Like, because you're getting mixed stuff and some of it, I would agree with this, some of it I would not agree with. But at the end of the day, if that is a situation that you find yourself in, whether you're currently in it or you're asking kind of what if. It is much better to have an idea about what your board says. And I say that because I also recently had a situation where a clinician was asking, but she's dually licensed as a chemical dependency counselor and a social worker. And, and she is very open about this. She's in recovery and we're talking about, what does that look like? Being in your own recovery and working a program, and working in that field? And where does your recovery end? Your license begin? And so there were some questions and conversation there, and it was very interesting. I reached out to both boards and I got very different answers.

**Dr. Tara Sanderson:**

Oh.

**Amy Smitke:**

And it was really interesting to have this response. But I was like, ultimately, when you have that conflict comp- like conflicting information or, you know, of what- What you could or should do, I would go with whatever has the most restrictive rules, right? Because that's, you know, where you're gonna get in the most trouble. And so, you know, so it is, again, you can't say from state to state or board to board that is all the same. Because it's not right. So you have to ask.

**Dr. Tara Sanderson:**

Yeah. And I think that's the trouble sometimes with Facebook groups specifically, right. Is, like, when you're asking, you you have to be specific enough to say, like, "This is the state that I'm working with. This is the board that I'm working with. This is my specific question." And be ready for the onslaught of answers from a variety of perspectives, because everybody's coming from their own frame of reference on things. And even in that situation, two different boards have two different frames of reference of why they would respond in a certain way. And that can be, yeah, that can be a challenging place for a dually licensed person to sit. I have a, a person in my practice who is an LPC and an LAT, which is the art therapy license here in Oregon. So they're duly licensed in two boards. And definitely, you know, you have to weigh in, like, who is- Who, yeah, who is going to be stricter of the two? Who is going to be the looser of the two? When I'm thinking about it from this perspective, whose rules apply, and does one supersede another? Yeah. It's it gets complicated.

**Amy Smitke:**

It really does. So so, yeah, so I definitely encourage people. And like I said, with the- With the cards, it's- I try to keep them as general as possible so they could be flexible, but I don't put answers in there because I don't have the answer for you because there's so many variables. And they're meant to be general, right, to elicit conversation. To say like, okay, well I don't have all this information. What would it mean if we had this component or we had this component? Because that would drastically change potentially the outcome of that. And I think it helps prep you for taking exams. Are- What would you do, right? And that, yes, they do want you to take it a specific way. But is also about critical thinking.

**Dr. Tara Sanderson:**

Yeah.

**Amy Smitke:**

And so being able to teach critical thinking isn't necessarily an easy feat. And so you have to be able to walk, whether that's an intern through a seasoned clinician, you have to be able to walk through critical thinking skills. And I think that's one way that you could do that.

**Dr. Tara Sanderson:**

Yeah. I love that. I don't think I told you the story last time. Growing- Right out of college, I really thought that all you needed was a bachelor's degree to do to do, like, clinical work. Clearly, I was wrong. Did you think that too?

**Amy Smitke:**

Mhmm. Yeah. I thought my bachelor's in psychology was gonna get me somewhere until I was



too-

**Dr. Tara Sanderson:**

Yeah. That's me too. I thought that. So I got a job in doing in-home care, with behaviorally challenged youth, which was awesome. And I would not change that experience forever. It was so good. But one of the things I did, because because I could take them in my car, and we could go drive someplace and do something and bring them home and whatever. Was I had these cards from a game that was, like, a therapeutic game and it asked you all of these questions. And, and, like, starting young like, 18-19, I I have always been an asker of questions like that. These little random things just like I do on the podcast. So when I saw your cards, that was like this moment for me where everything kind of came together again of like, I used to do this in my therapy. I do it with clients still in my therapy. I do it in my podcast, and this is an awesome opportunity to have the little deck of cards in my office and be like, let's peruse and pick a random card. This is our ethics topic today. And, and just kind of weave in this space, that for me feels so natural to just, like, random questions of things. But also to have it be something that that my supervisee can't prepare for, because sometimes that's what comes up in therapy. It's like something you can't prepare for. You don't know what they're gonna say today. And the situations that come up, speaking of, like, dual relationships, there have been several conversations I've had with other providers where we've kind of shared some of our stories of when we saw a client outside of session and, like, weird scenarios that came up and, like, how would we all handle those? Even even just past situations because it is good to, like, remember, like, okay, what did I do in that situation. Now that I know better, what could I have done differently? Or would I have changed anything? And those cards make it so easy to have us just, like, have a scenario that may or may not have happened to us. There have been a couple that I've that I've read through that actually have happened to me, and I'm like, oh, I actually have dealt with this. I wonder what my supervisees will say about what they might do with it, which is so good. It's so good. I just- I enjoy it thoroughly. What other products and things do you have going on? I know that you have, like, a suite that you have created of tools and skills and things, but tell us all about what you've got going on.

**Amy Smitke:**

Yeah. Well, to go with that, my VA is currently working on it. I will have the the cards in an app soon. So for those who are like, oh, I'm always on the go or, you know, I don't I want easy access to them or whatever it is.

**Dr. Tara Sanderson:**

Don't appreciate my little boxes of things? No? You don't- Okay.

**Amy Smitke:**

So, so it will be on app. I have a lot of people like, that would be so much easier for me. So I am working on that. Well, I did all the back work, but they're doing like, well, I consider the hard work on it. Putting it all into the things.

**Dr. Tara Sanderson:**

Yeah.

**Amy Smitke:**

So, so I do have that. I am- So I- I'm gonna be part of the TheraBundle, so. Some of you guys may or may not have heard of TheraBundle, and it's gonna be coming out in October. You'll be hearing about it, as the next month and a half kind of roll out. And it's, and it's an opportunity where for like a flat fee of like I think \$100 you get 30 or 40 different, provider- Access to different providers, things that you can download. And so right now, I already have the free version, which is 12 sessions of, kind of done for you supervision sessions. And it's, got, you know, it's got some intro into it of like, hey, here's some tips for how to have a good supervision group. Right? Here's something that you can do. And then it gives you, here's how you might roll play, and I give you, like, have an outline of role playing. Here's how you could do a case study. So some people are like, I don't- How do I host the case study? How do I ask questions? How do I construct it? So there's some there's some tips and outlines on that. And then there's 12 different sessions that says, hey, here's the overview of what you're going to be talking about. Here's some key points that you should make sure to cover. Here's some activities that you can do to engage your group in this supervision discussion. And then for most of them, there's an additional activity. So it's either, hey, this is a case review activity, this is a role play or it's whole separate activity that is outlined for you. So there's a free version of that, which is like 12 sessions, but I'm currently working on it and it will be available to individually purchase or purchase through TheraBundle, in the next couple of weeks or so. Which would be the full version, which is like 90 sessions. So, you know, and again, it's kind of that same thing. It's gonna have a mix of crises, ethics, boundaries, transference, counter transference, but it's also going to have modalities in it and different populations. And so there's going to be some of those things, in it as well, that I think for a lot of people would be like, okay, maybe I've been in it a while and I need some new material, or I am new and I don't know where to get started. And so I think it will be really, really helpful for people. You know, and of course, if you want, like, to see a glimpse into it, can download the free version of it, and get the first 12 for free. And then if you're interested, you can look into the full version that will be out soon, with that. So, so that's one of my other ones. I'm, I'm really just in the editing phase of my actual ethics, so it's not it's going to be more expansive than the cards. So it's 102 ethical case scenarios. So they're more expanded case scenarios, kind of like you know, Jane did this and Joe did this, right? So it's a little more specific. And then each of those are gonna have, I think I rounded it to four to six prompted questions, very specific ethics based questions. So that will be kind of out separate as well, more of a book style, so I have that. And then I think I mean, I have a lot of free stuff. I have tracking tools for supervisees and supervisors. Some of the supervisor tracking ones I

have available, some are like our free downloads and some are, small purchase downloads. So, but I do have one for supervisees up to a 3 years, because depending on the state could be 2 to 3 years, sometimes a little bit longer, but it even has built in formulas and stuff to help add some stuff for you, because I know people get really overwhelmed with that. I see that question a ton.

**Dr. Tara Sanderson:**

Yes.

**Amy Smitke:**

How do I track this? How do I do that? So it has a lot of breakdown, even some drop down menus of what overall topic did you discuss, right, was it ethics? The whole list of conversation topics you can select. So you can kind of pay attention to what you're doing when you're tracking all of that. Did you submit your supervision log to be signed off on? Did you do those types of things? So it kind of helps, I think, organize staff. But I have the supervisor version to the elevated version is, if you're charging for supervision, it helps you keep track of did I charge for this? Did I get their documentation? Did I sign it? So it has a little bit of that as well on the background. But, but I think my other new- If you go to my website, I have, a bunch up there. I actually just launched one- I haven't got it up on my website yet for interns. It's for supervisors who take interns.

**Dr. Tara Sanderson:**

Yeah.

**Amy Smitke:**

So, I think a lot- I see this question a lot too. I'm gonna take on interns or maybe I have been taking on interns, but I don't really know how to make the most of that for them.

**Dr. Tara Sanderson:**

Totally.

**Amy Smitke:**

And so this is kind of a ten module outline of here's how you generally onboard. Here's some things that you should be doing. Here's how to use their learning agreement. You know, because that really is a guide. It's supposed to be, but it is kind of vague of them when they send it to you. And you're like, what do I- What does this mean? And so that that's free download. There's nothing, you know, you have to pay for that one, but that will be on my website soon. And so if you go to my website, there's a whole bunch of free tools. And then I

have other supervision tools for supervisees. So I do have kind of a lot.

**Dr. Tara Sanderson:**

Yeah, you do.

**Amy Smitke:**

But, but my newest one that I'm really excited about is I just launched my NAMI membership for supervisors.

**Dr. Tara Sanderson:**

Great.

**Amy Smitke:**

So, so that's gonna have more content. So some of the things that are actually paid that you would have to pay for individually, you're actually gonna be included in the membership. So when you log in, I have all these guides, they're gonna have, different downloads and tools or resources you can immediately access and have, as well as I have actually the first twelve months laid out in terms of themes, like this month, I'm gonna talk about this, and I'm gonna have lives, and we're gonna have conversations. That includes peer consultations that you can be a part of. I know I'm seeing a lot of that, in a good way, starting to become a thing. That us supervisors really need that support. And so I- There is the Clinical Supervisor's Facebook Group, which is great, and I see some some sort of stuff in there. But what I think it's missing is real community, right? There's no structure to it, there's no real community. It's kind of, I post, and I hope that somebody is gonna raise funds, right?

**Dr. Tara Sanderson:**

Yes.

**Amy Smitke:**

And give me the support, you know, and that's there's nothing wrong with that per se, but I think that's what we are missing. I think there's a lot of groups out there for other parts of our field for support, but supervisors somehow we've got the shaft, in that in that department. And being supervisors can be really isolating. And so I really wanted a space where they could have their space, right? Just for supervision. It's got the tools, the resources. Like I said, the live components as well. And I am working on this, but eventually, it is a little bit of a process, but the, the one of the later goals, would be to add once a month CEs.

**Dr. Tara Sanderson:**

Very cool. I love that.

**Amy Smitke:**

So I think it's a little bit of a process to get approved for that. But but that is a goal to have, in the membership eventually is-

**Dr. Tara Sanderson:**

Yeah!

**Amy Smitke:**

For like one low fee, you get all of that.

**Dr. Tara Sanderson:**

Yep.

**Amy Smitke:**

And, and it's kind of just, like I said, a place for us to be supervisors together.

**Dr. Tara Sanderson:**

Yeah. I love that. I totally agree with you that there's a there's a component of being a supervisor that that is just a lot. I, at one point, during the pandemic in a very low moment, I calculated out how many little souls were on my license, with all my supervisees. That was a terrible plan. I don't know why I did that to myself because it made everything, like, worse. For for my level of burnout and my stuff. But it, it was really sobering. To sit there with that and say, okay. Like, that's how seriously I have to take this, though. I mean, all of those people are on my license. Like, I need to know the things about them in case something happens to my supervisee, in case something happens in in whatever way or fashion, and it's really important that we, that we obviously take that seriously. And I don't think that many supervisors out there don't take it seriously. But when we have a community, I- I think about this a lot as clinicians, especially in private practice, but also in small groups and whatever, we, we have this this, this part of our practice that's all about secrets. Right? Like, we are keeping these things confidential for the people that we serve. Very important to do so, but then we start to get so secretive that we forget that we're a community of supports that we can rely on each other in those moments. I'm not gonna go start spilling out all of my clients' issues to everybody, but I can come into a partner's office, a, a colleague's office, and say, I just had a really hard session. Like, I am

feeling weighed down by what was happening in there. And I need a moment. Can you sit with me? Can I process this with you for a moment? Having that community makes the work possible. And as supervisors. I love this membership idea of you're not just posting to the ether on Facebook. You're building connections with other supervisors so that when something like that happens to you and supervision, because it will, a supervisee will have a really tough session with you. To be able to reach out and say, hey, I need somebody to sit with me for ten minutes because this session was hard with the supervisee. Or I had to do a hard thing. Or I had to fire a supervisee. Or all the things that come up with that mid level. Yeah. Right? So important. I love this for you, and I love this for what this is going to do for supervisors out there. I know you've done some work with the Tele Mental Health Institute as well as I have. And I love that they have built on top of their whole CE component for all things a supervision series that has been, like, let's make sure we're giving supervisors that are very important our- Our dues. Right? I know, Shannon Heers out in Colorado does a really good job. She's built Firelight Supervision for bringing in, and training, and doing lots of consultation and supervision for folks. Which I love. And I feel like this is just gonna be another area where people can connect. And, gosh, I can see why you are so excited about it because I am too now that you said it. It sounds amazing.

**Amy Smitke:**

Yeah. I mean, I- I don't think I realized until I became a supervisor how challenging that was. Like, I don't think we give supervisors enough credit because they end up taking a lot of the, you know, the crap. And when you're not on that side, you're like, oh they're not doing a good job, or, you know, they screwed me over, or they did whatever. And maybe that does happen sometimes, I'm not saying that it doesn't. But when you're on the other side and you're going, okay, well, I have to try and be the middle person between them and the higher ups or whatever. It's isolating because I now have nobody to process, like you said, with all of these things that are happening because I can't do that with whomever, and obviously it would be inappropriate to do it with my, you know, subordinates, so to speak, you know. And so there's no place that really has that space that I have found, like I said, I know some places are doing more peer consultation, but again, that's that's, like, once a month.

**Dr. Tara Sanderson:**

Yeah.

**Amy Smitke:**

The consultation, whereas there's no consistent community, right? Like you said, I know, you know, it's great with Facebook groups as you can have the chats, right? So there could be like a specific chat and it's like-

**Dr. Tara Sanderson:**

Yep.

**Amy Smitke:**

I'm in need of support right now, you know, and so somebody can just hop on there and then you have a plethora of people who might be all over the, you know, the US or the world. Who, you know, can hop on and say, you know, I do have time to spend ten-

**Dr. Tara Sanderson:**

Yeah.

**Amy Smitke:**

Minutes with you just even being quiet with you, just to be present. Being in that space with you. Is it is powerful.

**Dr. Tara Sanderson:**

It really is. It really is. I am so excited. And even as you were saying, like, about being the middle person between the higher ups or these pieces, like. There are so many different ways that supervisors are installed in our industry. Right? So there's people who are in maybe community mental health and the supervisor is the buffer between admin and clinician and that whole piece of it. In some places like my practice, the supervisor is also your boss. And that feels like a different kind of component. Right? And then there are some places where you're running your own private practice and your supervisor is a consultant outside of your practice. And you're your own boss. And, like, there's a layer upon layer of how this could look, and each one of those layers has its own challenges. So inside of your your model, being able to be in a group of supervisors who are all there in the same space, and being able to then find your little crew, like other people who are also bosses, or other people who are also just outside consultants and supervisors. Like, finding those people where you can be like, ,aha! You and I have some similarities. Like, let's bond. Let's let's rely on each other. Feels so good. Because I see that in my Facebook group too sometimes where I'll look at an answer, I'll look at somebody's question, and think to myself, well, I wouldn't do that. And then I'm like, wait. But what shoes are they in? Because if they're at a community mental health, they may only have so many options to do this, this, or this. Where as at my practice, I could just, like, write a new policy and be like, this is how we do it now and go on our way. Right? Like, it's just very different scenarios.

**Amy Smitke:**

Yeah. Very different. So, so yeah. So that's kind of some of the things. I don't I don't think I have

anything else in the books right now.

**Dr. Tara Sanderson:**

You have so much going on. I can't wait for people to go to your website and be like, oh my gosh. Here are all of these resources.

**Amy Smitke:**

Yeah. So, you know, I am working on some, like you said, the telehealth. The whole, I'm blanking on it right now because the Tele Mental Health-

**Dr. Tara Sanderson:**

Certification Institute.

**Amy Smitke:**

Yes. Thank you. So I am slated, to teach for them in January and March. So I'm excited. So, I- I am in the process of working on both the, contents for those, for their clinical supervision series. And then I'm actually- I was just on Lisa Mustard's podcast and she does pod-courses. And for September, October, I think I'll give it to her by September, she'll be launching in October. I'm actually doing an ethics training for her pod-course. So I am working on that, and then the super the Clinical Supervision Directory. I don't know if you're familiar with them.

**Dr. Tara Sanderson:**

I feel like it's a long time back in my brain, but there's some sort of thing there.

**Amy Smitke:**

They're, they're another big directory that's trying to kind of help us organized and where we can find supervisees and supervisors and all in one big space. And I met with Dr. Amy Parks from there, a couple weeks ago and I'm actually going to be working on, I think, a 20 hour training for her for supervision. So, so I sent her the outline and then I'm also actually helping her connect with the Ohio board to try and see if they can somehow link in the back to connect to, like, start funneling people to that website actually help with connecting people much more effectively with supervisors and supervisees. And you're hoping, not- It's not so much regulation, but, you know, in our state, like, there is no easy way to find a supervisor. Email the board and they can tend to a list of five thousand people that at one point had that license. But then you have to just kind of blindly go through and like see if that person's still supervising- Any of those things, and so really trying to help connect. So I am going to be working on some CEs for a couple of courses, which is- Which is fun, and I, I really do like that. So, so I, although I might not be creating a lot



of stuff for myself, I think I've done enough, I think, for this year. I will be creating some stuff for some other people that I think will be, so very beneficial for the mental health field and supervision specifically.

**Dr. Tara Sanderson:**

Yeah. Fantastic. Well, where is the best place for people to kind of get started looking at your stuff and where you're at? And then I have a list of things I'm gonna put in the show notes of links to other places, but where's the best place for them to find you?

**Amy Smitke:**

My most centralized place would be my website. So, and that is, as we were talking earlier, a little bit of a mouth full, is the [motivatedwellness solutionsllc.com](http://motivatedwellnessolutionsllc.com). Would be my main email and in there you can find you know, all the podcasts I've been on, some of the other, places or people that I'm connected with, as well as all my free resources, and my paid resources. So you can find most of it there. I do my mental health, not my mental health, I'm sorry, my supervision, membership is actually under my coaching business, so that one is a slightly separate- But, but everything else should be able to find my other website. So, I can definitely give you the other links so that you can post that separately in there. But, yeah.

**Dr. Tara Sanderson:**

Yeah. That'd be great. Yeah. I think this is a great place for people to start, and then they can kind of just join the little group that I'm in, which is your fan club of all the things you're building together. So, we will, put all of that in the show notes for everyone. Anything else before I let you run off today?

**Amy Smitke:**

I don't think so. I think that was a lot probably for people to digest, so you may have to listen to this a few times.

**Dr. Tara Sanderson:**

Yes. And we will try and put as much as we can in the show notes because it's it is a lot of such good information. Thank you so much for being here today. And everyone, I hope you found some really great morsels, and we will see you next time.