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How to Effectively Supervise Professionals Treating Individuals Who Perpetrate Sexual Violence

1

OBJECTIVES

1

Be able to recognize their own vulnerabilities and agency in protecting against ethical boundary violations.

2

Participants will develop an understanding of **common pitfalls** in supervising new therapists working with individuals with histories of sexual abuse.

3

Participants will be able to articulate specific steps to optimize the **supervisory relationship** for therapist's working with individuals with histories of sexual abuse.

4

Participants will engage with ways to facilitate **selfcare, education, and skills development** for new therapists working with individuals who have sexually abused.

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INTRODUCTIONS

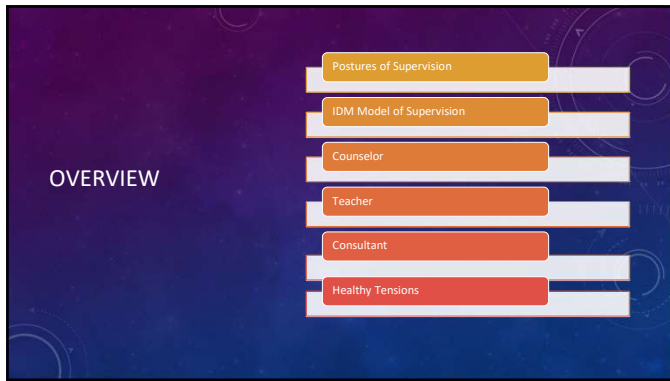
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- Licensed Masters-Level Psychologist
- 12 years program director
- 15+ years supervising therapists
- Forensic evaluator and treatment provider

Paul Hoard

- Licensed Mental Health Counselor; Approved Clinical Supervisor
- Assistant Prof. at The Seattle School of Theology and Psychology
- PhD in Counselor Education
- 10+ years supervising therapists and providing psychotherapy to individuals with histories of sexually abusive behaviors

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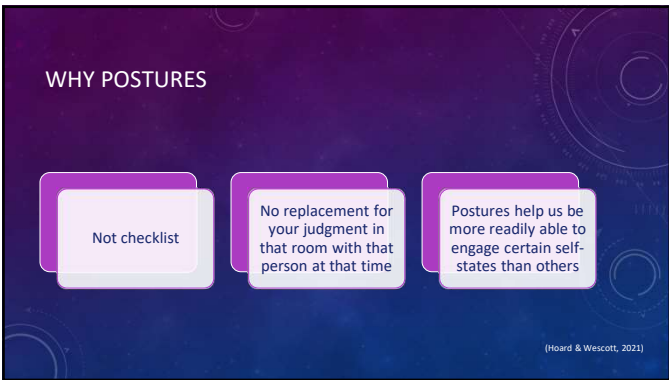
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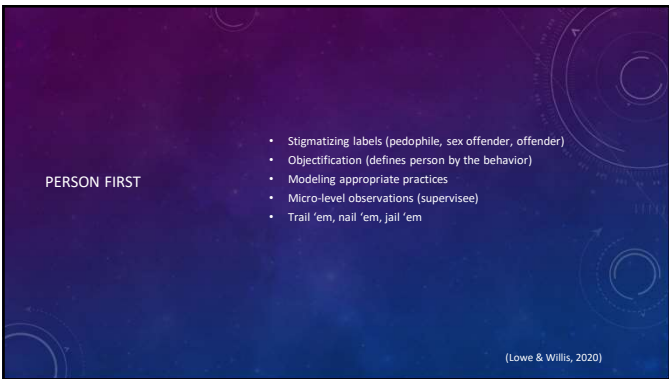
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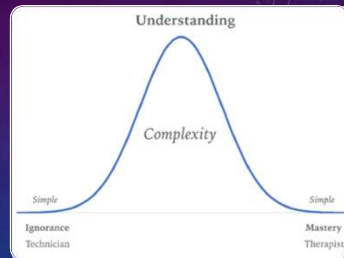
Person First

- Lowe and Willis (2020): pejorative labels (child sex offender, sex offender) made people less likely to volunteer with different criminal convictions
- Why is this important for supervision?
 - First, it's what we want to teach
 - If we can model person-first language, we can increase supervisee's comfort with this population
 - Using the label 'sex offender' ignores the heterogeneity among individuals who commit sexual crimes (Lowe and Willis, 2020)
 - Helps reduce bias

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THE OTHER SIDE OF COMPLEXITY

*How do we invite them out of ignorance and into complexity?



(Hoard & Wescott, 2021)

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POWER CONSIDERATIONS

- *Supervisors have power over their supervisees
- *This field is small, making supervisors opinions worth more than in other supervisory relationships
- *These can work to make it harder for supervisees to feel safe enough to be honest
- *How can supervisors "own" their power in the room without harming the alliance?
- *How are issues of race, power, and privilege discussed and addressed?

(Celenza, 2011)

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Integrated Development Model of Supervision



(Salvador, 2016; Stoltenberg et al., 1997)

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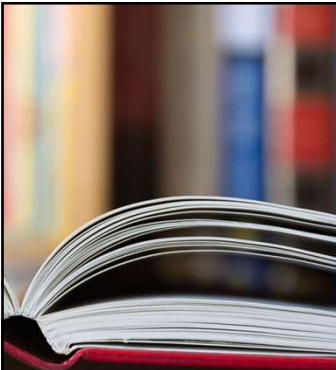
SUPERVISION MODELS

- Many different models/approaches exist (like in psychotherapy)
- One way to think about it is the "Discrimination Model" – your supervisor will interact with you in three different approaches
 - Teacher – teaching new skills, psychoeducation etc...
 - Consultant – conceptualizing cases, providing ideas, discussing interventions/approaches
 - Counselor – helping you process your countertransference in the session and checking in your self care
- These will necessarily adapt as your supervisee develops as a clinician and faces new situations

(Bernard & Goodyear, 2019; Salvador, 2016; Stoltenberg et al., 1997)

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DEVELOPMENTAL FRAMINGS

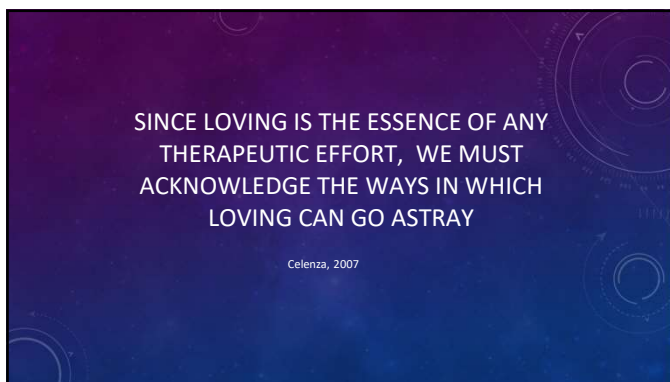


- Where is the supervisee starting from?
 - -Education
 - -Experience
 - -Interest in the field
 - -Personal histories
 - -Approach to clinical work

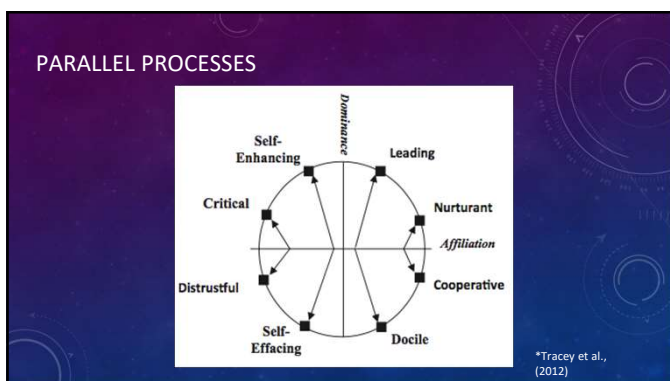
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SIGNS OF RELATIONAL BOUNDARY CONCERNS WITH SUPERVISEE

- Requesting favors from supervisor
- Sliding into fully therapeutic relationship instead of a supervisory one
- Over or pre-mature familiarity with the supervisor

(Celenza, 2011)

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SUPERVISEE COUNTERTRANSFERENCE WARNING SIGNS

- Ineffective boundaries (too rigid, too permeable)
- Dreading sessions (avoiding sessions)
- Over-disclosure
- Becoming 'triggered' (not always apparent to the individual)

(Celenza, 2011; Dickeson et al., 2020; Hook & Devereaux, 2018; Steinberg et al., 2021)

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GENERAL VULNERABILITIES

- Personal and relational crises
- Isolation (not in consultation, supervision, or peer study group)
- Life changes and losses
- Inattention to self-care and emotional needs
- Substance and behavioral addictions
- Contextual factors of organizational culture

(Dickeson et al., 2020; Hook & Devereaux, 2018; Steinberg et al., 2021)

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PERSONAL VULNERABILITIES

- Narcissistic vulnerability: Grandiose and/or covert rescue fantasies "I alone can save them"
- Intolerance of negative transference
- Childhood histories of emotional deprivation and sexualized over stimulation
- Family history of covert and sanctioned boundary transgressions
- Unresolved anger toward authority figures
- Restricted awareness of fantasy (especially hostile/aggressive)
- Transformation of countertransference hate to countertransference love
- Dissociative compartmentalization

(Dickeson et al., 2020; Hook & Devereaux, 2018; Steinberg et al., 2021)

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TEACHER

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WHAT ARE BOUNDARIES

Therapeutic frame

Demarcation that signals modes of thinking and relating

"Rules" of therapy

Structure, organizers

- Inside/outside
- Real/fantasy
- Self/other
- Therapeutic/harmful

(Little, 2020)

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WHY BOUNDARIES?

1

Maximize potential efficacy of therapy

2

Minimize risk of harm to

- Client
- Therapist
- Community/Profession

3

Develop public trust

(Steinberg et al., 2021)

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QUICK WORD ON "REALITY"

- The **Imaginary**: deals with appearances and interpersonal relations with other people
- The **Symbolic**: The lingual dimension and social structure
- The **Real**: that which remains unsignified
- These are interrelated registers for engaging reality

(Žizek, 2007)


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LIKE A GAME OF CHESS

The Imaginary: Medieval combat

The symbolic: the rules of the game (i.e. a knight moves up 2 and over 1)

The real: it is a game being played by two unique humans in a particular context (everything that can't be capture in the game's "reality")



(Žizek, 2007)

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POWER AS INSULATION

Power is symbolic, not just imaginary

Power isn't felt by those who hold it

People are more attuned to feeling their lack of power

We can't just trust our guts

(McGowan, 2019)

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IMBALANCES IN POWER

Knowledge of the patient by therapist

Patient's emotional disequilibrium

Social roles or therapist-patient

Education and licenses/certification

Diagnostic power

Justice system and probation

It's a small field

(Celenza, 2011)

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EQUALITY THEATER

The pretense of egalitarianism through the disavowal of power

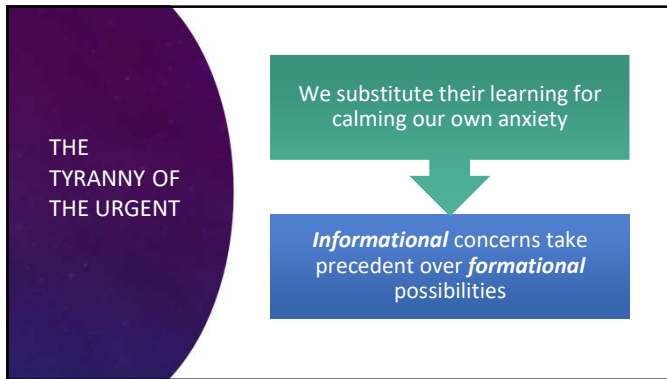
Empty, symbolic gestures of humility and equality

Comes from a discomfort with the necessary power hierarchy in therapy

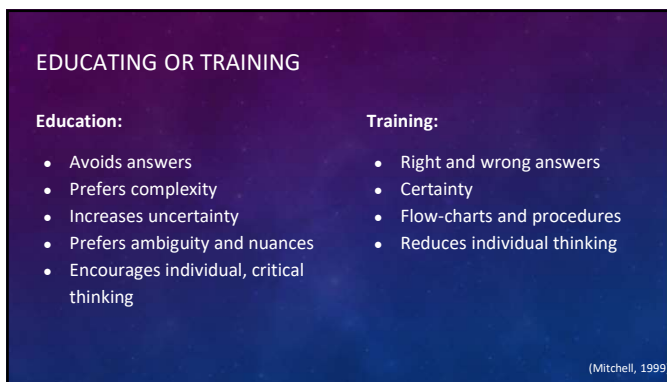
The therapists' power is definitional and therefore irreducible in the therapeutic context

(Celenza, 2011; Hoard, 2022; Steinberg et al., 2021)

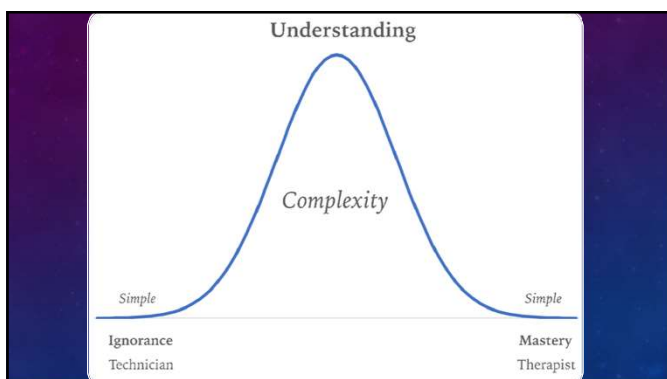
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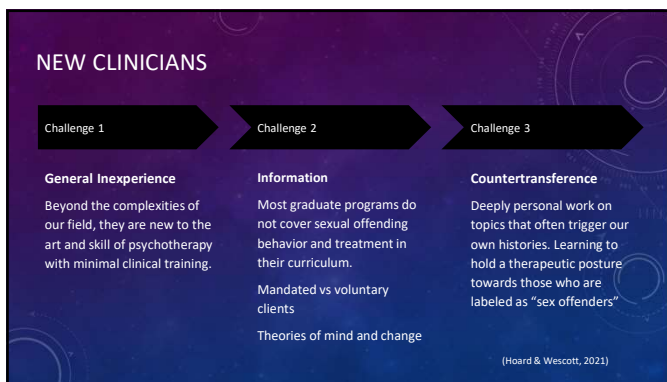
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DOCUMENTATION

- Supervisors should document each supervision session
- Record what you focused on, what you told them to do, how they responded
- Like clinical notes, if you don't document it, it didn't happen
- Review supervisee's notes and documentation regularly – if you don't show them, they won't know

(Bernard & Goodyear, 2019)

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SUGGESTIONS

- Have your supervisee mention you to the patient. Re-contextualize the therapy into the larger world of licenses, boundaries, etc... Be the *third* in the room
- Consult with other supervisors and colleagues
- Document what you told the supervisee as well as what they reported and said they would do. Follow up with them
- Know when you may need to intervene more directly. - professional agency, licensing board, primary institution, law enforcement
- Maintain the tension between flippancy and an overreacting
- Remember, completely "sex-free" environments are often rife with sexual abuse
- Consider "what's missing" when conceptualizing a case with a supervisee. What affect is never present in the supervisee's countertransference reflections?

(Dickeson et al., 2020; Hook & Devereaux, 2018; Steinberg et al., 2021)

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BALANCE OR TENSION

- Stability
- Flexibility



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NARCISSISM

- Catch 22
- All therapists have a degree of it
- Benign and malignant
- Covert and grandiose
- Rescue fantasies
- Idealized self-image incapable of experiencing one's own hate and aggression

(Steinberg et al., 2021)

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COMPARTMENTALIZATION

- Necessary at times to keep work and home separate
- Too great a split leaves one vulnerable and with unintegrated self states
- Looking to patients for gratification is dangerous
- Tolerating patient's ambivalence requires therapists' integration
- What can't be integrated may be acted out

(Celenza, 2011)

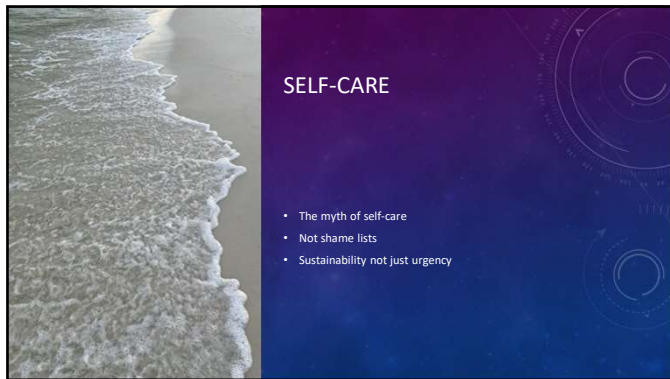
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PROTECTIVE FACTORS

- Being in community with other practitioners
- Personal therapy and supervision
- Effective self-care (not just shame lists)
- Education
- Tolerating negative transference and ambivalent feelings
- Awareness of vulnerabilities
- Regular consultation
- Open sexual communication and personal reflection
- Supportive relationships outside of work
- Pro-social outlets for uncomfortable feelings

(Dickeson et al., 2020; Hook & Devereaux, 2018; Steinberg et al., 2021)

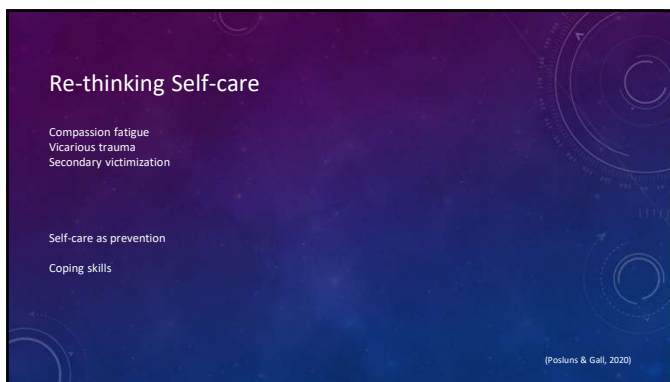
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SELF-CARE

- The myth of self-care
- Not shame lists
- Sustainability not just urgency

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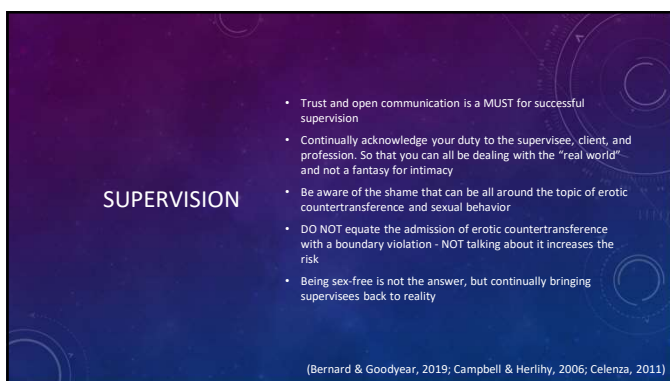
Re-thinking Self-care

Compassion fatigue
Vicarious trauma
Secondary victimization

Self-care as prevention
Coping skills

(Posluns & Gali, 2020)

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SUPERVISION

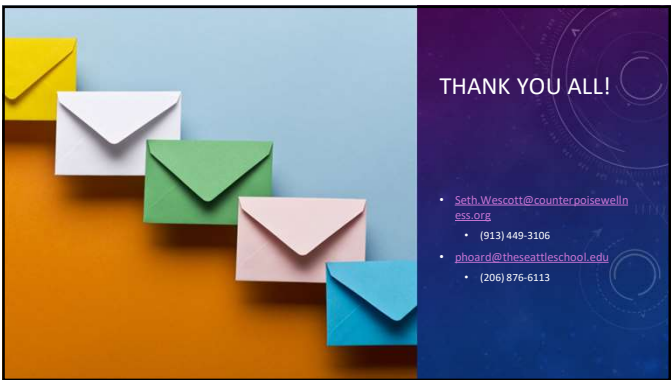
- Trust and open communication is a MUST for successful supervision
- Continually acknowledge your duty to the supervisee, client, and profession. So that you can all be dealing with the "real world" and not a fantasy for intimacy
- Be aware of the shame that can be all around the topic of erotic countertransference and sexual behavior
- DO NOT equate the admission of erotic countertransference with a boundary violation - NOT talking about it increases the risk
- Being sex-free is not the answer, but continually bringing supervisees back to reality

(Bernard & Goodyear, 2019; Campbell & Herlihy, 2006; Celenza, 2011)

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