

## **Counseling Tips for Nutrition Therapists**

### **Tip #11 The Role of Supervision**

*If one is out of touch with oneself,  
then one can not touch others.*  
Anne Morrow Lindbergh

*I not only use all the brains I have,  
but all I can borrow.*  
Woodrow Wilson

#### What is supervision?

It is the process of interacting with a professional colleague for the express purpose of improving your work with clients. It can be done in a small group or one-on-one, in person, by phone, or even e-mail. Supervision has long been the norm among psychotherapists. It is used both in training and in a continuing practice. Many consider it unethical to do therapy without some form of supervision.

#### Examples of things to bring to supervision:

"I don't understand **what is going on with this client?**" "What stance should I take?" "How can the client best use me as part of the team?" If the client is in therapy, these questions can be best answered by consulting with the therapist. Especially if you see clients with eating disorders, regular collaboration with their therapist and doctor is essential. Beyond this case collaboration, you may also be able to learn more about the bigger psychological picture. For example, the client may be splitting, keeping secrets, or violating boundaries with staff as she does in her family. You could specifically ask the therapist for more time, and she might be open to some short-term supervision. If your client is not in therapy, consulting with a therapist you feel comfortable with may help you understand what is going on.

"I find myself thinking of my own **body and food issues.**" Sorting out how this may be affecting your clients is impossible to do alone. You might use a combination of therapy (to work on your relationship with food and your body) and supervision to explore how it affects your work.

"I feel tempted to tell this client a lot about myself (or I already have) and wonder if it is in the service of the client." **Self-disclosure** decisions are best sorted out with someone else. (See Tip #1.)

"I know the client in another setting. Is it OK to also be her dietitian?" Some **dual relationships** can work out fine, others get sticky. (See Tip #13.)

"Something doesn't feel right in my work with this client, and I'm not sure what it is." **Vague feelings of discomfort** are wonderful clues that there is something for you to learn and/or something you may be approaching in a manner that is not helpful to the client.

"Why do I feel so annoyed (or bored, or angry, or scared or...) with this client?" These reactions are all examples of **countertransference**. Countertransference refers both to our unrealistic, unconsciously motivated reactions that may be related to our past experiences and also to our reality-based reactions to the present client's behavior. Reality-based reactions can be a source of insight into the client. Talking it over with a supervisor may help

you learn something useful about the client. Reactions that are primarily triggered by our past need to be addressed in supervision (or maybe therapy) so they will have a minimal effect on the client. (See Tip #16.)

"Did I step over a **boundary**?" You will get an uncomfortable feeling when you've gone over a client's limit or when she steps over yours. This can be anything from telling a client too much about yourself to a client who calls too often. Talk it over to gain clarity about what limits to set and how.

"What process are we stuck in and how can I get us out?" Sometimes we get **stuck in the mud** with our clients and need a colleague's help to see the situation from another perspective. When something keeps happening over and over, ask for assistance to look at it with new eyes and learn from it.

"Can I **get better at this**?" Supervision is the ideal setting for improving your counseling skills. A regularly scheduled time can remind you that we're always learning. The frustrations and questions you bring up represent your opportunities for growth. It's a perfect forum to stretch yourself and practice new skills.

"I'm feeling **burned out**." Continuing to work when you are burned out is a disservice to your clients and yourself. A supervisor can get curious with you about how you could shift the way you work to be less taxing. You can also get support for more self-care.

#### Various kinds of supervision:

**Case conferences** function to share information with other professionals treating the same client and coordinate the treatment plan. In an inpatient setting or clinic, this may be regularly scheduled staff meetings. If you are in private practice, it can be periodic phone calls with your client's therapist. This is of limited value for process and countertransference assistance, unless plenty of time is allowed.

A **group of peers** that meets regularly can bring new perspective to a case and provide support and validation. This kind of group will be of limited help with countertransference and information about psychopathology.

**Group supervision** with a therapist is an ideal setting to improve counseling skills by bringing up the cases that stump you. A therapist who is accustomed to working with a process perspective (most social workers or gestalt therapists, for example) may be the most helpful. You could learn more about the dynamics of any psychiatric diagnoses your clients may have. Countertransference could be addressed here as well.

A brief course of **therapy for yourself** would give you valuable experience from the client's perspective and allow you to work on any of your own body and food issues. Most therapists would also be willing to help you sort through countertransference as it came up.

When strong feelings come up in a session, it is valuable to have a therapist who knows you well and whom you trust to check in with. If you do not have one, consider contracting with a therapist for periodic consultations to learn more about psychopathology or to discuss cases so you can build a relationship. Then you could call when strong feelings come up. This kind of "**on call**" **supervision** can play an important role for experienced nutrition therapists.

#### How to find a supervisor:

First ask yourself, **what do you need**? Is it mostly a more experienced dietitian who can advise you on difficult eating-disorder clients? Are you concerned that your old issues with food and weight will get in the way? Are you feeling lonely in your practice and need support?

If you decide to choose a supervisor or a therapist, **use your intuition** to tell you if it is a good fit. Ideally you will feel comfortable enough that you will bring up even the things that are hardest to admit. You could begin by meeting once with the therapists you know and respect. Expect to pay their usual therapy rate. A good therapist will be fine with your “shopping around” for the supervisor who will be most useful for you. Some dietitians may find that a therapist they saw in the past for other issues would be appropriate for a supervisory relationship. Make sure it is someone who has experience with eating issues. You both would need to feel comfortable with and explore this shift of relationship.

Some reminders:

**Use your gut** to tell you when to call or bring something up. It's telling you something useful. You don't have to know what's going on, just that you need something. As a matter of fact, my most powerful growth experiences in supervision happened when I simply came with my helplessness and was willing to play. You could choose to welcome that clueless feeling as an opportunity. Generally the hardest stuff to bring up is the most important. It's your area for growth. One value to a regularly scheduled supervision time or group is that it encourages you to bring up the hard stuff.

Supervision is essential when:

You work with eating disorders. At the very least, **case collaboration** is a standard of care. Since these cases can be so complex, having a supervisor to call when needed is also advisable.

You find yourself in a **complicated dual relationship** with a client. This could be anything from a client who is also your student to being asked to see the daughter of friend.

Your **emotional reactions** to a client are strong. This could grow into something that would harm the client (and maybe you) if not addressed.

You have struggled with **food and body issues** that continue to come back. Your willingness to go back into therapy as needed is a reasonable way to address this.