

NAADAC
Stages of Clinical Supervision

DECEMBER 19, 2019

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Today's topic is stages of clinical supervision presented by Dr. Thomas Durham, the author of NAADAC's newest manual, clinical supervision, an overview of functions, processes, and methodology. If you have not done so already, go on our web page and get your own copy (inaudible).

My name is Samson Teklemariam and I am the director of training and professional development for NAADAC, the association for addiction professionals. I'll be the organizer for this session. And this online training is produced by NAADAC, the association for addiction professionals and closed captions are provided by caption access. Please check our (inaudible) to use the captioning. Every NAADAC online series has its own web page that houses everything you need to know about that particular series. If you missed a part of that series and decided to pursue the certificate of achievement, you can register for the training you missed, take it on demand at your own pace, make a payment, and take the quiz. You must be registered for any NAADAC training live or recorded in order to receive a certificate. GoToWebinar also provides us with a time-tracking tool that /SRAEUR /TPAOEUS that those who pass the CE quiz not only were registered but also watch the entire training.

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First, of course watch and listen to this entire training. Please note, you will have to listen closely to capture the password for access to the CE quiz. The password will be one full word, all lower case, but it will be revealed in three separate moments throughout this webinar. If you happen to miss one part of the password to access the CE quiz, no worries, you will have access to this recording and be able to capture it by viewing the archived recording. Of course, pass the online quiz which will be posted at the website you see. Then, make sure to maintain records of your invoice or receipt of payment for registration and any CE you have received from this series. These records will be required to apply for the certificate of achievement for clinical supervision in the addiction profession. E-mail CE@naadac.org.

You have entered into what's called listen-only mode. If you have trouble hearing the presenter for any reason, I recommend switching to a telephone line as some Internet connections are not strong enough to handle webinars. If you have any questions for the presenter, just type them into the questions box of the GoToWebinar control panel. It looks just like the one you see here on my slide. We'll gather those questions and then pose them to the presenter during the designated live Q and A spot. Any questions that we don't get to, we will go ahead and collect directly from the presenter and post the questions and answers on our website.

Now let me tell you about today's presenter. Dr. Thomas Durham has been involved in the field of addiction treatment since 1974 as a counselor, clinical supervisor, program director, and educator. Dr. Durham is semi-retired and currently provides clinical support and training to Phoenix House of New England. Until the end of 2018, he served as NAADAC's director of training. Dr. Durham also worked in government contracting /AUPBD (inaudible) and the department of defense (inaudible). He also served as the executive director of the (inaudible) Institute and project director of the Central East Addiction Technology Transfer Center. And from 2004 to 2017, Tom taught graduate courses in psychology as an adjunct professor at (inaudible). NAADAC is delighted to present this series by this

accomplished trainer. So, Tom, if you're ready, I will hand this over to you.

>> Thank you, Samson. We will move into the first slide here that shows the learning objectives. While this is up, I'd just like to make a few introductory comments about the topic that I'm going to be presenting on today. Counselor development can be viewed as an evolutionary process whereby advancements in learning and skill development occur across time. Supervisees each move through stages of development at their own pace, and thus years of experience or age are not necessarily relevant in determining level of advancement. A number of empirically studies (inaudible) of organizing supervision around (inaudible) relative to performance standards. A common theme in one's development as a clinician is how the integration of one's professional self and personal self-progressed over time. This process starts at the beginning stage of counselor development where one may question their level of skills and expertise and a quest for professional success and progress, to where one is able to progress independently with a high level of self-advocacy and more of a collegial relationship with their supervisor. Supervision also evolves over time from reducing supervisees anxiety and developing trust to relationships marked by mutual respect and collegial (inaudible).

This webinar will explore three levels of counselor development while integrating characteristics of what is known as the integrated development model of supervision as created by (inaudible) and Brian McNeal, and their references is listed at the end, one of the last slides of this webinar, with other references. Included is (inaudible) along with supervisory approaches that typically evolve over time to best meet the counselor's level of development. So first we have a polling question. Just so I can find out who you are.

>> Perfect. Thanks, Tom. Yes, everyone, the polling question will launch on your screen in just a moment. I will go ahead and read the question for you: How would you classify your role as an addiction professional? You'll see five answer options there. And as you are completing that poll, just a little multitasking moment. As a reminder, in order to access the CE quiz, please make sure to view the entire training and listen closely for the password. This password is revealed in three separate sections. And here, I'm going to share with you the first part of your three-part password. [REDACTED] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance). And, of course, if you have any questions for our presenter, please make sure to send them into the questions box and our presenter will answer them in the order in which they are received during our live Q and A. A hundred percent of you have voted. I am going to go ahead and show the results and close the poll and turn this back over to Tom.

>> Okay. So it looks like half of you are clinical supervisors and many of you are counselor therapists who obviously want to move into supervisor therapists. I think that's great. That's wonderful. So let's move on. There we go. Oops, I went one beyond. This delay kind of throws me off here. That's not where I want to be either. There we go. Okay.

So first of all, the developmental model, that I mentioned a few minutes ago, by Stoltenberg and McNeal. It's important to note this particular model recognizes counselor growth as being multidimensional, it's continuous over time, and it's very individualized. You know, I kind of implied that in the opening statement that I made. Everyone progresses at their own pace, but it is continuous and it's multidimensional, and we'll explain what that means in a few minutes because we're going to look at a lot of characteristics and break them down for each level of counselor development. And we're going to go through Stoltenberg and McNeal's approach that shows three levels, but it's important to note that it's not all that cut and dry. Even though we're going to be outlining three levels

of growth, obviously some characteristics of one level, a person some may have characteristics of one level while they have obtained characteristics in the lex, and it's very individualized. That's why we have that term "individual focused."

And at the bottom there it says it can generally be assessed within three stages of counselor growth. So before we look at those stages, I want to introduce something known as overriding structures. Each of these three stages will include an overview of these three overriding structures that provide indicators for assessing professional growth. These structures each are considered levels of development are components of the (inaudible) and they are, as you see on the screen, self and other-awareness, motivation, and autonomy. Now, what Stoltenberg and McNeal did is they outlined 8 domains and they assessed each domains (inaudible). Now, we're not going to go through those domains. Instead, we're going to give you general information on each of the three areas.

So here, just to show you what the domains are, I'm going to move to the next slide. So in other words, what Stoltenberg and McNeal did in their study is they took intervention skills and they said, here are the things that -- here are the three overriding structures of intervention skills and competence. You know, where is the counselor with regards to his or herself and other-awareness on intervention skills and competence (inaudible) and where are they with regards to autonomy? We're going to look at those three overriding structures, but we're not going to break down these eight domains in this particular webinar. So, in a nutshell, the development model of clinical supervision shows three levels of counselor development: The entry-level counselor, the mid-stage counselor, and the advance counselor. With the entry-level counselor, this is someone with a basic understanding of ethics, preoccupied with their own performance, and then basic skill level.

Then one moves into the second stage, where there could be some could be fusion, frustration, they may challenge authority. I often (inaudible) adolescent stage of counselor development. We don't quite have the proficiency. (Inaudible) this is the stage that tells them whether or not they're going to stay in the field. This is where we might lose people, they may say, no, this is not for me, and then those who continue (inaudible) advance counselor, who is responsible, highly ethical, (inaudible) and they are highly skilled. Now, again, these are generalities, these are general characteristics, these don't work for everyone. And like I said, some people might be at level 1 under some of those domains, they might be at level 2 with regard to some of those other domains. Here's a metaphor, what we call the developmental metaphor. Level 1 -- and we're talking about the pitcher, a baseball pitcher. Level 1 pitcher has a fast ball, is confident in one pitch and overuses it with all batters. The level 2 has a fast ball, a curve, and a slider, but may be confused what to use when, is not yet proficient with each pitch.

And then finally, we have the major league pitcher, who has a variety of pitchers, knows what to use when and is confident and proficient in all. One metaphor of counselor development. Another metaphor that I don't have on a slide that I implied with the last slide is the child, adolescent, and adult, and I will be referring to that, especially when we get to Level 2 talking about some of those adolescent characteristics. Here's another metaphor. This one's actually suggested by Stoltenberg and McNeal. The mountain climber. So the mountain climber is the counselor, and the novice is the client. Okay? So the level 1 mountain climber helps the novice, who is stuck in a crevice, by yelling instructions down. Hey, what can I do to get you get out of there? The level 2 mountain climber knocks down with the novice but gets stuck as well and calls the supervisor for help. Then we've got the level 3 mountain climber, who is also a guide, who lowers him or herself into the crevice, communicates effectively with

the novice, examines all the options of getting out, and assists the novice with developing a plan. Of course, the metaphor here is this is the higher-level counselor. So we have another polling question. I'll turn it over to Samson.

>> Thank you, Tom. And yes, everyone, you will see this polling question pop up on your screen. The question is asking, Which of the three stages of professional growth do you think you would have the most difficulty supervising? You'll see three options, A through C, and we'll give you about 30 more seconds to respond. Also, as another reminder, in order to access the CE quiz, make sure to view the entire training and listen for the password. This password is revealed in three separate sections. I'm going to go ahead and share with you the second part of your password. And, remember, when you enter the online CE quiz, the password you use will be all one-word, lower case. [REDACTED] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance). If you happen to miss the first part of your password, no worries, GoToWebinar will send you an automated thank you for attending e-mail with a watch for recording link. And I'm going to go over to turn this back to Tom so he can speak to the results of this poll.

>> Okay. I'm not surprised with that. Usually the intermediate stage gets the highest results because that is a challenging stage. The advanced stage would be challenging too, especially if you're not at the advanced stage. So I can understand that. Okay. Let's move on. I'm going to give you more information about these stages. Maybe you would answer that differently were I to ask that at the end. There we go. Okay.

So, first we're going to talk about the beginning stage of supervision. Before we get into the supervisory working alliance, though, I just want to say a few other things about the entry-level counselor, who is (inaudible). In fact, Stoltenberg and McNeal point out that the initial motivation typically falls into one of three categories. Number 1, those who are intellectually stimulated by the science associated with counseling; No. 2, those who desire to learn about themselves and others (inaudible); and No. 3, those who seek status and prestige that comes with a degree and a title. Some, however, struggle (inaudible) do not align with that what's best for the clientele, that they are being trained to serve. Fortunately, these additional (inaudible) desires (inaudible). So no matter what the reason is that someone enters the field, if they are in a good supervisory -- collaborative supervisory relationship, they will begin to grow and begin to know that what is best for the client is why I'm in this field. Also, it's important to note that -- and I'm going to refer to Jane Campbell a few times, she wrote a book called Essentials of Clinical Supervision. She was also referenced in one of the last slides in this presentation. (Inaudible) focusing on developmental perspective by taking a supervisee's level of growth into account can be a significant factor in developing collaboration. Similar to the motivational interview and approach of honoring one's experience and prospective three empathic understanding, by meeting the supervisee at his or her growth, a collaborative atmosphere can more easily be developed that is conducive to self-motivation and change.

Moving on. Oh, actually, no, I don't want to move on because I haven't gotten to this topic yet. The supervisory working alliance. A good working relationship or bond must be established as an early step in clinical supervision. Campbell also described a supervisory alliance as -- and I'm quoting her here -- a collaborative (inaudible) of change based on mutual agreement of goals and tasks of supervision along with a strong emotional bond of caring, trust, and respect, end quote. The development of a collaborative relationship marked by encouragement and high trust creates a positive working bond at the orientation phase of supervision; otherwise, challenges such as

disagreements, misunderstandings, and lack of trust create barriers to progress.

So, as we see on the slide here, establishing that mutuality and collaboration is so important in the initial stage of supervision. Developing that working alliance. You know, talking openly about the hierarchy of power, what that means, kind of helping them assuage some of the anxiety they may have about being supervised. Many entry-level counselors are very anxious about being supervised. But if the supervisor can (inaudible) this can help break through some of that.

So the orientation is another essential part of beginning that stage of supervision.

You know, we list three main responsibilities of the supervisee, of the counselor, of the new, entry-level counselor, and they need to be fully aware that these are important responsibilities to protect clients from harm, to actively participate in supervision, to be open, honest, and truthful about what they don't know and be forthcoming about it. In the initial stages in the development of a supervisory relationship, a well-planned orientation can help minimize anxiety and aid the development of a supervisory alliance. Such an orientation can include an open discussion of goals, of clinical supervision. It's important to really map out what -- come up with some mutual goals.

It says there discuss the goals, needs, and evaluation methods that are used. This would also include expectations with regards to these methods of evaluation and other aspects of the relationship. Also, during the orientation process, it's important to clarify the roles and functions of both supervisor and supervisee to initiate orientation with an informed consent or a contract for supervision, and to enlist that the supervisee's needs and expectations for supervision. In fact, during the orientation process, the establishment of mutual trust can lay the foundation of the establishment of a productive alliance.

So sometimes we can use that whole orientation piece as a first step in forming that alliance. Obviously, we want to create a safe environment for the beginning counselor. (Inaudible) et cetera.

An expectation by supervisors is that all supervisees would be open to feedback, freely seek guidance, admit mistakes, and willingly show their vulnerability, although this doesn't always happen.

There's a strong level of anxiety around these issues. However, this expectation will not be met without the creation of a safe environment. Several studies point to the fact that when a rapport with one's supervisor is not established, supervisees are more likely to withhold information about their clinical mistakes. Campbell also notes -- I'm going to quote Jane Campbell -- she says, quote, supervisees need to feel a sense of worth, belonging, safeness, and security. If they don't feel safe and they don't trust the supervisor, then it's hard to build a working alliance.

So here's some of the tips you can see on the slide. I'm not going to read them all, but certainly I'm going to refer to those last two: Offer hope. Many people with anxiety (inaudible) need to be given hope. But the use of humor is so important, just to kind of ease the tension and help people feel they're part of a collaborative relationship. So here are some of the characteristics of entry-level

counselors. We call this the moving upward stage. And these characteristics come from the work of Stoltenberg and McNeal. Entry level counselors tend to be very basic skills focused, but they are also enthusiastic. You know, if we use the child, adolescent, adult metaphor, this is the child stage.

Enthusiastic. They are anxious, but oftentimes anxiety is a motivator.

They emulate a role model. They may emulate a role model. It might be you, the supervisor, they're emulating. They can be used -- one-word descriptors (inaudible), categorical thinking, and learns one way to do it, as if there's one way to do it with every /KWHRAOEUPBT.

They have a high dependence on themselves, they may have difficulty conceptualizing (inaudible) they tend to conceptualize very simply when data, you know, forming assumptions, diagnoses, (inaudible).

And if they've had some training in a particular model, they might overuse that model and tend to have tunnel vision as they look at client behavior. Some more topics here, some more aspects of the

beginning stage. They may have difficulty confronting and difficulty using appropriate self-disclosure. We see a lot of people overuse self-disclosure at the early stage or maybe inappropriate self-disclosure. They may use anecdotal conceptualizations, categorical statements -- that's kind of a repeat of what we saw on the last slide, actually. And similarly, limited treatment plans. I've been in this field a long time and I can remember when we gave every patient the same treatment plan. Well, we don't do that anymore. But there may be some entry-level counselors that think more along those lines. They may lack integrated ethics. They don't know what they don't know. And they may lack self-awareness. So these are some characteristics that are typical with people who are just entering the field. Not everyone will experience these. Not everyone will experience all of these. But we find that these are very typical for entry-level counselors. And as a supervisor, we need to be aware of this as we develop that collaborative relationship to help form a bond with them to help them get through some of these aspects.

So we're going to look at the three overriding structures now as they apply to the beginning level counselor. And the first one is self and other awareness. At the beginning stage of counseling, supervisees may experience confusion and anxiety as they are learning new skills, as they are learning new skills, theories, and strategies. Beginning stage also tend to be self-focused and (inaudible) can limit development and success of the supervisee. For example, when one is preoccupied with their own personal issues, they are more vulnerable to experience issues of conference, countertransference, and lack and awareness of what is occurring. (Inaudible) can lead to distorted thinking and limit one's effectiveness with clients. So as a clinical supervisor, we want to promote self-exploring and self-awareness to help overcome any anxiety they may have and have that self-focus be more self-exploration, and move them into, as they gain awareness with relationships and clients, and gain awareness with how they may be experiencing transference issues, we can help them deal with that. So we want to follow up self-exploration by prompting (inaudible) as a result of their own self-awareness. Intrinsic motivation.

Beginning stage counselors are often categorized by a high level of motivation when initially entering the field. However, motivation is often moderated by anxiety, typically experienced by early stage counselors, as I mentioned before. However, overconfidence may emerge, perhaps bolstered by positive evaluations by a supervisor, yet such (inaudible). As a result, many beginning stage counselors are vacillating their motivational levels, and this may occur -- or this may lead to confusion and uncertainty. So we want to create an atmosphere that's conducive to their own self-exploration to resolve any (inaudible) lens that they may be experiencing also, the supervisor can play a vital role in providing support and guidances the (inaudible) grasps the complexities of the profession by additionally (inaudible) that can ultimately and gently lead to a discussion (inaudible) improvement.

The supervisor can explore and resolve any a.m. /PWEUFB lens the supervisee may have (inaudible) in order to facilitate the change process in a way that's meaningful for the supervisee. Thus, the supervisee, by not being he coerced into making improvements, may explore and resolve any a.m. /PWEUFB lens leading to their own (inaudible) and a desire to (inaudible) development and growth as a counselor. I think it's very important that we use our MI skills, as it says here on the slide, to explore and resolve a.m. /PWEUFB lens. And the word intrinsic motivation means internal. In other words, I can't motivate someone. They have to motivate themselves. So I have to create an atmosphere that makes them conducive to spark their own internal motivation, internal or intrinsic motivation. And then the third area with regards to the beginning stage of supervision is autonomy. We know that the entry-level counselors tend to be highly dependent on their supervisor.

We also know, though, that early progress can lead to increased autonomy and less dependence on their supervisor. So in order to do that, we need to encourage risk-taking and provide structure and supportive feedback. It's also important to note the beginning-level counselors -- not only are they typically highly dependent on their supervisor, and as such, support and knowledge are gained from the supervisor, and this is often seen by most counselors as being crucial in moving beyond the anxiety or any lack of knowledge. And most supervisory relationships at this stage, the supervisor is seen as a role model and they may imitate their supervisors and expect them to learn the right way to do counseling. They may look to their supervisors as the all-knowing experts over accommodating (inaudible). So we have to be aware that they may be modeling you, the supervisor. That may not be in their best interest, although certainly we as professionals, supervisors, we want to portray our behavior in a way that they will model to some extent.

But we want them also to grow into their own professional, their own person professionally. I also want to add that Stoltenberg and McNeal note that for beginning stage counselors, early progress may lead to the supervisee wanting increased autonomy, which is good. And in some cases, more than what is warranted, which is not so good. On the other hand, other supervisees may be too overly dependent on their supervisor and may need to be encouraged to take more risks in their work with clients. In either case, a goal for this stage of counseling is increased anxiety and less dependence on one's supervisor. To promote autonomy at this stage, structure and frequent feedback is important. However, feedback for the beginning stage counselor is best heard when provided in a supportive and nonconfrontive manner.

Now, we're going to look at some stage-wise approaches. I've got a couple slides here.

For the beginning stage counselor. One thing we want to do is expose them to numerous orientations, not just one particular philosophy. Encourage them to read up, go to workshops, kind of broaden their perspective. Obviously, we need to be sensitive to their anxiety, as I implied before, and to promote autonomy, as I also mentioned, and to encourage them to take risk. We want to promote them to different models. We want to introduce them to ambiguity. In other words, things aren't so cut and dry. There's a lot of ambiguity out there. And that's okay, we want to balance our support of them with the fact that there are a lot of uncertainties out there. And one method that can be very effective with the beginning stage counselors is to use role play, to practice. Practice using role play. And then eventually application with the clientele. You know, one thing I find to be very effective is to role play a session with a supervisee where they are themselves and you are the client, and then switch roles. And then you role play themselves and they role play the client. And it's a way to kind of practice before they go and, you know, work with the client, apply what they've learned with the client.

We also want to help them conceptualize if they are having a hard time seeing the big picture with regards to what's going on with a particular client, we want to work with them to broaden their perspective and not always have the cookbook answers or the one-word descriptors when they're describing client behavior or client assessment. We also want to address their strengths first.

I can see that one of the words that's covered by that graphic there, don't take too much control, is what that says. Don't take too much control because you want them to become more independent. But also be aware of their learning styles. I mean, their locus of control, you know, those with an external locus of control, for instance, may prefer direct feedback in order to have conclusions drawn for them. On the other hand, those with internal locus of control tend to learn best by processing information and drawing their own conclusions. What we mean by locus of control is whether or not they believe their life is controlled by outside or environmental factors that they have no control over. So if my locus of control is on the outside, then I say, well, I have no control over my behavior because

it's all predetermined or it's determined by other factors. If I have internal locus of control, then I believe that I have what it takes to make a change. But we also want to take a look at their conceptual levels, you know, what their learning styles are with regards to verbal versus written processors. You know, are they a verbal learner? Are they a visual learner? Are they a kinesthetic learner? These are all things we need to understand so we can best work with the counselor. Okay.

Now we're moving into the intermediate stage of supervision. With the intermediate stage of supervision, I want to go over several areas first before we go into the overriding structures. And the first area is providing corrective feedback. But just let me say a few things about the intermediate stage. At the intermediate stage, the primary goal of supervision is to simultaneously (inaudible) into effective, ethical, and independent practitioners. This is the stage where the supervisee is showing a need for independence in clinical decision-making while cycling back to reliance on the supervisor for support and direction.

This can be quite challenging for the supervisor who is working with the supervisee struggling with dependence autonomy issues, which is very typical, not unlike the defiant adolescent (inaudible). Most supervisees at the intermediate level are beginning to realize the limits of counseling and the complexities of the counseling process. This is a lot more difficult than I thought it was going to be, in other words. So it's important, as the slide says here, to use empathic responses, appropriately self-disclose. And what I mean by appropriately self-disclose is something like, you know, when I once struggled with some of the same things as you're struggling with, as you grow with a counselor, and here's what happened to me and here's how I overcame that. That's the type of self-disclosure that I think would highly be appropriate at this point. You know, point out discrepancies. You know, that last bullet is one way you can point out discrepancies. I see you do x with clients, but what happens is y. I suggest you try this. You know, so take a look at what's working for them, what's not working with them. And what's not working, there might be a discrepancy there you might need to point out. When we say sandwiching, we're talking about giving them positive input. Oh, I really liked what you did with that client in group today, and here's why. And then you end with something positive. But you sandwich those positive comments around some constructive criticism. But it's important that we're gentle with our feedback, that we're encouraging with our feedback, and that by pointing out discrepancies, we do it in a way that's a learning experience for them.

Another area I want to talk about is coaching. As the supervisee moves from the beginning stage to the intermediate stage, the supervisory stance invariably transitions from a didactic instructional role to that of a coach. In a coaching role, the supervisor is less of an authority with his or her own agenda for the supervisee, and more as an advisor with a focus of (inaudible). The supervisor (inaudible) that promotes energy and commitment for change by the supervisee. To accomplish this, the coach supervisor thought-provoking or catalytic questioning, you know, questions that kind of stirs things up and gets some thinking as a challenge to the supervisee. And this, in turn, can lead to the supervisee to form ideas, or as Campbell said, Moving them from ideas and dreams to actuality.

And that reminds me of another approach that I find is very effective in supervision, and I (inaudible) solution-focused approach. But one is creating narratives. You know, what do you want to accomplish with this client? That last question on the slide is a way for them to create a narrative. Where do you see yourself going as a professional? That's a way to create a narrative. We want to kind of get them thinking and get them to project into the future. You know, where do I see this client going? Where do I see myself, the supervisee, the person I'm supervising, where do you see you going? That sort of thing. You know, ask them for a mission statement, a mission statement about the client, maybe a mission statement about their own progress. But there are also some relationship challenges at this

stage. The supervisory relationship at this stage provides a significant contrast to that of the beginning-level supervisees.

Compared to the supervision -- compared to supervision at the beginning level, intermediate level supervision requires a degree of skill, much flexibility, and a sense of humor in order to effectively move the supervisee through this stage. If tension or conflict is to occur in the relationship, and it often does, it will likely occur at this stage. And also, it's important -- Campbell, another quote from Jane Campbell, she asserts that, quote, supervisors need to understand it is their responsibility to address problems in the supervisory relationship in a fair and respectful manner, and not avoid them. You know, this is something -- you know, this is a difficult stage for many of us to supervisor, and we may be more likely wanting to avoid some of the challenges that are occurring and to deal with them directly. But it's important to also note that conflicts in relationships are normal, and when the conflicts are resolved, the relationships are stronger for having worked through the discord.

So, other aspects you see on the slide here, some of the challenges involve -- or responses to the challenge involve changing methods, techniques, and styles. Depersonalize the problem. Don't be accusatory with the individual. You know, get it out of themselves. Try relating to them differently. Use active listening. Coaching, as we just talked about. Storytelling. And talk directly about the challenges. You know, I'm feeling some tension in our relationship, what can we do to get through this? Rethinking relationship difficulties via stages of change. You know, is this person in precontemplation? Are they in contemplation? How can we meet them in their level of change? And using, of course, the (inaudible) which I've talked about before.

So here are some of the characteristics of the intermediate stage counselor. They focus more on the client, less on themselves. They have greater awareness, but with that comes more frustration and confusion. Some may not look as advanced as Level 1, because they've lost that enthusiasm. They may lose -- in fact, they may lose motivation after a difficult patient. They're both dependent and autonomous. There's that struggle, that see saw. They may be less imitative and more self-assertive. Good, we want to see that happen. But they also may be less inclined for recommendations. We don't want to see that help. They /PHAOEULGT be better at articulating client classifications and their cultural awareness is growing. They are more eclectic, but they certainly have a lot of uncertainty and lingering idealism. You know, they want things to be a certain way, but things aren't that certain.

So we have to help them balance that out. Let's look at the three overriding structures. Under self and other awareness, at the intermediate stage, the supervisee is beginning to be less self-focused and become more client-focused. This is evident as the supervisee empathizes more with the client while placing more of an emphasis on understanding the client's viewpoints and perspectives. However, such broadening of perspective may also result in confusion and frustration due to the increased awareness by the intermediate stage supervisee of the complexities of the counseling process.

An intermediate level supervisee's confusion coupled with and becoming more client-focused puts the supervisee at risk for overidentification and enmeshment with the client, as it says there in one of the bullets. The increased tendency to empathize with clients and result in overidentification may interfere with the supervisor's ability to provide effective interventions while (inaudible) for countertransference. My broad definition of countertransference, and I am thinking of the intermediate counselor here is, if they're working with a client and there's something with that client that just hits them the wrong way, and they react to that.

I don't like that person I'm supervising or I get angry whenever I'm doing that or I just feel uncomfortable with them, that's countertransference, and it's probably more likely to happen at this stage of counselor development than any, although it can appear anywhere. And it can happen in supervision. I may have counter /TR-FRL reactions towards the person I'm supervising, and it's the intermediate counselor that I might have the most problem working with, so we have to be careful with that.

Intrinsic motivation. It's important to be aware of the vacillation between autonomy and dependence. There's confusion about self-doubt. We need to validate any cyclical progress of frustration, anxiety, and regression. But we can (inaudible).

Most typical, at the intermediate /STAEUPBL, is fluctuation experienced by many supervisees from being discouraged and distanced one week and highly motivated and enthusiastic the next.

This fluctuation also is evident with the supervisory relationship. And I'm going to quote Gerald (inaudible) here who said, this stage is often (inaudible) as the supervisees want to move forward and supervisees want to tread carefully. A lot of challenges here. And let's move on to autonomy. The dependence-autonomy struggle is stressed. Supervisees at this stage are beginning to develop their own style of counseling based on experience and knowledge gained and hence are moving away from any tendency to model their work after their supervisor. As the supervisee at this stage develops confidence in their abilities, he or she will more likely assert their independence and show resistance if their supervisor's advice is counter to their advice to clients. (Inaudible) as a sign of weakness and even avoid sharing client concerns in supervision.

The opposite can occur where a supervisee who is gaining the knowledge and ability to function autonomously becomes overly dependent on their supervisor. So it's important to be aware of these items listed here at the top of the slide. Promote that autonomy with support. Use a lot of collaboration. And, you know, one way to collaborate with them is to do cotherapy. Do cotherapy as a group -- in group, for instance. You know, that serves two purposes. It serves multipurposes, actually. You're able to observe their work, you're able to create a bond with them by working together, and they're able to observe you work, your work, and model some of what they learn from you. So it's a great way to do supervision, to do cotherapy. I really encourage it. And, again, use your MI skills. And one important MI skill with the intermediate level counselors is to be able to roll with resistance, not get sucked into a power struggle. So here are some stage-wise approaches. Take a look at some of these approaches, as we have this slide up.

And I'll select a few things -- oh, one thing that really is important is to brainstorm with the supervisee around any obstacles, around any problems, around any difficulties in your relationship. You know, get their input. Make it a mutual conversation when you -- you know, if there are obstacles in their growth, have them identify the obstacles and do some brainstorming around that. Obviously, you want to tackle the negatives and be innovative as you do that and do it in a way that is positive. You know, creating an action plan is significant. And agree between the two of you the means of -- you know, what's going to indicate the progress that's being made? You know, you want the individual to agree with you that reaching this goal, for instance, would be an indication that progress is being made. And here are some more. Be less technique-oriented. Be ready for confrontation from them. Encourage their independence. They know something is wrong, but they may lack the tools to fix it. In fact, they may be unwilling to admit that something's wrong and seek help for the tools to fix it.

Also, another aspect at this level is that bottom -- or that final bullet, supervision versus therapy is crucial. If you do begin to bond, they do begin to feel comfortable opening up, be careful that it doesn't turn into a clinical session. Obviously, you know, supervision is a lot like therapy, but it isn't.

It isn't therapy. It's appropriate to deal with personal issues at the surface as they may impact the work they're doing with clients. But if you get below that surface, then it's time to make sure that they seek help outside of the supervisory relationship. Okay.

We're going to move into the advanced stage. I'm looking at the clock. We don't have a lot of time left. So under collaboration, the object of collaboration is to bidirectionally -- that's an important word, bidirectionally share ideas as a means of agreeing on solutions. Successful collaboration at the advanced stage of supervision occurs when the hierarchy is flattened, the supervisor foregoes didactic training and (inaudible) intervention strategies (inaudible). That bidirectional term really means you're learning from each other. This is the point that you're supervising someone that may even have more experience than you do. A lot of people in our field choose to not take a position as a supervisor and remain as a clinic significance, so they can be supervised by someone with less experience. And as a component of collaboration, the supervisor of the advanced stage counselor models an understanding of self and guides the supervisee of mastery and knowledge.

Once a trusting and collaborative relationship is formed, the supervisor can be catalytic in (inaudible). Catalytic questioning are open-ended questions that provoke thought, self-exploration, and problem-solving, and can be effective in reaching one of the primary goals of the advanced stage counselor's development. Teamwork is important. When I talk about collaboration and teamwork, this can work with any level of counselor growth. But -- and I'm not going to spend a lot of time on this slide because I see we're getting low on time. But this came from the work of Jane Campbell who says these are the five steps of successful teamwork. Something to keep in mind in any clinical -- or supervisory relationship. Self-care is important. And I think, again, we model self-care as supervisors. This, again, occurs at every -- the importance of this is at every level of counselor development, not just at the advanced stage. But we want to make sure the people we supervisor find meaning in life, find meaning in work. It's important they are able to manage stress and avoid burnout. But, again, we can be models to that. And here are some typical characteristics. I'll breeze through these quickly.

The advanced counselor has a deeper level of client understanding, they're beginning to forge their own style, they understand their limits, their autonomy is increased, they are unfolding from within, which means self-perpetuating growth. They tend to be nondefensive, they can use themselves in (inaudible) they don't pigeon-hole clients as frequently, they accept a supervisor of a different orientation. In fact, they look forward to the fact that, hey, I'm going to grow in a different way because this person has something different to offer me. They have a broad ethical perspective. They are consistently motivated over time. And they are often stable in these six facts: Financial concerns, personal growth, intellectual abilities, altruism, intimacy, and power. But let's briefly talk about the three overriding structures with the advanced counselor. And the first is self and other-awareness. Supervisees at the advanced stage tend to have a high self-awareness along with stable self-confidence and emotional (inaudible), the advanced counselor gains self-awareness as they focus on more of a personalized approach to counseling, along with the appropriate use of themselves in the process.

The supervisee at this level tends to have a healthy response to their own personal reactions to clients and effectively use this as they make decisions about their clinical approaches. Under intrinsic motivation, where motivation at the intermediate stage fluctuates with many counselors, more advanced stage supervisees show (inaudible). The advanced level supervisee has attained a complex understanding of the counseling process, along with increased self-confidence and self-acceptance. With higher confidence, any self-doubts the advanced counselor experiences subside without the immobilizing impact more common at the intermediate level. They are guided by wisdom in

this more collegial relationship that they have with you, their supervisor. And their motivation to pursue personal and professional integration is very high. Again, catalytic intervention, stir things up, thoughtful questions to help them self-discover, et cetera. And then finally, in the area of autonomy, we want the advanced level counselor to self-supervise. The reason why I have this in quotations is because they don't go without supervision, but we want them to reach the point where they can make their own decisions. They're just bouncing stuff off you or sharing what they've done, and you're supporting them in most cases. They have an expanded knowledge base, strong sense of responsibility, high sense of self-understanding, and certainly it is important to recognize these factors.

And this is the vital part, this last bullet. You know, as a supervisor of an advanced counselor, again, it's that bidirectional relationship I talked about before. Recognize the fact that they are at a point where they're making the right decisions, they have expanded their knowledge base, et cetera, et cetera. And as it says at the bottom, provide support while maintaining that strong collegial relationship. Make this a real give and take mutual relationship. Under stage-wise approaches, use a facilitative style. You are more of a supportive colleague. You're a reality tester. You know, I think people get into trouble when they're supervising someone at this level when they want to play the boss role, they want to maintain the hierarchy. It's much more expectative when you're a supportive colleague, when you flatten the pyramid, so to speak, and you're working at the same level as they are. You know, you're helping each other. In fact, sometimes acknowledging that can be very helpful. You know, I'm getting as much out of this relationship, hopefully, that you are. You know, compliment them and their expertise and how it's impacting you. Make it more of a collegial collaborative relationship, and you can stimulate each other. Of course, it does rather an advanced stage supervisor, which I'm going to talk about briefly in a minute. And self-disclosures can be very helpful in this relationship as well.

>> All right. Thank you, Tom. And just about one more minute to wrap up, Tom. And before you do, everyone, just as a reminder, in order to access the CE quiz after the webinar, please view the entire training, listen for the password. The password's revealed in three separate sections, and really quickly, I'm going to share with you the third and final part of your password. Remember, when you enter into the online CE quiz, the password will be entered as one word, all lower case. The third and final part of your password is [REDACTED] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance). If you happen to miss the first or second part of your password, no worries, GoToWebinar will send you an automated e-mail that says thank you for attending and there will be a watch recording link at the bottom. One last time, the last part of your password is [REDACTED]. And, Tom, just about one more minute to wrap up.

>> Okay. I'm just going to wrap things up real quickly here. I'm not going to spend much time on these last three slides. There are only three left, the stage 1 supervisor. This is the beginning level supervisor, and there's a lot of parallels between the stage 1 supervisor and the stage 2, but I want to point out that the beginning supervisor and the intermediate counselor may end up in divorce. That's that last bullet there. In other words, an entry level counselor will probably not have much success with an intermediate adolescent counselor. The stage 2 supervisor is confused, conflicted. Look at that graphic in the middle there, it says good luck for that sign of roads going in all different directions. They may work best with an entry level counselor and may work okay with a level 2 counselor but probably are not advanced enough to work with a level 3 counselor. On the other hand, a stage 3 supervisor, this is the one we all want to be, functioning autonomously, they're both aware, self-aware, and supervisee-aware. They differentiate boundaries and roles. They are able to supervise at all times. They prefer to work with advanced level counselors, that collegial relationship.

They are also what Stoltenberg and McNeal call an advance stage integrated counselor, as if there is a fourth level, and they are a supervisor's supervisor. It's important to note as a supervisor, you should always be getting supervisor. You don't stop getting supervision in the clinical field.

So, how to assess where you are? You know, what's your stage of counselor development?

What kind of training have you had? This may be an example. What's your experience as a supervisor and a supervisee? We learn a lot about being a supervisee to gain knowledge about being a supervisor.

And how do you function in structures? Motivation (inaudible). I suggest, Samson, we skip the last polling question and I'll just leave with this final quote. /-PT an answer is always the stretch of road that is behind you. Only a question can point the way forward." I don't think we have time for questions, but some of you have probably written questions in, and I will see that they get answered, and Samson will see that they get posted. So I'm going to turn it back to you, Samson.

>> Thank you so much, Tom. Yes, everyone, we will do that Q and A on a Q and A document. Any questions you sent into the chat box or into the Q and A box will be get sent to the presenter and they will be posted on our website within two weeks at the latest. And congrats to everyone. You have completed part 4 on this series. Please make sure to register for part 5 of this series, how to structure clinical supervision where NAADAC's executive director, Cynthia Moreno Touhy and myself will share best practices research (inaudible) (inaudible) on Friday, December 13th, 2019, 12:00 noon eastern. Registration is only \$12 per webinar, which includes eligibility for the certificate of achievement and, of course, access to the CE quiz and the CE certificate upon successful completion of that quiz. If you join NAADAC, you will have access to over 145 free CEs.

And, of course, our 2020 annual conference is coming up next year in Washington, DC. You can visit our website, naadac.org to learn more. If you're interested in learning, just type naadac.org/join.

Thank you again for participating in this webinar. And, Tom, thank you for your valuable expertise on this topic.

Everyone, I encourage you to browse our website and learn how NAADAC can help others. Stay connected with us on LinkedIn, Facebook, and Twitter. Once we close this webinar, a survey will pop up on your screen to give us an evaluation of this training experience. You will also get a chance to take that survey in an e-mail you will receive from GoToWebinar one hour after this event is closed.

Have a great day, everyone.

Thank you.