



SIGMA CENTRUM COUNSELING

Qualified Supervision Notes

When it comes to my supervision approach, I use The Person of the Therapist Training model and pull heavily from Clinical Supervision in the Helping Professions: A Practical Guide. You will find more out about these approaches later in this document.

Supervisor Objectives

- Educate and provide knowledge on counseling theory, developing methods of approaching clinical concerns, and helping to hone practice.
- Assist in exposing supervisees to diverse populations, belief systems, understandings, and backgrounds.
- Help with practicing and approaching diagnostics and assessment with the goal of understanding differentials and applying a non-pathologizing approach when necessary.
- Drawing limits with competence and assisting supervisees in developing a professional support network.
- Highlighting and challenging countertransference and ways to approach.
- Prepare supervisees for the licensure exam
- Discuss ethical and legal concerns of practice and work to develop ethical frameworks to approach clinical and administrative concerns.

Supervisee Objectives

- Become knowledgeable of counseling theories, methods, and practice.
- Become competent in working with a diverse population
- Develop a broad understanding of clinical and differential diagnosis and treatment methods.
- Know limits of confidence and utilize supervision and consultation network when needed.
- Develop further basic helping skills of empathy, respect, and genuineness.
- Develop awareness of countertransference and its effects on the patient.
- Understand and know how to work with resistance or non-compliance within psychotherapy.



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Areas of Focus

In engaging with this Qualified Supervisory process, I have several areas of focus that may align with yours, which I am willing to share and teach you to develop competency over time. These include:

- Working with LGBTQIA+ populations (writing affirming care letters, approaching discrimination or bullying, the coming out process, ostracization from support system, spirituality or cultural intersectionality, etc.)
- Severe mood disorders, including Bipolar Disorder, Major Depressive Disorder, and more. This will include treatment resistant approaches, such as TMS, ECT, ketamine infusions, and implementing higher levels of care into your clinical work.
- Death work, including grief, suicidal or homicidal ideation, and complex death work, including incorporating spirituality or ongoing healthcare issues like physician assisted suicide.
- Use of expressive arts within psychotherapy, including music, movement, meaning making activities, and art.
- Implementation of psychoanalytic theory into case conceptualization, treatment planning and approaches, and differential diagnosis.
- Business administration with mental health practices, including agency and private practice.
- Adapting services into a variety of clinical environments.

These are my main areas, but I have much more that I offer to my students. Our initial goals together include developing a well-rounded, methodical approach to treatment that is tailored to your individual characteristics, beliefs, and philosophies about psychotherapy.

Supervision Models

As stated above, I pull from both person-centered and psychoanalytic supervision models, utilizing methods from *The Person of the Therapist Model* by Aponte and Kissil and *Clinical Supervision in the Helping Professions* by Corey, Haynes, Moulton, and Muratori. My models reflect a lot of my approach to psychotherapy- we are fallible clinicians with our own imperfections, reactions, and belief systems, and these things



impact the way that we approach patients and their clinical treatment. Understanding these effects and how to best work with them helps to make us better clinicians and connect to patients regardless of theoretical approach. You will find some activities and self-reflection will come directly from these approaches.