

Rebecca Partridge

Professional Clinical Supervision Disclosure Statement

Degrees and Qualifications

Oregon State University - *Doctor of Philosophy in Counselor Education and Supervision (CACREP)*

Pacific Lutheran University – *Master of Arts in Marriage and Family Therapy (COAMFTE)*

Licensed Marriage and Family Therapist Supervisor- 202939 (Texas)

Licensed Marriage and Family Therapist- LF 60600234 (Washington State)

Mental Health Professional (Washington State)

Child Mental Health Specialist (Washington State)

Clinical Training, Experience and Expertise

I have been in the counseling field for over eight years as a professional Marriage and Family Therapist. I am competent and experienced to provide clinical supervision for clinical mental health counselors, marriage and family therapists and school counselors. Throughout my clinical experience I have worked in a variety of settings from a non-profit community health agency to a college counseling center. I have experience conducting therapy with adults, children, adolescents, and their families under the systemic lens. I have worked with a range of issues from anxiety, grief, depression, self-image, suicidal/crisis intervention, family conflict, immigration issues, ADHD, parenting skills and oppositional defiant children. Additionally, I have experience working with a diverse population of clients, from families with young children to adolescents, and adults of different ethnic backgrounds. I have effectively worked with language interpreters, school counselors, teachers, care coordinators, and medical doctors. I have provided professional input during psychiatric evaluations and worked with residential team for inpatient clients on site. I have extensive experience and training in trauma, and crisis intervention. I have had training in TFCBT, EMDR, TFT, CBT, TBRI, play therapy, and equine assisted therapy.

Supervision Training

I have completed the 30 hour AAMFT didactic and interactive Supervisor Training course. I have received training in clinical supervision through a doctoral course from Oregon State University and continue to gain continuing education of the topic. The doctoral course included supervision of supervision while supervising master's-level counseling students in a school counseling practicum.

Supervision Experience

Bernard and Goodyear (2009) state "supervision has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession" (p. 7). The purpose of supervision is to aid in creating the framework for trainees to understand where they are developmentally in the therapeutic learning process and where they would like to be when supervision is over. The aim in supervision would be to work together to create collaborative goals between the trainee and myself. As a supervision I want to enable trainees to have a voice in what they want to focus on and for me to identify areas of growth for the supervisee. This gives me the opportunity to both challenge and support my supervisee.

Throughout supervision the attainable goals that I hope to achieve with my supervisees are for them to understand their code of ethics and how it applies to working with clients and their scope of work. I also hope to have my supervisees able to identify which theory they work from and understand their concept of how change is created in the therapy room. Additionally, the goal is for supervisees to be able to highlight the competencies with contextual

consciousness. According to Esmiol, Knudson-Martin, and Delgado (2012) this includes consciousness about power differentials in social contexts, sensitivity to client's unique experiences and attention to the intersection to the larger context in their lives. Another important outcome of supervision with trainees is for therapists to be open and willing to learn and get constructive criticism to enhance their knowledge and skills as a clinician. It is highly important for clinicians to be able to learn from those around them who may have different insights and understanding into clinical practices.

Supervision has a collaborative structure. What I find most important as a supervisor may not be the same for my supervisees. To address this difference, my supervision process includes creating a supervisory contract that highlights the importance of the expectations, ethical considerations, and logistics of supervision. Barlet-Harring, Silverthorn, Meyer, and Toviessi (2009) state that clinical supervision is necessary to aid and monitor supervisee's performance to transform them into a competent therapist. My goal as a supervisor is to aid in that journey. To do this I will be flexible to add to my contract based on what my supervisee needs. I believe that it is highly important to have priority cases listed with prepared documentation that needs to be reviewed. Live supervision or video supervision is highly important to be able to evaluate skills are areas of growth for supervisees. According to Montalvo (1973) "by having a more experienced person observing and orienting the process while it is happening, major pitfalls can be avoided, and those that cannot be avoided can be more easily corrected" (p. 1). Due to live supervision not always being a possibility this observation may be completed as video presentation.

Theoretical Orientation

My supervision style is largely based on developmental models and systems perspective. With the developmental approach, my supervision style is based on Bernard's (1979) discrimination model. The discrimination model is based on four areas including counseling performance skills, cognitive counseling skills, self-awareness, and professional behavior. As the supervisor in this model there are three different roles that will be utilized depending on need, these roles include the counselor role, the teacher role, and the consultant role (Bernard & Goodyear, 2013). Based on the developmental level of the supervisee, as the supervisor I work to meet the needs of my supervisee. This need often leads to alternating between the different roles within supervision. With beginning therapists more structure may be needed and preferred, leading to the role of teacher, however when supervisees gain experience the need for structure reduces and the desire for the consultant role increases.

From a systems perspective, it is important to understand the system as a whole. This also includes the supervisory system. Wholeness in a system is defined as both a whole and part of a larger whole. This means that a system is composed of the parts plus the relationship between those parts. A system is composed of many parts and they are connected to each other through their relationships which form subsystems. For example, if an agency is a whole system different subsystems may be the client family, supervisor-therapist, therapist-client, supervisor and management. Subsystems are understood by the different boundaries. It is important to understand the different boundaries between the therapist, supervisor and client and how they affect one another. "Supervisors must contend with multiple roles and realities that impact their role in an agency context...They also must be cognizant of supervisees' different roles including the role of the therapist with client, the role of supervisee with

supervisors, and the role of employee with administrators” (Killmer & Cook, 2014, p. 108). In supervision from the systems lens it will be important for supervisees to identify the different parts of the systems that impact the client and therapist. This concept will be weaved throughout supervision as a whole.

Expectations of Supervisees

My baseline expectations of trainees include: cases discussed in priority of safety and suicidal ideation, coming prepared with case documentation and presentation, having video supervision every week, identifying potential ethical issues, and an evaluation every 3 months on clinical skills, growth areas and strengths at the beginning of supervision and as time goes on an evaluation every 6 months.

Supervisor’s Responsibility in Supervision

Counselors do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. In addition to keeping confidentiality the following will be attended to by the supervisor:

- 1) Prepare for and attend all sessions.
- 2) Provide feedback each session and a formal evaluation at each quarter and at the end of the supervision contract.
- 3) Review client case notes and other materials for quality control purposes.
- 4) Complete supervision record at each supervision session.

5) Maintain licensure as a Licensed Marriage and Family Therapist in Texas and status as an approved clinical supervisor.

Advanced Multicultural Supervision Theoretical Orientation

Everyone has a different culture and social location. In order to understand someone's context, trainee or client, continuous discussion around social location is important in order to find one's own areas of bias or difference that could impact the therapeutic relationships.

Hardy and Bobes (2016) states that it is the supervisor's responsibility to introduce difficult and sensitive conversations and be a model for how to approach and engage in multicultural discourse. According to Lee and Nelson (2014), "To be culturally competent is to expect and to understand the complexities of culture—whether ethnicity, sexual orientation, or age and so forth—and to keep them at the forefront of analysis around clinical work and supervision."

(122). Keeping an open dialogue about cultural differences is highly important in the supervisory relationship.

Bean, Perry, and Bedell (2001) note that there are three main areas of multicultural competence which include: therapist awareness of their own culture, therapists' knowledge of the worldview of culturally different client, and therapist behaviors or use of culturally appropriate treatment strategies and interventions. As a supervisor I see it as my responsibility to highlight these three main areas to create a more aware trainee. It is my responsibility to create space for supervisees' to be challenged to acknowledge their own social location and how it contributes to their practice. It is my aim to create this space and be a model as a supervisor to aid supervisee to become a more aware and sensitive, as well as engage in this process for myself to be a more competent supervisor.

References

- Bartle-Haring, S., Silverthorn, B. C., Meyer, K., & Toviessi, P. (2009). Does live supervision make a difference? A multilevel analysis. *Journal of Marital and Family Therapy*, 35, 406-41
- Bean, R.A., Perry, B.J., & Bedell, T.M. (2001). Developing culturally competent marriage and family therapists: Guidelines for working with Hispanic Families. *Journal of Marital and Family Therapy*, 27(1), 43-54.
- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed.). Needham Heights, MA: Allyn & Bacon.
- Bernard, J. M. & Goodyear, R. K. (2013). *Fundamentals of clinical supervision* (5th ed.). Needham Heights, MA, US: Allyn & Bacon.
- Esmiol, E. E., Knudson-Martin, C., & Delgado, S. (2012). Developing a contextual consciousness; Learning to address gender, societal power, and culture in clinical practice. *Journal of Marital and Family Therapy*, 38, 573-588.
- Hardy, K. V., & Bobes, T. (2016). *Culturally sensitive supervision and training: Diverse perspectives and practical applications*. NY: Routledge.
- Killmer, J. M., & Cook, M. (2014). Providing systems-oriented clinical supervision in agency settings. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (2nd ed., pp. 108-130). Chichester, West Sussex, UK: Wiley and Sons.
- Lee, R. E., & Nelson, T. S. (2013). *The contemporary relational supervisor*. New York, NY: Routledge.
- Montalvo, B. (1973). Aspects of live supervision. *Family Process*, 12(4), 343-359