March 2023

Tandem COLUMBUS

www.tandemcolumbus.com

Adam Clevenger's Approach to Supervision

Clinical Supervision Training & Experience

I received a Bachelor of Arts in Psychology and Sociology from The Ohio State University in 2010. My introduction to clinical supervision began in grad school in a graduate-level course titled, *Theories of Counselor Supervision* taught by Dr. Colette Dollarhide. I graduated from Ohio State with my Master of Arts in Counselor Education in 2012, and began the doctoral program at The Ohio State University focused on cultivating professional leadership in clinical supervision, pedagogy, and research. My doctoral coursework included, *Leadership in Counselor Education; Critical Pedagogy Issues in Counselor Education; Developing a Research Identity in Counselor Education;* and, *Critical Research Issues in Counselor Education*. My doctoral specialization (my "major" area of academic interest) focused on gender and sexual health, and included coursework in *Sexual Diversity & Social Work; Black Masculinity Studies; Sociology of Gender*; and, *Theories of Race, Gender and Sexuality*.

In addition to my academic coursework, my supervision training consisted of close observation, mentorship, and evaluation of my supervisory skill set by doctoral faculty. From 2012-2015, I provided weekly clinical supervision to a total of 49 master's level graduate students working to complete the state licensure requirements to become clinical mental health counselors in community, agency, and private practice settings. I additionally coordinated the support, training, and supervision of other licensed, doctoral students while serving as a doctoral supervisor in 2014. In 2015, I passed my doctoral candidacy in Counselor Education, successfully demonstrating the integration of clinical, teaching, and supervisory skills. I provided multiple peer-reviewed presentations at National, Regional, and State conferences on the topic of supervision; feminist theory in supervision; and the social justice identity development of new clinicians. While I have not pursued the opportunity to complete a dissertation to obtain my PhD in research, I believe these early training experiences formalized a professional identity as both a clinician and supervisor.

From 2011 to 2020, I provided full-time therapeutic treatment and diagnostic assessment as a pre-, post-, and independently licensed clinician–mostly in private practice settings. During that time, I engaged in weekly supervision of my clinical work, benefitting from the observation of supervision across settings (schools; colleges; and, private practices) and across disciplines (Mental Health Counseling & School Counseling; Marriage & Family Therapy; Social Work; and, Psychology). Additionally, from 2016-2018, I documented an additional 50+ hours of individual and group supervision to become a Certified Sex Therapist with the American Association of Sex Educators, Counselors, and Therapists (AASECT) while under the supervision and expertise of Shirley Baron, PhD (Chicago); Doug Braun Harvey, MA (Los Angles); and Nellie Cannon, PhD (Denver). Throughout my own clinical training and development, I continued to provide supervision and consultation to other clinicians. I served as President of the Association of LGBT Issues in Counseling (known today as SAIGEO) where I provided

training and consultation to pre- and post licensed clinicians across the state of Ohio from 2014-2017. From 2017-2020, I was additionally employed as a Co-Director of the clinical training program at Live Oak, a large group practice in Chicago, IL. Within my role as Co-Director, I provided clinical supervision to pre- and post-licensed clinical staff, post-docs, and interns.

After relocating back to Ohio in 2020, after nearly 4 years living in Chicago, IL, I completed the Ohio state licensure board's observation of supervision requirements to obtain the clinical supervision designation on my new state license. Once obtaining the required "S" designation in Ohio, I developed two, bi-monthly peer-consultation groups concerning the practice of sex therapy as well as the application of an anti-oppression lens in treatment. I continue to facilitate both of these peer-consultation groups today. I additionally began providing consultation and professional supervision to licensed and pre-licensed clinicians who are working to meet the legal and ethical standards of practice as defined by the Counseling, Social Work, and Marriage and Family Therapy Board in the State of Ohio. And, from April 2021 to November 2022, I documented 30+ hours of individual and group supervision to become an AASECT Certified Sex Therapy Supervisor.

I attribute my ongoing training and development as a supervisor to many other academics, artists, and organizations who directly, or indirectly, contribute to the field of counseling based on their writing, training, and expertise, including (though not limited to) adrienne maree brown; Dawn Serra; Alison Kafer; Embodied Equity; and, the White Privilege Institute. I have personally provided supervision for clinicians who are both older and younger than myself, as well as supervision for folx who have different racial and cultural experiences than myself. I have specific supervisory experience helping supervisees to navigate career transition; promotion; academic study; the cultivation of unique professional expression and identities; family and community crises; parenthood; prejudice towards marginalized identities; visible and invisible disabilities; chronic and acute illness; gender transition; anti-racist values and practice; dual relationships across personal and professional spheres; and ethical dilemmas between colleagues.

My Supervision Philosophy and Consultative Approach

I approach supervision, clinical relationships, and the therapeutic process using a constructivist lens. Constructivism acknowledges that reality and truth are created through language, dialogue, and the social context. As a constructivist, I attend closely to the co-creation of the supervisory relationship and emphasize the impact of power, context, and individual experience on the relational dynamics in supervision. Centering this approach, I generally conceptualize the process of supervision across three, non-linear stages of development: (1) the co-development of a shared context and language; (2) the identification and cultivation of professional strengths; therapeutic/supervision patterns; and clinical skills while illuminating new opportunities for growth; and, (3) the integration and consolidation of new and existing frameworks, skills, and anti-oppressive practices. Throughout these stages, I will encourage the supervisee's attention to the shared dynamics and individual transferences occurring during the course of supervision, and further work to increase awareness of the supervisee's unique impact on the therapeutic space.

In the actual role of supervisor, I primarily view myself as a consultant, viewing supervisees as colleagues with valuable experience and personal expertise that will contribute to my own evolution as a clinician and supervisor. I work to integrate each supervisee's strengths, cultural experiences, and unique professional training background while encouraging the supervisee's independence and resourcefulness throughout the course of supervision. I strive to create an egalitarian relationship in supervision where power is explored in respect to shared experiences and varying levels of access to resources and political/social power outside of the context of supervision. I will emphasize the value in diverse

perspectives and conflicting truths existing within most relationships, and will honor that multiplicity existing between myself and supervisees by encouraging conflict; welcoming disagreement; willingly engaging with diverse theoretical approaches; and, by working to demonstrate accountability for my personal lived experiences. Collaboration and transparency are core values associated with anti-oppressive practice and will be experienced throughout the supervision process. Any feedback or formal evaluation will be provided with consent, and in the context of mutual feedback or evaluation of my supervision skill and delivery. I believe this consultative approach to supervision lends itself to the nurturance of individual, clinical, and ethical creativity, as well as the trust and safety needed for a successful supervision experience.

When initiating a supervisory relationship, I first consider the epistemological development and learning modality of the supervisee, working to co-develop the structure and supervisory expectations based on the unique experiences and demonstrated skill. In general, supervision and observation of clinical practice should move from high structure to low structure as the supervisee's skill and experiences evolve. I am committed to providing supervision in which the supervisee articulates their preferred structure, style, and theoretical orientation, and will do my best to foster the supervisee's maturation within that orientation. Together, we will co-develop specific goals for supervision and will review those goals periodically to ensure we are working together to achieve the same shared outcome. As the setting allows, I use a variety of supervision modalities to reach those desired outcomes, such as roleplay; personal process recall; documentation review; live observation; and, review of audio tape recordings. As a consultant-supervisor, I will apply feminist theory principles to the supervision process, and will further integrate solution-focused interventions in the supervision process. Solution-focused approaches to supervision can help cultivate curiosity and independence, and emphasize the value and existence of multiple truths that can illuminate ethical and clinical creativity.

Supervision as Social Justice Work

Similar to the process of therapy itself, I believe supervision is inherently social justice work requiring direct analysis, planning, and action. Clinicians do not exist in a bubble. We all bring our own bias; experiences of both victimhood and perpetration; supremacist teaching; and capitalist influences to the daily work. Developing the lens, language, and skill to critique and replace the material and ideological impact of colonization on therapeutic treatment and diagnosis must be prioritized. I believe it is critical that mental health professionals consider and challenge the ways supremacy ideology has impacted our personal beliefs, values, education, and practice, as well as the broader mental health profession. As both a queer person and someone with disabilities, I am keenly aware of the ways individual practitioners, and the process of diagnoses and treatment, can cause real harm by exploiting and invalidating identities, experiences, and trauma.

As a therapist and supervisor, I have a passion for helping clinicians with white skin privilege bring a social justice lens to their work—especially with white identified clients—and enjoy helping to develop anti-racist and anti-oppression clinical identities. I additionally find that I get very excited about resourcing clinicians with trauma-informed and sex positive clinical tools, and believe some of my strengths as a supervisor stem from my interest in developing a humanistic, anti-colonial, and medically just approach to therapy.

In regard to professional ethics, I believe the existing code(s) of ethics offer a suggested set of principles that should expand the possibilities for therapeutic growth. Too often, our code(s) of ethics limit client agency in favor of protecting the systems and organizations that exacerbate personal risk and the need for therapy in the first place. Ethics should be considered within context, knowing the authors have equally been socialized under the regime of capitalism. Relatedly, the "blank slate" model of therapy will

be viewed as an unrealistic goal that often manifests as a tool of white supremacy. As a consultant-supervisor, I will value the clinician's disclosure, authenticity, experience, and cultural knowledge as a potential gift to the therapeutic relationship. The clinician's transparency and authenticity will be viewed from an ethical standpoint, supporting the co-exploration of social and political influencers on interpersonal and intrapersonal movement in and outside of therapy.

Integrating Sex Therapy Supervision, Sex Positive Principles, a Framework for Erotic Wellness, and Related Supervision Experience

The supervision of sex therapy practice involves developing the knowledge, skillful competence, and professional confidence to employ the use of cognitive-behavioral sex therapy interventions, including but not limited to: sensate focus, pleasure-focused psychoeducation, the instruction of pleasure practices and techniques, and the integration and application of the OCSB framework and The Good Enough Sex model. Professional collaboration with other medical and mental health professionals will be encouraged, and the development and integration of an identity as a Sex Therapist will be attended to directly.

As a supervisor-consultant, regardless of the supervisee's existing or prior relationship with AASECT, I will support the development of sex-positive values, and will address the intersection of sex and ableism, sexism, size, race/ethnicity, class, homophobia, and transphobia. Generally speaking, I believe all therapeutic work—regardless of clinical presentation or diagnosis—can and should involve sex education and the goal of sexual freedom. I view sex and sexuality as core components of health, and believe sex-positive principles and a framework for erotic wellness should be integrated indiscriminately to support a holistic approach to healing.

Sex therapy supervision will involve the following topics, in addition to others not otherwise identified:

1. Attachment Theory & Interpersonal Process (i.g. relational dance; sexual dance)
2. Relationship Health, Intimacy, and Intervention
3. Relationship Structures (i.g. monogamy, open, polyam)
4. Political/professional identity development as a sex therapist
5. Application of Anti-oppression Principles
6. Define Sex-positivity and Erotic Wellness
7. Regulating and Normalizing Variance in Desire & Arousal
8. Pregnancy, Birth, and Sexuality
9. Good Enough Sex
10. Menstruation & Abortion
11. Children/Adolescent Sexual Development
12. Principles of Sexual Health (WHO)
13. Out-of-Control-Sex Behavior
14. Professional Collaboration
15. Sensate Touch
16. 5 Gears of Touch
17. Erotic Awareness & Fantasy Creation
18. Psychopharmaceuticals & Substances
19. Cognitive-Behavioral-Sex-Therapy Interventions for Please and Satisfaction
20. Sexual Health Intake & Assessment
21. Ethical Diagnosis

March 2023

22. Comorbid Diagnosis, Chronic Illness, and Disability
23. STI/HIV, and risk planning and reduction
24. Fetish, Kink, & Unique/Atypical Sex Interest
25. Resilience & Sexual Dysfunction

Adam Clevenger, MA, LPCC-S, CST, CSTS adam@tandemcolumbus.com 614-957-0164 (ex 101)