Becoming a neuro-informed clinical supervisor, Part 2

This is the second article in our series on becoming a neuro-informed clinical supervisor. Please refer to the prior month's column for supervision definitions and an overview of the foundational elements of supervision models.

This month, we are highlighting a case example from a developmental supervision model. We will define the basic tenets of the model and then show how neurocounseling constructs can be implemented into a developmental supervision session.

Neuro-informed constructs for developmental supervision models

Many supervisors use developmental models because we know that supervisees grow at different rates and have different individual needs. These models, which are typically atheoretical in nature, emphasize the importance of supervisory and counseling relationships and rapport.

In the supervision case example presented below, the counselor/supervisee was deemed to function at the highest level of 4, "master counselor," with personal, professional and cognitive skills. Collegial supervision was offered that integrated three important neurocounseling constructs: therapeutic alliance, social engagement theory, and the developing adolescent brain.

The supervisee's main supervision questions revolved around when and how to fit the client's father into the picture so that the client could be more comfortable and how to get more information from a 15-year-old client who was suicidal.

It was especially critical for the supervisee to build a therapeutic alliance with this vulnerable and scared adolescent. Sharing information from Stephen Porges' polyvagal theory taught the supervisee about the importance of the social brain and emotional safety, both for supervisees and for their clients. Once a supervisee feels safe, then this will transfer to the client as well. This type of emotional safety allows for constructive feedback to occur in supervision and counseling.

In our new supervision book, *Integrating Neurocounseling in Clinical Supervision: Strategies for Success*, we write about the vagus nerve, which is the longest of the cranial nerves, starting at the base of the medulla oblongata and ending in the abdomen. This nerve and its peripheral nerves interface the brain with many parts of the body, including sensory and motor functions, and the adaptive stress functions of the autonomic nervous system. Most counselors are familiar with the evolutionary stages of stress. The oldest stage, immobilization or freezing, uses the unmyelinated dorsal motor nucleus. The second level of our evolutionary nature, our fight-or-flight reaction, uses our sympathetic nervous system.

The third level of our evolution is the social engagement system, which uses the myelinated part of the vagus system. This system explains why supervision and counseling activate the parasympathetic nervous system. This is where all of our microcounseling skills are used: voice intonation, pace of speech, facial expression, eye-to-eye contact, and so on. Once the supervisee feels safe, then productive supervision can begin. This process will also be passed on to the client. In the case example that follows, emotional safety answers one of the supervisee's supervision questions.

The final neurocounseling construct needed for this supervision session was to ensure that the supervisee understood the evolution and function of the developing adolescent brain. This also helped to answer one of the supervision questions.

In a past article for Neurocounseling: Bridging Brain and Behavior, Laura Jones wrote that between the ages of 11 and a person's early 20s, the brain goes through a critical period of development. During this time, major structural and functional volume changes occur in the brain's gray and white matter. These changes are often associated with high risk and reward behaviors. When combined with the fluctuating hormones of adolescence, this is a formula for some chaos, curiosity, exploration and energy.

Excerpts from a neuro-informed supervision session

(Italicized sentences illustrate the neuro-informed constructs.)

Lori: Tell me a little bit about the case, and then we're going to get to your supervision questions. Based upon that, I'll come up with the best-fit model.

Ella: The case came through the hospital emergency room where a 15-year-old adolescent female was in need of a suicide assessment. She really couldn't identify what triggered it, and this often happens with adolescents. They will say that they're feeling suicidal and feeling hopeless, but they don't have any particular stressors.

Since then, the family started having arguments, and she has continued to make poor choices. Her parents made her close her Facebook account. And then, four months later, she opened up another Facebook account.

Lori: Oh, unbeknownst to her parents.

Ella: Yes. Her parents also took her phone away. Then the father moved out of the home. At school, she was on Facebook, and she was looking up ways to kill herself, so then she got caught again.

Lori: I wonder, Ella, if these weren't somewhat cries for help though, because they are so blatant.

Ella: She did confide that looking at porn is fun. She also said, "Well, I just think about boys all the time. I did send some pictures of me to a boy too. My dad found those pictures."

Lori: Some sexual exploration is quite normal at that age, but your client has had many losses happen all together, especially the father moving out.

Ella: Absolutely. Now that part is normal. I asked, "Have you continued to send pictures back and forth online?" Her mother was in the room still. I wanted to give her some privacy and needed to build rapport, so mother left the room for a time.

Lori: Let's stop just for a moment. So, with this background, what kind of *DSM-5* diagnosis [have you given] her at this point?

Ella: Well, at this point, I'm giving her a diagnosis of adjustment disorder and depressed mood. I'm not ready to add conduct just yet.

Lori: Ella, give me some of your supervision questions, and that will help me select the best-fit model.

Ella: The main questions here are what is the priority after getting some assessment of a couple different things? … What is the most urgent after safely stabilizing her suicidal thoughts? I think what she has called suicidal thoughts are hopelessness, despair and self-esteem issues. How do I develop her therapy sessions? She has another therapist she's working with, but she sees her once a month or once every two months. Also, when can I get dad into the picture?

Lori: The model I would like to use is a developmental one. It is often used in clinical supervision, as it is atheoretical and has different stages of development. So, I could use this with brand-new counselors or a master's therapist like yourself. Using this model, we could discuss different growth areas of interest to you. Your supervision questions suggest we might want to discuss some interpersonal assessment issues. How does she relate to you? How did she relate to others?

Ella: That sounds good.

Lori: Here is a quick question. What name shall we call her?

Ella: Abigail. [Note: Names and other details have been changed to protect confidentiality.]

Lori: *I am sure you already know much of this, but you need to work with her social engagement system to allow her to feel safe with you, herself and her family, down the road. Abigail sounds*

bright but scared. First, tell Abigail how sorry you are that she is going through all these difficult losses and situations. I so enjoy the work of Stephen Porges, who developed the polyvagal theory. He believes we must look at others with soft eyes and a calming voice. This activates their parasympathetic nervous system, and clients can begin to hear choices in counseling.

Ella: Absolutely.

Lori: Then you may want to work for forgiveness.

Ella: Yes, and it does seem like she does have a little bit of PTSD [posttraumatic stress disorder]. She can't get the image out of her face of her dad finding those pictures.

Lori: So, Abigail believes she has so disappointed her dad that he moved out?

Ella: Well … I think she just feels like she has embarrassed him by having sex and seeing pictures.

Lori: Let's stop. Abigail has to be told that her dad left because of a poor marriage and not because of her.

Ella: Oh, absolutely.

Lori: But you know, I think there's another thing that's so interesting. I think you've answered one of your supervision questions about "do I involve dad?" I don't think you involve dad yet with Abigail, but I think you've got to talk to dad and see where he is. *One of the things that we do is we educate parents to really get them to understand how a 15-year-old has a developing brain. The brain is developed from the back to front, and the prefrontal cortex is last. Teenagers at that age are impulsive anyway, so I think teaching this dad that rather than "I think you are a bad person," [it's] "I understand you have a developing brain that's allowing you to be impulsive." Teach him about risk-taking and consequences.*

Ella: Dad is the main one here that has to, I think, be explored a little bit more. What is the source of his anger, his frustration? This is more fear than anger. Because, sometimes, fear will come off in an angry way. When he can't control something, dad seems to pull away.

Lori: Sure.

Ella: And so, I don't know if dad has pulled away from Abigail because he's disappointed or if he's pulled away because he can't control this situation. Now she's not able to interpret this kind of behavior. I think if I could better understand and meet with dad and ask what's really driving him … There's a connection up here to ensure that his kids don't do what he did or that his kids are going to do better than what he has done … So, that is one of the things I take into consideration when I do take down history.

Lori: Yes.

Ella: And I think I was going to offer to work with her dad to be a little more direct and to try to explore and pull out these things. And I think that, you know, the recovery could be quicker. Abigail is a diamond in the rough. You're going to have to polish it and work with her a little bit, but it doesn't mean she's not a diamond like all the others.

Lori: I agree with you on that, and I also think all these are cries for help from her. She's not getting the attention she needs, so she's … telling you something, right?

Ella: Yes. So, that's why the primary course here is to get dad involved in a healthy way. I think once he can assure Abigail and validate that he loves her and his actions are more about fear and protection and not anger, the better it will be.

Lori: Sure. The other thing I think would be fun honestly, and I mean this genuinely, is as the family gets healthier, I think having every family member ask for forgiveness for his or her part would be helpful. [Note: Forgiveness was a large part of an earlier supervision session.] From the daughter, but also from the father.

Ella: I agree.

Lori: Forgiveness would be a really healing process.

Ella: And awareness of how he's been interpreted and misunderstood.

Lori: *Abigail may begin to feel emotionally safe in her family for perhaps the first time.*

Ella: And then the girl can forgive herself.

Lori: Yeah, wouldn't that be lovely?

Ella: Yeah.

Lori: Thank you so much for coming today and bringing your supervision questions.

Ella: And thank you for continuing to offer supervision. Sometimes there's a perception that when you've been at this for so long, you don't need it anymore. But I think we always need supervision and feedback. I remember reading something [about] "iron sharpening iron." You always have to be in supervision with someone who keeps you on the edge and sharpening you, provoking you to give out your best.

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Next month, the final article in this series on neuro-informed clinical supervision will focus on group supervision. If you have ideas for future columns, please contact Thom Field at *tfield@bu.edu* or Lori Russell-Chapin at *lar@fsmail.bradley.edu.* ❖

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