

Dr. Tara Sanderson [00:00:00]:

Hey, everybody, and welcome back. This is your host, Doctor Terrace Anderson. And today, we are going to answer a write in question So if you have write in questions, if you want to drop me a line and ask something, you can do that on any of my social media at doctor Terris Anderson or you can do that through the Supervision's mortgage board website. But today's question was, do you ever provide supervision to an associate who also has another supervisor. And then the follow-up is, do you take any specific precautions like ensuring the supervisor has separate case loads, or what kinds of things do you do to make sure that everything is set up? Okay. So this is a really great question because I think that this comes up a lot, especially if you have a really specific specialty or if you have a really specific type of modality or something like that. But sometimes people will want to grow in that area, but they've already got a supervisor for kind of their general needs. They wanna grow in another area.

Dr. Tara Sanderson [00:01:03]:

So I think that it is really important for anything that we do to have a good diet documentation trail. So if you're a supervisor already for a intern or supervisee, and they would like some sort of with some sort of secondary supervisor or specialty supervisor, it's a great idea to have a conversation about, like, what might that look like. Because there are so many different ways that you can do it. So in some instances, I'm a primary supervisor for folks and they want a secondary supervisor in EMDR. So I supervise clients that don't navigate any EMDR work and EMDR supervisor does all of the people who are. So one way that that is great is that they get some really clear supervision over the area that they are really learning learning to and wanting to grow in. And I can continue to supervise the folks that are already a part of my practice or already that I know or whatever kinds of things. Now the complication becomes when maybe one of my current clients that I supervise becomes a EMDR client.

Dr. Tara Sanderson [00:02:13]:

So we do have to have a really good way of communicating amongst the three of us, who is who and what is what. So I recommend a spreadsheet. You'll hear me say that a lot. but I recommend a spreadsheet or some sort of document that all three of us have access to so that we are able to see when people move off of one person's supervision to another or make sure that there's some communication that goes back and forth in that process. typically, I find that supervision doubling up on supervision or having multiple supervisors is best when there is a really clear way to split people like by modality or by different type of style of treatment. But also you could separate people even alphabetically of a through g and, you know, h through whatever. You could you could separate them out by, you know, intakes after this point to go to the secondary supervisor. You could do it in a lot of different ways.

Dr. Tara Sanderson [00:03:12]:

But however you do it, you wanna have a good written trail. So what I recommend is that no matter who is the primary supervisor or secondary supervisor, but you have a clear documentation. So each board will likely probably have their own documentation if you're adding a supervisor or adding an additional supervisor. And that's great because that tells the board what you've got going on, but that's not enough for getting clear between the three of you about what's happening with that supervision. So you'll want to make sure that you have a document that shows who the primary supervisor is and who the secondary supervisor is and what and how you guys are deciding who's gonna be on which caseload. When I think about risk, I think about what would happen if somebody, you know, came to me and gave me a subpoena, and I want all your records for supervising this person. And I looked at them and thought, well, kind of depends on which client because You know, you don't you may not need all the records for all of the clients. Right? And if it's somebody who is being supervised by the other party, I would wanna that we were getting the right records for what was happening with that supervisee.

Dr. Tara Sanderson [00:04:26]:

So we need to have those documents that tell us that. Now in that contractual document, I don't have anything that really says each client's name in it on that document. But I do reference the document that we will be keeping track of all of those pieces on. So one of the things that I think is also really important in that paperwork is documenting what if any changes there are to payment, if they're paying this other supervisor? What if any situations might come up where the other might have to supervise. So if somebody's on vacation or if somebody's on sabbatical or what happens if the supervisee has to go into the hospital who notifies which clients, how do we do those pieces. So it's it really, that contractual agreement that that splits out the caseload that communicates who's responsible for what also really is a process document for making sure that those clients are taken care of. Because the thing that we don't want is that somebody might think it is it's somebody else's responsibility and that a client kind of get lost gets lost in the shuffle. So that document would help you really define out what and who is responsible for what, in in emergencies or in vacations or in whatever else is gonna kind of come up.

Dr. Tara Sanderson [00:05:50]:

I also have a note in there that says that it that it is okay for me to consult with the other supervisor whenever or however I need to. so that we can make sure that we have got some clear communication going if I just I just don't want my supervisor to be in the middle. I want my supervisor to feel like they are getting the appropriate supervision from both of us and if there's ever a question of, you know, I think that somebody's doing something weird or they think that I'm doing something weird. I don't want my supervisor to sit in the middle of that. I wanna make sure I have a good amount of control and connection with that other supervisor to be able to talk to them myself if something comes up. Lastly, I really wanna make sure that the supervisee lists both of us on their malpractice insurance. so that the malpractice insurance is really clear of, like, where the first line of defense is if something goes wrong. You know, we want them to go to the supervisee, that that supervisee stuff covers us.

Dr. Tara Sanderson [00:06:51]:

And then if we still need more malpractice insurance, then our malpractice insurance kicks in. I want there to be, like, a really good flow of, you know, containment if anything were to go wrong. Lastly, I think well, I guess I already said lastly, but I just thought of something else, so we're gonna go with it. I think that there is a good follow-up question of is there a difference between being a primary supervisor and a secondary supervisor? And I think that logistically there is. I think that there is a really important component of understanding kind of who's first in line if something goes terribly wrong. I think we have to be clear of what that looks like. And if you are splitting the caseload, buy specialty or you're splitting the caseload by something, you really do need, you know, kind of the, you know, who's on who's who's on first or who's who's up to bad. I don't know the right analogy there.

Dr. Tara Sanderson [00:07:50]:

But you do really do need the you know, to know who's the first person that they supervisor is going to call and who's gonna be responsible at the end of the day if the board, you know, wants to ask a question or is concerned about something. So there is a an element of it where, yes, there's somebody primary and there's somebody secondary. And I think that they're I think that part of that is not power differential in between those supervisors so much as it is just for clarity's sake because they're never gonna just be able to call both people and hold both people accountable if the supervisee does something weird. But I do think that that their can be some real benefits to defining that piece for different avenues. So, like, there are a few people that I'm a secondary supervisor for. which we really just put in place because we we knew that the primary supervisor might be having some extended vacations or extended breaks in availability. And we wanted there to be someone just in case so that that supervise have access to a supervisor. So 99% of the time, I don't read a note.

Dr. Tara Sanderson [00:08:58]:

I don't really do anything for that supervisee. But when needed, I step in and help support someone. There are other times where I'm really active. We see the supervisee 50% of the time each of us, and we read all of the notes, and we do all of those pieces. So we we don't necessarily look at each other and say, well, you're up first, and I'm up second. But the board does need a way to define. who's who at the end of the day is the responsible party for this supervisee, and the primary supervisor is going to get the brunt of that And and that's an important thing for both of the supervisors to communicate about and make clear so that everybody knows their role and knows what's expected of them and how we move that forward. So I hope that that was helpful to talk about primary and secondary supervisees how to share those pieces.

Dr. Tara Sanderson [00:09:52]:

I have a document inside of our how to have interns in your practice that walks you through how to add a secondary supervisor to your internship or your supervisee program. So you can find me at doctor Terraceingerson backslash interns and see that as part of my course. If you are interested in an asking your own question or hearing an episode talking about some of those pieces that you have concerns about, you can feel free to drop me a line at supervisionsmorgasbore.com or on social media at doctor Terrace Anderson. Alright folks. Have a great day, and take care.