Supervising Anxious Clinicians to Enhance Client Outcomes

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Supervision: What it is, what it isn't

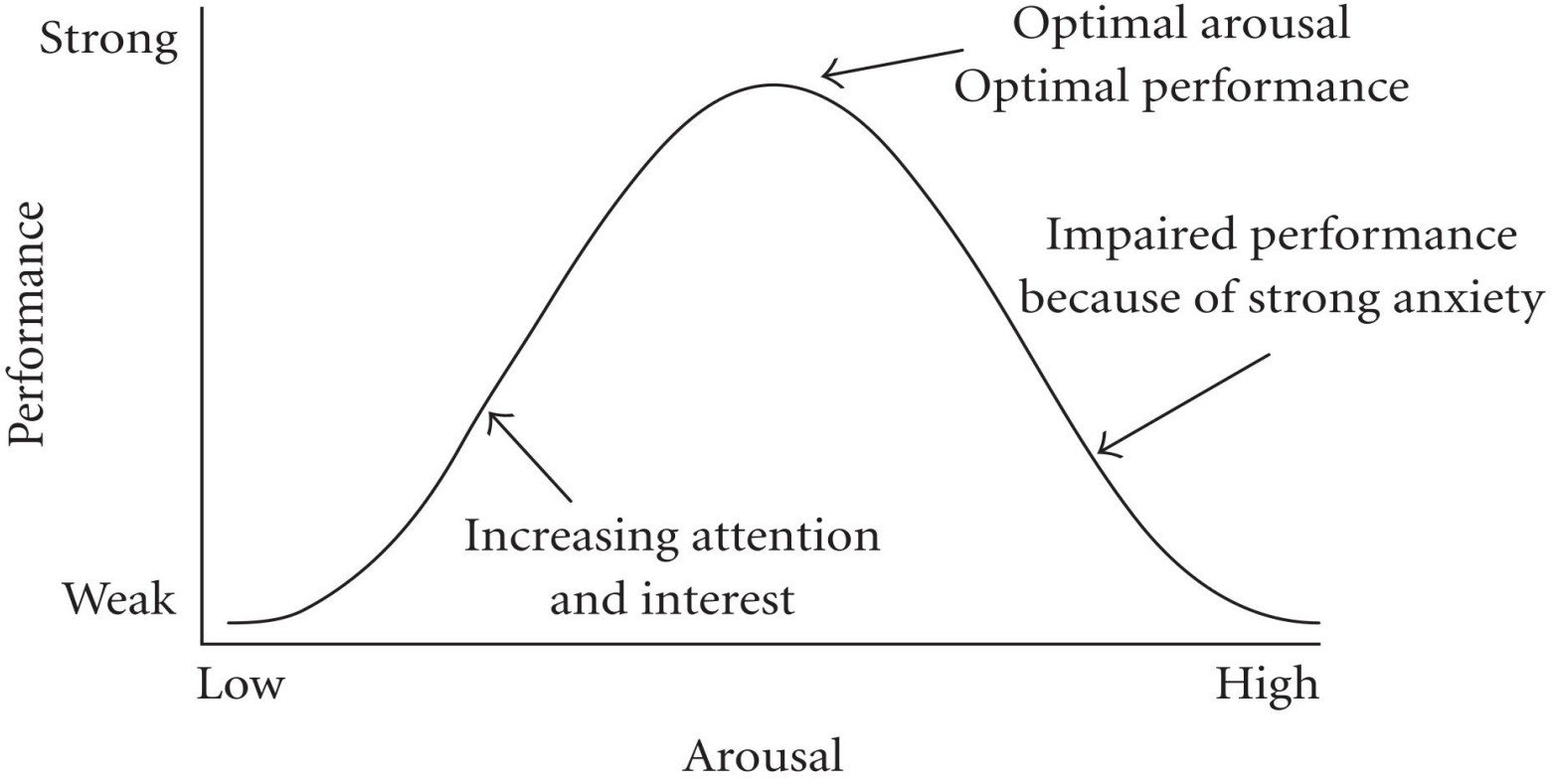
A relationship between two or more individuals in a similar scope of practice, one with experience beyond what the other may have

The chief function of supervision is to minimize non-purposeful activity and maximize intentionality with the goal of directly optimizing clinician competencies, ensuring quality control, and enhancing confidence for the end goal of improving patient outcomes (Milne, 2009)

Designed to enhance the "development or empowerment of the ability to analyze, evaluate and intervene in a particular situation,promoting levels of responsible autonomy". 2022, CLINICAL SUPERVISION - SUPERVISORY MODELS, STYLES AND STRATEGIES (Atena Editora)

It is **not** therapy. Therapeutic issues may come up, and may be discussed, for the purpose of reducing effects on the therapy work. Is it Human Resources? Marketing? Accounting? "Bossing"?

Anxiety and Performance- Yerkes- Dodson Curve

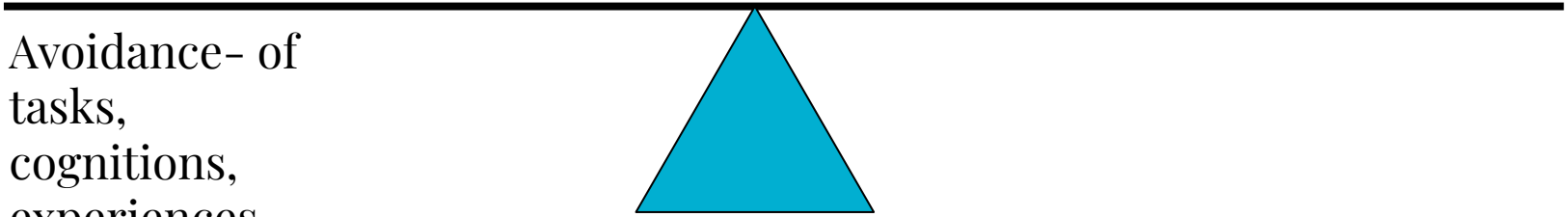


Effects of unmanaged clinician anxiety

For the clinician	For the therapeutic relationship & client
Burnout and compassion fatigue	Lack of rapport between client and clinician
Use of maladaptive coping strategies	Lack of trust in the clinician
Over or under-working	Client apprehension to disclose due to a perceived responsibility for the clinician's emotions
Focusing on decreasing own distress in session rather than helping the client	Client feels unheard, misunderstood, or invalidated by clinician
Experiencing anticipatory anxiety prior to sessions	Client disenchantment with therapy in general
Self-criticism	Client goals are not addressed or met
Difficulties with receiving constructive criticism	

The Spectrum of Anxious Behaviors: From doing too little to doing too much

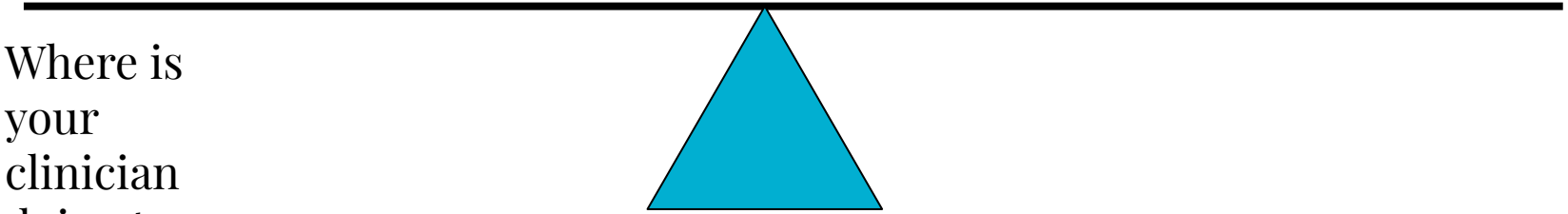
Over Engagement- with tasks, cognitions, experiences, conversations, etc



Avoidance- of tasks, cognitions, experiences, conversations, etc

The Spectrum of Anxious Therapist Behaviors: From doing too little to doing too much

Where is your clinician doing too much?



Where is your clinician doing too little?

Anxious Clinicians: Where they “underdo it”

Anxious Clinicians: Where they “underdo it”

Underdo: Cancelling policies, frequent misses.

Not being the right fit, allowing the client to lead too much in term sof their own care.

Sessions become dominated by the client:

- A lot of stories, processing events over and over again.
- No progress towards an observable goal.

Clinician is too anxious to cause disagreement or distress:

- Feels unable to interrupt, or push client towards exposure / response prevention work.
- Worries a lot about disrupting the relationship, leading to not addressing interpersonal dynamics affecting therapy work

Not engaging with outside members of treatment team or support system

Anxious Clinicians: Where they “overdo it”

Anxious Clinicians: Where they “overdo it”

Excessive reassurance seeking, both inside and outside of supervision

Over-controlling sessions

Over-processing with the client aka co-rumination

Over-preparing for sessions

Over-responding in session

Seeking “perfect” interventions

Fusion with negative thoughts and emotions experienced during session

Anxious Clinicians: Risk factors and Remediation

Logistical issues that increase anxiety

Lack of training- The degree is just the beginning. Internship helps, but nothing compares to experience. Anxiety is typically highest early in supervision

Overworking- what are the hours requirements for the position they are in? Is there time built in for learning, reflection, etc? Pressure to get licensure done leading to taking on more clients, second jobs, etc.

Lack of access to supervision- is 1 hour a week really enough? Is the supervisor available when needed? Is the supervisor competent?

Working outside of scope- This is an ever evolving set of skills, and clients do not always fit in our labeled “boxes” of scope.

Fear of seeking therapy- not wanting to risk reputation, financial concerns, etc.

Poor working relationship with supervisor- poor boundaries, etc

Cognitive themes that increase anxiety- parallel process in action!

Anxiety is marked by these common cognitive themes:

Intolerance of uncertainty- I can't handle not knowing

Excessive responsibility- It's my job to fix this

Cognitive rigidity- The book/professor/supervisor said to do it this way

Perfectionism- What is the perfect intervention here

Intolerance of distress- Big feelings are a threat to clients, and a threat to me

Supervision Prompts To Get Them There- again with the parallel process!

Consider these for SUPERVISEES, SUPERVISEE CLIENTS, AND SELF AS SUPERVISOR!

- **What are all of the REALLY GOOD reasons they are not getting better?**
- **Why are they doing it (that behavior, that cognitive style, etc) that way?**
- **What are they really fearful of?**
- **Other than anxiety, what emotions are they avoiding?**
- **Who and what is making it easier for them to stay stuck? Is it you?**
- **If they didn't do it this way, what would they have to accept?**
- **How are they pushing against reality?**

Supervision Prompts To Get Them There

- What is the anxiety and what are they doing or not doing because of it?
- How are you reinforcing that they SHOULD be scared of that thing?
- Do they want to get better?
- Did they actually pick up what you put down? How do you know?
- Did you validate? Are you sure? Because you probably didn't.
- What are you scared of in these sessions?
- Are they over-engaged or under-engaged with their imagination?

Skills Goals for Building Brave Supervisees

- Move from **relaxation, coping,** and **challenging thoughts** to **socratic questioning and functional analysis**
- Move from **co-ruminating**, co-compulsive discussions to **resisting reassurance** and meta-awareness of session direction
- Move from **manualized** treatment to "**reading the room**"
- Move from need for the **perfect intervention** to **modeling mistake making**