Becoming a neuro-informed clinical supervisor

We know through functional MRI (fMRI) and brain imaging research that counseling processes and the skills learned through counseling actually change brain plasticity in a positive direction. There are no empirical studies yet into the neural benefits of clinical supervision, but it makes sense that if the same therapeutic relationship exists in clinical supervision that exists in counseling and if similar counseling skills are used in clinical supervision, then the same positive plasticity would occur. It is imperative that clinical supervisors and supervisees understand the neurocounseling benefits for improved supervision. Every component of the supervision process has important neuroscience complements that can enhance the intentional selection of best-fit skills and models.

In this first article of our series on becoming a neuro-informed clinical supervisor, the main goals will be to define supervision, offer foundational and structural elements for all models, and begin to illustrate three neuro-informed supervision constructs — the default mode network (DMN), neurogenesis, and active listening skills — that are relevant to all supervision but specifically to integrated supervision models.

Lori Russell-Chapin, Allen Ivey and Nancy Sherman have previously defined supervision as an emotionally safe and distinctive approach and response to a supervisee's needs from an expert who has more experience. Robert Haynes, Gerald Corey and Patrice Moulton add that clinical supervision is a process that uses consistent observation and evaluation from a trained counseling professional who has a specialized body of knowledge and skill.

Foundational elements

In 2017, researchers Chloe Simpson-Southward, Glenn Waller and Gillian Hardy conducted a content analysis of 52 supervision models and identified 71 different supervisory elements. However, there was little consistency among the models and those elements. Most of the models emphasized the development of the supervisees, whereas only half focused on the client and outcomes. Some models never even mentioned the evaluation process.

Given that reality, we would like to offer some fundamental, standardized and foundational elements for all supervision models while continuing to allow for the needed uniqueness of those supervision models. The following elements will be addressed and demonstrated throughout this series:

1) Clarify supervision expectations and build supervisory relationships.

2) Explore multicultural backgrounds, similarities and differences.

3) Listen to supervisory questions.

4) Select an appropriate supervision approach.

5) Discuss diagnosis, conceptualization and neurocounseling integration.

6) Analyze supervisory outcomes.

Neuro-informed constructs for integrated models

Many of us use integrated models of supervision. One integrated model is the microcounseling supervision model, in which the main goal is defining and identifying all micro and macro counseling skills used in a counseling session. The second goal is to analyze the strengths and liabilities of intentional skills used to answer the supervision question.

From fMRI studies, we know that selecting attending skills for active listening activates the ventral striatum in the brain for both the supervisor/counselor and supervisee/client. This part of the brain is often responsible for motivation, some decision-making, and receiving reward information. The striatum also plays a role in dopamine projections. The more we practice and use these skills, the more opportunity is created for generating neurogenesis and neuroplasticity. Remember neuropsychologist Donald Hebb's rule: Neurons that fire together, wire together.

The skill of immediacy is another example of using neurocounseling skills in session. Focusing on the here and now in a supervision session utilizes entire brain regions, including the prefrontal cortex; the limbic system; the hypothalamic, pituitary, adrenal axis; the amygdala; and the hippocampus. For example, being in the present moment enhances the connection between the prefrontal cortex and the amygdala. Instead of reacting, there is a response. Our attending skills become as important as ever.

The final neurocounseling construct we'd like to discuss is the activation of the DMN. Studies have shown that when summarizations are used, the DMN is activated, helping us to reflect and process information. Major brain networks and hubs create the working DMN, consisting of the posterior cingulate cortex, medial prefrontal cortex, cingulate gyrus, and temporal and parietal lobes. Oscar Goncalves suggests that having a wandering mind in counseling and eliciting the DMN may actually help us to problem-solve. Therefore, the use of silence and any other tasks (such as walking) that provide space for the mind to wander while doing therapy are essential to our overall counseling and supervision processes.

Excerpt from a neuro-informed supervision session

The following excerpt is from an actual taped supervision session that Lori Russell-Chapin had with a supervisee. *Italicized comments* emphasize the neuro-informed constructs mentioned previously and how they are integrated into the session.

Lori: What do you want to work on in supervision today?

Andrea: OK, [my client is] a 17-year-old African American male. He was brought into foster care because he was severely beaten by his parents.

Lori: That's so hard.

Andrea: So, he's in foster care. He struggled with depression for quite a while, and I know a few months ago he was having thoughts of suicide. He currently is not, but he is still struggling with depression. And he has a really difficult time opening up. I'll ask him questions and stuff trying to engage him, and he'll give me one- or two-word answers. And I'll try to explore different things, but he just doesn't really go there most of the time. And I don't know if it's because he's close to me in age. I don't know if that might be something.

Lori: *But you're wondering if your age is making a difference.*

Andrea: I wonder if that's one of the things. He looks a lot older for his age than what he is, so he's taller than I am … so I just don't know if that plays a factor or if he's just uncomfortable with counseling in general.

Lori: *Well, that's really interesting though because now we're talking about different things too. Now we have an age difference, we have a gender difference, and we have a race difference. So, there's so many things that are going on I think, Andrea, that may impact your counseling with him.*

Andrea: Yeah, definitely.

Lori: Have you addressed any of those yet?

Andrea: Somewhat … not really race or anything. But we've talked about being close in age because he's getting ready for college and everything. And he has talked about it, and we've kind of shared college stuff. It's like a common similarity that we do have. So, we've talked about the age thing somewhat. And the male-female thing, we've kind of touched upon that too.

Lori: Don't you think it's interesting? You talk about age, you talk about gender, but race is something that is more difficult to touch.

Andrea: Mm-hmm.

Lori: What do you think that's about?

Andrea: I guess I don't really know how to approach it with him. I just don't really know how I would approach it.

Lori: I see. *What if you self-disclosed just that to [the client]?*

Andrea: Yes.

Lori: OK. Well, maybe that's something that will evolve in our session today too. So right now, what would be your *DSM-5* diagnosis?

Andrea: Major depression disorder, moderate.

Lori: That's one of the things you're working toward in counseling.

Andrea: Yes.

Lori: Any other variables that I need to know before I get your supervision question?

Andrea: How he is going to be returned home. That's the goal we're working toward.

Lori: Is it soon?

Andrea: It might be. I don't know. It just depends on many things.

Lori: *But if I go back to something you just said though; I'll make sure I heard this correctly. So, he was beaten by a family member.*

Andrea: Yeah.

Lori: And he would go back into that same home.

Andrea: Yeah, and there's just a lot of factors if that's actually to happen. He's going to be going to college soon too.

Lori: Oh, so he won't be going back into the home for a long period.

Andrea: No. I mean, this is just temporary.

Lori: We have changed many demographics for confidentiality. What would be a name that we could call him? Any name.

Andrea: Lawrence.

Lori: All right, let's talk a little bit, Andrea, about what your supervision questions might be for me today. Based upon that then I'm going to pick a supervision model that fits best.

Andrea: Perfect. How can I engage him better in counseling, and how can I reach him so he is comfortable enough to open up to me?

Lori: And then also even maybe talking about those issues that are difficult to talk about … like the race issues.

Andrea: Yes.

Lori: Based upon your questions, I think one of the models that would be an excellent fit is an integrated model. Integrated models of supervision tend to be atheoretical. They're trying to be flexible based upon your needs. The basic tenets of the integrated microcounseling supervision model would be this standardized approach. I would use it as you're saying, "I just don't know quite what to do. I don't know how to engage him or make him talk to me more." I think this will be a really good model for you. I will use the Counseling Interview Rating Form. Remember, all supervision models have limitations and strengths.

(Note: Interview continues about validity and strengths and weaknesses before picking up again here.)

Lori: So, these are the micro skills. You know, all those wonderful rapport-building skills. Any of those that need a little bit of a refresher?

Andrea: I guess I could probably always work on silence, especially with him because it tends to get really uncomfortable.

Lori: *I do think sometimes counseling is uncomfortable. Allowing him time to reflect by providing silence is helpful.* I think about going back to my original counseling goal. My goal has always been symptom reduction. You would like him not to have so much depression, but you know that now my goal is to teach self-regulation. So, one of the self-regulatory skills will be life is uncomfortable, right? If we could model that reframe in counseling, that would be a really good thing. *So, I think silence might be something that would be really effective. Let's try it now. See where silence takes you.*

Andrea: *I think counseling and supervision are uncomfortable. I don't like being uncomfortable, but perhaps there is a good reason for it.*

Lori: And now you're moving into macro influencing skills. Any of those skills that need to be refreshed that I can even address? Do they all seem pretty familiar?

Andrea: They seem pretty familiar. Confrontation, that's what I have been working on a lot these past six months. Just to be more comfortable with confrontation.

Lori: And so, one of the things we keep talking about is that you have to have rapport with someone before you can confront them. But people can't change without your pointing out some of their discrepancies, right? So that's a great goal. What, with Lawrence, would you need to be confronting?

Andrea: Every week he changes his mind about whether he wants to go home or not. It's not consistent at all. I know I've confronted this and just kind of asked about it, and he's kind of incongruent at times too. He'll tell me he's doing fine, whereas he doesn't appear to be fine. Like he just has a very flat affect.

Lori: And you don't jump on that?

Andrea: I have been trying to. I'll tell him, "Well, you say you're doing fine, but you don't look like you're feeling fine. You know, you look really down today. You look really sad. You're just looking down and mumbling.

Lori: *Those are excellent confrontations. The other part of that phrase is "what you say needs to be consistent with what you do." I wonder what Lawrence would say to, "Well, you're looking down and mumbling. So, talk to me about that." What do you think he would say?*

Andrea: I don't know. He says, "I don't know" or just shrugs his shoulders.

Lori: So now let's go to when he says to you, "I don't know." Tell me how that makes you feel.

Andrea: Well, in one way I understand. I mean, it is hard to talk about those feelings. But on the other hand, I really want to get to work — you know, where this is coming from. I want to help him. And I usually try, "Well, let's think about it," and sometimes, like every once in a while, he will go there with me, but sometimes he's just against that completely.

Lori: So, we've talked about this in prior experiences, Andrea, but when that happens, again, what are your feelings?

Andrea: I think I did feel pretty discouraged at times, like I'm not doing my job the best I could.

Lori: And what keeps you from saying to Lawrence, "You know, I'm struggling a little bit because I really want us to get to the root of these problems, but I can't. I can't get you to really open up to me and so, sometimes, I get really discouraged." What do you think Lawrence would say?

Andrea: Honestly, I don't know what he'd say. It might be really interesting to go there with him.

Lori: *I see. You might self-disclose to him.*

Andrea: Yeah, that … that would be really good.

Lori: We're back to uncomfortableness, and it's awkward. But I think if he knows, Andrea, that you want something for him and that you're discouraged, I think you are a role model for him to say, "Yeah, I get discouraged sometimes too."

Andrea: And the honesty that I'm showing him I think would help him. You know, like, "Oh, that's an example [that] I can be honest with her too."

Lori: Absolutely. You could be his role model for that. That is exactly your supervision question, right? *How do I get him to open up to me? It is so uncomfortable. There is also the confrontation piece. Let's just take the silence piece, which is almost the opposite. So, when are you silent with him?*

Andrea: I'll ask him something, and sometimes he'll just give me, "I don't know," and then I'll be silent. If I can see him thinking about it, I'll let it just be.

Lori: *I love that. Because what we know about the brain, especially the adolescent developing brain, is that they need time to access that default mode network, right? They need time to be able to reflect, and I think one of the neatest things we do as counselors if we are silent is we give them and us the time to reflect. We give him time to activate the default mode network. And I think especially today, we're so busy with our texting and our social media that we don't have a lot of time for reflection. Silence would be incredible.*

Andrea: I agree too.

Lori: I have a lot of clients who say, "I don't know," and I often say to them, "Is it really 'I don't know,' 'I don't care' or 'I don't want to say'?"

Andrea: I like that.

Lori: Which of those do you think Lawrence is really saying? "I don't know," or is he really saying, "I don't care," or is he really saying, "I don't want to tell you"?

Andrea: In my view, "I don't want to tell you."

Lori: So, here's another part of the Counseling Interview Rating Form. If someone had the honesty to tell you, "I don't want to say," what skill would you do next?

Andrea: I'll explore with them what's so uncomfortable about talking about it.

Lori: *Yeah, now we're right back to the confrontation and immediacy, right?* (Note: The supervision session continues for a few more minutes.)

Lori: What could you take away from supervision today that you really think might make a difference with Lawrence next week?

Andrea: *Talking about how life is uncomfortable sometimes and going with the resistance and exploring that with him. Confront when I see incongruences, and look for potential self-disclosure moments. Being immediate with just how I'm feeling [when] that is relevant. Also, I want to give him silent time to process and reflect by using the default mode network.*

Lori: Yes. Maybe you could even approach it this way once you have started the session, saying, "You know, we're going to do something different today. Today, you can't say, 'I don't know.' You can say, 'I don't want to say' or 'I don't care.'"

Andrea: This would strengthen our rapport, and I think he would feel more comfortable opening up and trusting me and maybe being more comfortable with the uncomfortable.

Lori: I'm so glad we were able to answer your supervision questions today,

Andrea. Thank you for bringing your supervision questions too. They helped guide us today. In addition, I am glad we could become more neuro-informed and see how understanding neurocounseling assists our counseling and our clients.

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Additional resources

- *Neurocounseling: Brain-Based Clinical Approaches*, edited by Thomas A. Field, Laura K. Jones & Lori A. Russell-Chapin
- *Intentional Interviewing and Counseling: Facilitating Client Development in a Multicultural Society* by Allen E. Ivey, Mary Bradford Ivey & Carlos P. Zalaquett
- *Integrating Neurocounseling in Clinical Supervision: Strategies for Success* by Lori A. Russell-Chapin & Theodore J. Chapin
- *Five Approaches to Supervision* (demonstration videos) presented by Lori A. Russell-Chapin (Alexander Street Press)

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During the next year, the Neurocounseling: Bridging Brain and Behavior column will focus on several series topics. To suggest a special topic to be covered (or to extend an offer to write on that topic), contact Lori Russell-Chapin at *lar@fsmail.bradley.edu* or Thom Field at *tfield@bu.edu*. ❖

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