

Ed Johnson, Ph.D., C.Psych.

Summary of Practicum Training offered

Theoretical orientation

I was trained in psychodynamic, client-centered, and cognitive-behavioral therapies. I currently teach and practice primarily using a flexible form of cognitive therapy that emphasizes the therapeutic alliance, empathy, thought records, behavioral experiments, the use of metaphor, and Socratic questioning. Adjunct strategies I use depend on the particular client, but often include relaxation, exposure, and mindfulness training.

Client problems and types I supervise

Age range – 12 and up.

Numbers – typically 3 or 4 individual clients (mostly adult with an adolescent), and a couple for therapy and an individual adult for assessment.

Formats – Prefer individual. Willing to also supervise group and couple.

Client problems – willing to supervise most anything except childhood sexual abuse, psychosis, addiction, borderline pd, antisocial pd.

My strengths are in supervising clients with anxiety and depression as well as grieving, health concerns, and identity issues.

Assessment – I prefer to supervise adult assessments that include personality (MMPI-II along with narrow-band measures) and cognitive testing.

Supervisory style

My main goals are to ensure a positive, exciting learning experience for you and excellent service delivery to clients.

To achieve this I provide 120 minutes or more per week of supervision in which I emphasize the following:

1. A supervision contract in which we spell out our mutual expectations. In general I expect you and I to be open to feedback, prepared for and able to make good use of supervision, and maintaining high ethical and professional standards in our work together.
2. I value trust and safety in the supervision relationship to allow for honest, open learning.
3. I provide opportunities to watch me work (e.g., doing intakes).
4. I encourage your taking ownership of your learning including setting the agenda to ensure your learning needs are met and engaging in regular self-assessment.
5. I try to maintain a balance in supervision between addressing issues of conceptualization and treatment planning; skill development (e.g., use of techniques, therapy process), the supervisory relationship, and paperwork (reports, notes, letters, etc.).
6. Format – typically individual supervision though have also used group when circumstances permit. Observation of your work via videotape is an important component of supervision.

7. Supervision techniques I use include observing and discussing your work with clients via videotape, role playing to build skills, homework to develop knowledge (reading, self-assessment through observing own tapes), and case discussion.

Specialty practica

I also offer specialty practica in Cognitive Therapy and Clinical Supervision.