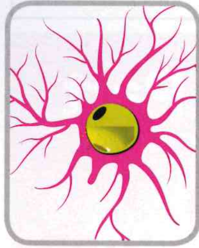

Neurocounseling: Bridging Brain and Behavior

Becoming a neuro-informed clinical supervisor, Part 3

By Lori A. Russell-Chapin & Ted J. Chapin

This is the third and final article in our series on becoming a neuro-informed clinical supervisor. Our main objective with this article is to present a case study from a group supervision session, highlighting the process and structure of a typical session. The basic tenets of group supervision will be defined, and then additional neurocounseling constructs will be implemented into an actual group supervision session. The importance of understanding the function of the parietal lobes will be discussed. Please refer to the first neuro-informed clinical supervision article, which appeared in November, for the definitions and foundational elements of supervision.

Group supervision

Clinical group supervision offers many advantages and some liabilities. The major strength is that group supervision maximizes supervisor and supervisee resources, time and experience, while also offering additional peer support. Helping professionals across disciplines can learn vicariously from one another in this format, thus building a cohesive team.

At the same time, one of the drawbacks of clinical group supervision may be not having enough time to focus on difficult cases in one group session. Another might be participants' feelings of inadequacy when sharing with colleagues. An experienced group facilitator will have skills to manage both the advantages and disadvantages.

Neuro-informed constructs for a group supervision session

In our new supervision book, *Integrating Neurocounseling in Clinical Supervision: Strategies for Success*, we write that the fast-paced and time-limited nature of group supervision requires that each group member gets needed attention, and that need increases with the number of group members. Typically, it is not effective to have any more than six to eight members on a supervision team. It is worth nothing that some state licensing regulations put limits on the numbers allowed in group supervision.

Given this added layer of complexity, all of the micro- and macrocounseling interviewing skills are needed in group supervision. This mandates that the entire brain be a working symphony. However, with group work, understanding the function of the parietal lobes is especially relevant. The parietal lobes are involved in taking in all raw data and then integrating and making meaning of that sensory information. Understanding spatial relationships is also a function of the parietal lobes.

The parietal lobes are responsible for behaviors such as vigilance, praxis, shifting, integrating foci and perception, and nonverbal reasoning. If a group facilitator notices that one of the supervisees is having difficulty with feedback or conceptualization, it may be because of a dysregulation in the parietal lobes. According to neurofeedback specialist John Anderson, too much theta in the right parietal lobe can cause rationalization and self-concern, whereas too much beta may cause emotional rumination. In the left parietal lobe, too much theta can also be a function of poor organizational skills and memory. To remediate these concerns, the group facilitator may need to ensure that structure, rules and expectations are always a consistent aspect of group supervision.

Just think of all the rapid information being gathered in group supervision.

Excerpts from a neuro-informed group supervision session

Italicized sentences illustrate the neuro-informed constructs in this excerpted transcript of an actual group supervision session. Watch for possible dysregulation and regulation of the parietal lobes in both the supervisees and their clients.

Ted: Hi. My name is Ted. Welcome to our group supervision session. At our private practice, we meet once a month to review cases. Several of our staff have graciously agreed to appear today to help us demonstrate what group supervision looks like for you. *I'd like to have everyone introduce themselves and maybe say a little bit about their training and background. Then we'll go around and get a sense of what kind of cases we might talk about today.* I'll start.

Again, my name is Dr. Ted Chapin, and I am a psychologist and a licensed marriage and family therapist. I'm also board certified in neurofeedback, and I am the head of our group. I've been in private practice for about 30 years. A lot of my work is in marriage and family and, more recently, in neurofeedback, where we provide services to more moderate and severe kinds of problems.

Jason: My name is Jason. I have been in private practice now for almost two years. I am a licensed clinical professional counselor. I have been trained in neurofeedback as well. I primarily work with younger adolescents and younger adults, ranging from symptoms of ADHD [attention-deficit/hyperactive disorder] to relationship problems. I spent five years in residential treatment working

with sexually problematic behaviors.

Trina: Hi. I'm Trina, and I'm a licensed clinical professional counselor. I received my doctorate from St. Louis University in counseling and family therapy. I see teenagers and adults. I see a lot of couples and families as well.

Emily: My name is Emily. I have been working for the practice for two and half years as a licensed professional counselor. I am working toward my next license as a licensed clinical professional counselor. I see mostly clients that come through their employers. We have several contracts in the area and also self-pay clients and sliding scale.

Lori: My name is Lori Russell-Chapin. I am a licensed clinical professional counselor and board certified in neurofeedback. I work full time at Bradley University. I've been working at Bradley for 32 years. Bradley allows me to consult for eight hours per week.

Ted: *Who has cases they want to share? I know each of you has obtained a release of information to share information, with some demographics changed.*

Trina: I have a case. This is a married couple. They've been married for about 13 years. They have one child. I would say the wife is the identified patient. She has severe anxiety, and the puzzling thing to me is these attacks of anxiety seem to only happen when she's with her husband and at home.

Lori: You'll be able to give us a supervision question once we get into your case.

Ted: OK. Anyone else have a case that they want to discuss today?

Lori: I actually do too. I have a woman who entered into my practice six years ago, and I saw her a lot for a whole year. Her presenting problem was an alcoholic husband who was not faithful. At that time, the kids were still living in the home, and then I saw both the wife and husband for maybe six months. The couple reported that life was better.

I hadn't seen her for over two years. A month ago, she came back. My client stated that the problem was that nothing had changed and "why do I keep doing the same thing over again?" My supervision question is how can I help her cope with choosing to be in the same position over and over again?

Ted: OK. Anyone else have a case they want to talk about today? If we have time, I'll share a little bit and pose a question about a young boy I have been working with who has Tourette's syndrome. I have been doing neurofeedback with him.

Trina, let's start with your case first as it sounds as *if it may take us a little bit more time.*

Trina: I've been seeing this couple for 17 months, but I've only had 16 sessions. They always say, "We need to come in more often, but life gets in the way." He's a retired police officer, but he's now teaching at a small university. He has his Ph.D., and she is an elementary school teacher.

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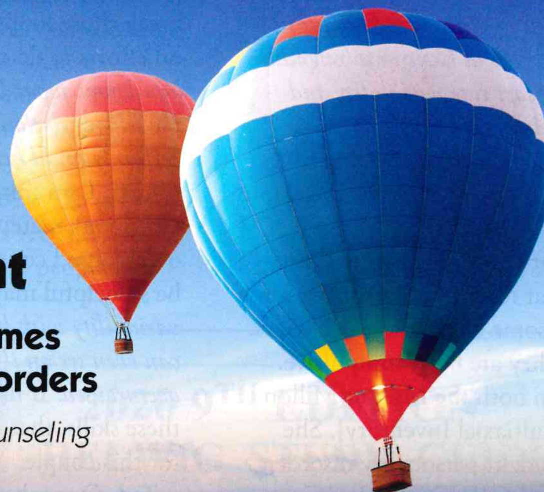

A little bit of family background for each of them. *His mother is bipolar, and they've been estranged for a number of years.* He's an only child, and he describes his dad as a narcissistic sociopath. His parents were divorced when he was very young.

In regard to her [the wife's] parents, they are intact. She has a younger brother who is in his 30s [who] still lives at home. By all appearances, my client is a very quiet and calm person. The husband is more of the talker.

The presenting problem is her anxiety at home. She has temporomandibular joint disorder (TMJ). She has been prescribed Wellbutrin. She's tried a couple of other antidepressants because she has had problems with depression and has had bouts with suicidal ideation. The Wellbutrin she thinks helps her depression, and she sees a psychologist frequently for personal counseling.

Ted: What's your supervision question for us?

Trina: My question for the group is why is she only like this at home and with her husband?

Ted: Any points or questions for Trina?

Lori: *One of my questions is what neurocounseling skills does she have in her toolbox, such as basic diaphragmatic breathing, heart rate variability and biofeedback?*

Trina: She does not have those.

Lori: Maybe we can weave them into your treatment plan.

Ted: That might be helpful to self-regulate that reaction. Now that I sense it, she has some compulsive behaviors.

Trina: They are both compulsive. I gave them both the Millon [Millon Clinical Multiaxial Inventory]. She has a dependent personality disorder with depressive personality traits, self-defeating personality features and schizotypal personality features.

Lori: Those results do answer some of your supervisory questions already, Trina.

Trina: The Millon was very helpful to me. He has obsessive-compulsive personality traits and schizotypal personality features.

Ted: They both have very high expectations and struggle with interpersonal comfort and skills. Her anxiety originated as an adult?

Trina: As an adult.

Ted: She felt fairly safe and secure in her family of origin?

Trina: Yes. Well taken care of.

Lori: She doesn't feel safe in this relationship?

Trina: Perhaps. I haven't asked. She does feel like he's constantly watching her. You know, just looking.

Ted: So maybe he's more *hypervigilant.* I wonder if she senses all of that and becomes anxious and then it becomes overwhelming? It may be wise to recommend the husband see someone for personal counseling too.

Trina: OK.

Ted: Individual work might help him figure out how to better understand those dynamics of his own origin and learn how to soften his approach when he engages his wife. I mean, from a couples and family perspective, what I'm hearing are calibrated communication loops here, whether they're nonverbal or verbal, that just automatically trigger the same reactions over and over. And either of them could probably do something different to break those loops. If both could focus on efforts to do that, it would help. *You know, what Lori was suggesting with the self-regulation skills for her [the wife] certainly could help her be calmer.*

Lori: I am thinking of John Gottman's materials on working with overaroused couples, and it would be so helpful maybe to do *heart rate variability with both of them. You can even see on the graphs how they're overaroused.* If they both could have these skills, that would be very valuable for this couple.

Ted: Once they have these skills, they learn how to approach the problem from a common place. I'll often have them come back in and redo the problem, and this time try to employ those skills and see how they can work through that problem more smoothly.

Lori: I'm wondering if it would be wise, Trina, to *define emotional and physiological safety for both of them.* Because she sounded safe as a child — maybe too safe. But if we can define safety and we have this objective measurement of what that would look like for her, I think that might be really important.

Trina: I agree.

Lori: I'm curious about this. Have you asked her opinion as to why she thinks she only has these anxiety attacks with her husband?

Trina: I don't believe I have. Dancing around that.

Ted: My thoughts go back to his skills and being able to problem-solve any situation rather than going into a threatening mode.

Trina: Yes, and being an authoritative police officer.

Lori: I'm wondering about this too. I do a lot of teaching with couples on how to fight fairly. I don't think this couple knows how to fight fairly. I think there's some basic tenets to fighting fairly. One of the basic tenets is you don't start a fight right before you're going to work or going to bed. *You plan a time to have that needed discussion.* Another rule is to allow for adult timeout because if she could give herself a timeout, maybe she doesn't have to have an anxiety attack. "I'm going to leave the room, but I will be back in 10 minutes, and we'll continue the discussion." I wonder if that might be helpful?

Trina: I think all these suggestions would be helpful for her.

Jason: What's keeping them together? What are they sharing? What are they passionate about?

Trina: They would say they care for each other. I believe he was married previously, just for a short time. I don't know if that would be part of his thinking — "I don't want to have another bad marriage." They both love and care for their daughter.

(This strength thread continues.)

Emily: Could we also talk about the tools that she does use?

Trina: She does self-care, such as in the evening she'll take a bubble bath, relax and meditate. Again, why isn't she like that at school? Because things happen at school too with a roomful

of elementary-age kids. That is why I zeroed in more on the relationship or her thoughts of how he is with her.

Jason: I like going back to what Lori mentioned. Asking her directly, why is this with him and not elsewhere?

Trina: I believe her answer will be that school is structured and she is the expert and authority.

Ted: At home, they are not willing or able to share the power or authority. My mind is wandering back to your description of his family of origin. Again, I think of all the intensity in his family, having members with bipolar and narcissism. And then he had to kind of manage all that, navigate through that. And he was an only child who becomes a police officer. He finds that authoritative power. Perhaps he doesn't know how to do it in a softer, connective way.

I wonder at the end of the session if somehow you can help them draw out what were the positive things that happened that day or the positive things that happened that week, and help them begin to refocus on what things reassure them about making changes — positive changes. Maybe you can model that for them.

What did you gain out of supervision today?

Trina: I have a lot of good suggestions. I appreciate that very much. I would like to work on some of the things that we've talked about here today. It will give them hope.

Ted: Help them understand the path to positive change.

(The group continues to the next case. *The end routinely concludes in this manner.)*

Lori: Even if you did not present a case, what will each of us take from supervision today? For me, it's just listening to everyone share, and having their opinions is so helpful and rich for me. I so enjoy integrating neurocounseling into our sessions. It adds additional depth to our already-effective counseling treatments.

Emily: Mine is very similar — just the different perspectives we all have. It's so much more effective with all of us as a group because we can cover more ground and just remember more comprehensively.

Ted: For me, I enjoy being able to offer feedback. Put all of our heads together and maybe be supportive whenever we feel stuck.

Trina: Along the same lines as the rest of you, that sometimes I can't see the forest for the trees. Sometimes it is difficult to be objective. I do have my own stuff, and I think supervision helps all of us and brings it to our attention. I think sometimes we think we should be able to have all the answers. We have had many years of school and experience, but we don't have all the answers. It's good to hear that the rest of you don't have all the answers either.

Jason: It is the same for me. I learned so much. It's an ongoing learning process. It is helpful to see how a different path might be able to get to the same end result. It's very helpful to hear more experienced people talk about some of the things that I'm experiencing too.

Lori: I would also say, Jason, experience is helpful, but it's so nice to have a fresh perspective too from younger clinicians who are not as experienced because you bring in a different perspective. I value that.

Ted: Thank you all for participating in the group supervision. Integrating several neurocounseling aspects has also added much value to our supervision today. ❖

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