

NAADAC - The Supervisory Relationship

Friday, October 11, 2019

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>> Until the end of 2018, he served as NAADAC director of training. Dr. Durham also worked under (inaudible) under JBS international and department of defense. He also served as the executive director of the (inaudible) institute and project director of the central east technician technology center. From 2004 to 2017, Dr. Durham taught graduate courses of psychology as an adjunct professor. I am honored to present this webinar series by my director, (inaudible) and also good friend. Dr. Durham, Tom, if you're ready, I'll hand this over to you.

>> Well, thank you. Thank you very much, Samson. I went one too far. There we go. So these are the learning objectives. While these are up, I just want to say a few things, about the supervisory relationship, for one thing, it's the foundation that supports the entire process of clinical supervision. Clinical supervision involves personal variables, process issues that impact the relationship which in turn impacts the progress of the supervisee and, ultimately, client care. Contextual factors (inaudible) contribute to the multifaceted and (inaudible) of each unique supervisory relationship. There are also many pair less and as such (inaudible). Numerous studies support this by pointing to the quality of the supervisory relationship as a consistent predictor of therapeutic outcomes. This webinar will explore the numerous factors that contribute to the factors that (inaudible). Items discussed here include the

(inaudible) the uniqueness of each supervisee and the uniqueness of supervision, the dynamics that typically comprise the supervisory relationship, empowerment and growth in supervision, and how cultural (inaudible) further enhances the supervisory bond. So the first thing we're going to do is a polling question. Oops, there I did it again, I went too far.

>> Thanks, Tom. The polling question asks, how would you classify your role as an addiction professional? You will see five answer options there and I'll give you 20 to 30 seconds there to answer that. In the meantime, as you are answering that question, as a reminder, in order to access the CE quiz after this webinar, make sure to view the entire training and listen for the password. This password is revealed in three separate sections. Here, I will share with you the first part of the password. Please remember, as you write down the password, it is all going to be one word, all lower case, and we will reveal it in three separate sections throughout the webinar. So the first part of your password is the [REDACTED] Again, [REDACTED] That's [REDACTED] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance). Of course, if you have questions for our presenter, make sure you put them in the question box and the presenter will address them in the live Q and A or they will be answered in the next week or two. 95 percent of you responded and I will send it back to Tom.

>> Okay. Thank you. I am glad to see at least a

third of you are not doing clinical supervision. 33 percent are counselors or therapist. I think it's great that you're taking this webinar. That means you're interested in moving forward in your career and moving towards clinical supervision. Wonderful. So we will move ahead here. Okay. There, I did it again. There's a delay here on my end, so I sometimes think it didn't go and I do it twice. Sorry about that. Okay. Let's take a look at this first slide, about the supervisory alliance. First of all, as in psychotherapy and counseling, a good working relationship or bond must be established as an early step in clinical supervision. A supportive, encouraging, and helpful atmosphere fosters (inaudible). The supervisory bond, however, can lead to (inaudible) attachment, compulsive self-reliance and compulsive care-giving. (Inaudible) these may involve with certain supervisees and to be mindful as a way to conceptualize problematic bonding in supervision. We're going to talk about some of these as we go along. Establish and maintaining a good connection with a supervisee is one of the most important elements in the supervisory process. Such collaboration is essential in the establishment of trust and safety increase comfort for both the supervisor and supervisee that ultimately lead to self-discovery, increased self-efficacy, greater self-knowledge, and self-identification for internal resources for change. For those of you that have been changed in motivational interviewing,

that may sound very familiar. Also, supervisee engagement is essential to developing collaboration. Collaboration is a significant byproduct of a supervisory alliance can be described as a mutual connection that leads to coordinated effort towards goal setting or problem solving. Collaboration also increases the quality of attention and compassion in the supervisory relationship, necessary components in the process of change. Collaboration also requires a sharing of influence, resources, and power, resulting in a partnership for change with common goal toward effective client care. By building a collaborative relationship, the supervisor is essentially working side by side with the supervisee, and for many, this requires a shift in approach and a willingness to let go of their power and authority. We're going to be talking about that a little later. The potential result, however, is a collaborative bond that builds the effective clinical alliance between supervisor and supervisee while increasing effectiveness and work with clientele through the pooling of ideas and solutions. It seems reasonable to assume that strong supervisory relationships lead to strong clinical relationships, as it says at the bottom of the slide. This has been supported by empirical studies -- and by the way, I will cite some references throughout. They're all listed in my list of references at the end of this presentation. I know you all have access to download these slides, so you'll have access to that

later. A lot of the information, for instance, comes from a book by Gerald Cory and associates published in 2010 called "Clinical Supervision and the Helping Profession. And he said -- and this is a quote out of there -- "the quality of the supervisory relationship is one of the key components of determining outcomes which is also true for the client/therapist relationship."

Another study have a text called the Fundamentals of Clinical Supervision, most recent edition in 2018, and they found other studies have supported (inaudible) and this occurs in both clinical relationships as well as the supervisory relationships. That's one of those parallels that I mentioned. The establishment of a (inaudible) trust and collaboration is rewarding to both the supervisee and supervisor. The development of such alliance is often preceded by a mutual agreement regarding the goals and expectations for supervision. When appropriate, a negotiated agreement or contract may be necessary to maximize the probability of congruence in goals and expectations for supervision. The process of negotiation allows the two individuals to gain (inaudible) clarity of all (inaudible) and increases the possibility of an effective collaborative alliance. You see the quote at the bottom of the slide here by Margaret Wheatley, I crave companions, not competitors, meaning everyone's on the same page, everyone's working together, and there's no competition between members. You know, something we often struggle with in

work groups, but certainly if everyone's on the same page and moving towards the kind of relationship building that we're talking about here, this kind of atmosphere can be created. So as it says here, an alliance will provide the means for many different factors. The most advantageous aspect for a strong supervisee/supervisor (inaudible) is the establishment of an atmosphere of trust that encourages a safe environment, openness, honest self-disclosure, I would say proper and appropriate self-disclosure, the (inaudible) of transference and countertransference, which we're going to talk about in a little while, gaining cultural humility, which we will also talk about in more detail, and establishment of appropriate relationship boundaries. Such a coalition leads to an increase to the bond of the supervisor and supervisee, thus leading to a working collaboration that has the positive essential of professional growth for the supervisee and ongoing effective treatment for clients. Okay. We have another polling question.

>> Thanks, Tom. Everyone, you will get another opportunity here to interact with your presenter. I am going to go ahead and launch this poll. And it gives you two answer options. The question is, which of the following do you place more importance on in your role of clinical supervisor? Again, you'll see two option answers there and we'll give you about 10 to 20 seconds to respond. Great. Thank you guys for this. 90

percent of you have already answered. We'll go ahead and close the poll now and I will share the results and turn this back over to Tom. Just as a reminder, if you have any questions for presenter, please make sure to send them in the questions box that you'll see in the Go To Webinar control panel.

>> Okay. Good. I like that answer. (Inaudible)
it looks like overwhelmingly most of you agree that promoting growth and development of the supervisee is the most important factor. So good job. I agree. Okay. There we go again. Okay. We're going to talk about -- as I said, we're going to bring these topics up. So I want to mention that the supervisory relationship is often referred to as the supervisory triad, it's a multiperson relationship comprised of the client, the counselor, and the supervisor. This occurs since the client is always present in the supervisory relationship, figuratively if not literally. The addition of this third party introduces an interpersonal triangle which is a dynamic (inaudible) that a coalition of any two of the three will be formed. This dynamic underscores the complexity of the supervisory system. Also, each of the three systems involved influence the other two. One dynamic that transpires as a component of the supervisory triad is the phenomenon known as parallel process. This typically occurs when a supervisee relates to the supervisor in a way that replicates the (inaudible). Some supervisors, especially those trained in psychodynamic approach to

therapy expect parallels to occur in the supervisory relationship and see them as parallel reenactments of significant psychic events. A strong -- and of course I'm talking about the last two bullets. Now we're going to move to the top two. A strong supervisory bond, however, has also potential risks. One dynamic that may come into play with this relationship is transference. In a clinical relationship, that may occur when a client shifts unconscious feelings or thoughts towards the counselor. In supervision this can occur when the supervisor transfers similar thoughts or feelings towards the supervisor. A supervisee, for example, may idealize their supervisor who has provided much help and support for the supervisee. This is more likely to occur when the supervisee is experiencing feelings of insecurity and/or incompetence. Of course the opposite can also occur. If a supervisee has unresolved authority issues and plays these out with much resistance in the supervisory relationship. Such a negative transference can be more difficult to productively address in supervision due to the potential consequences regarding the supervisory relationship and the supervisee development. With regards to countertransference, another significant dynamic, both in this clinical and the supervisory relationships, it's simply the reaction one may have toward another person that may interfere with their objectivity. Supervisors must be aware of the occurrence of their own countertransference toward a supervisee

and be alerted to when a supervisee experiences countertransference towards a client. A supervisor's unresolved personal issues can be triggered in their interactions with supervisees. Examples include impatience with a supervisee, unresolved attitudes towards a supervisee, unresolved prejudicial thoughts relating to issues of cultural humility, or simply disliking a supervisee. It is incumbent on supervisors to be aware of their own countertransference and discuss their reactions in their own supervision. And yes, every supervisor should have their own supervision. Countertransference is very common in supervision, very common in clinical relationships as well. The important thing is to be aware of when they're happening. I had mentioned Bernard and Goodyear, in their text, they outline four possible explanations for the occurrence of (inaudible). These are summarized -- these four are summarized as follows. Number one, through identification with clients, a supervisee produces reactions to their supervisor that they experience with clients. Number two, the parallel represents an impasse in the therapeutic relationship. Number three, the parallel represents a problem or part of a problem that the supervisee shares with the client. Or number four, the supervisee is learning, or professional growth, problems in supervision, there is learning problems or professional growth problems parallel certain aspects of the client's problems. It's important to note that parallel process

often occurs in reverse as downward parallel process when the supervisee begins to take on behaviors and attitudes of the supervisor in their communication with clients. For instance, modeling professional behavior by the supervisor influences, and thus parallels, behavior exhibited by the supervisee toward the client. For many supervisees, this downward parallel process can be a significant factor in learning and professional growth. Similar to parallel process is the concept of isomorphism. It occurs when one system is influenced or is influenced by another system. Known as (inaudible), this constant and bidirectional influence involves two systems having mutual influence on each other at an interrelational level. An example of isomorphism is when a supervisor relates to a supervisee in a way that he or she knows best as a therapist. Emphasizing this point is that -- sometimes I have this on a slide. There's not a separate slide, but bear with me here. Listen to this. Supervision may look like therapy, not because the supervisor is doing therapy but because the therapist is doing supervision. One approach a supervisor can take to empower those being led while establishing a strong collaborative alliance is motivational interviewing. Kind of outlined here on this slide. Originally created as an effective approach in establishing collaboration with clients, motivational interviewing has been quite effective in (inaudible) internal resources for growth as professionals. MI is an approach that has

the potential of building trust, increasing comfort, and enhancing self-motivation for the supervisee and an empowering and growth-enhancing relationship. It's important to note that empowerment and growth as discussed here are dynamics to reduce the possibility of resistance in a supervisory relationship. While developing a collaborative alliance in supervision, the astute supervisor will avoid both labeling the supervisee and getting hooked into power struggles, or avoid countertransference that we talked about with one of the previous slides. Instead, the supervisor, quote/unquote, rolls with resistance while reframing information, a listening self-motivational statements and emphasizing personal choice. And the reference for this is Bill Miller, whose latest book on motivational interviewing, or one of his latest books on motivational interviewing published in 2012. Recognizing the supervisee's level of self-confidence and approaching them accordingly can go a long way in developing a trusting relationship and minimize resistance. And Samson has a message. Samson, are you there?

>> Yes, thanks, Tom. So, everyone, as a reminder, in order to access the CE quiz, after this webinar, please view the entire training and listen for the password. As we've discussed a couple of times, this password will be revealed in three separate sections. However, when you use it to access the CE quiz, it will be entered as one word, all lower case. Here I

will share with you the second part of your password. The second part is the [REDACTED] Again, [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 question box and our presenter will answer them in the order in which they were received during our live Q and A. And if we don't have time, your questions will be answered on a Q and A document posted on our website in about a week or so. Now I'll go ahead and turn this back over to Tom.

>> Okay. Let's talk a little bit about conflicts. The supervisor alliance is not without conflict. In their text on fundamentals of clinical supervision, Bernard and Goodyear discuss various types of conflict that occur in a supervisory relationship. And I'm going to read a brief overview of this material that came from the text. Four points here. Number one, conflict is inevitable. And is often necessary in strengthening the working alliance between supervisor and supervisee. You know, when I hear that, you know, conflict is inevitable, of course it also reminds me of the stages a group will go through. You know, the forming, storming, and then norming. And we have to get through storming to get to norming. So conflict is inevitable and it's sometimes positive to be able to work through that conflict. It says on the slide there, conflict strengthens relationships. Number two, role ambiguous can result in conflict when there is uncertainty regarding role expectations for supervision -- or for

the supervisee in supervision. So it's important to be really clear, you know, what your role is, what the supervisee's role is, and what the relationship is all b-what the expectations are. Number three, role conflict occurs when the supervisee is expected to either engage in two or more roles that require inconsistency in behavior or a role that is incongruent with that of his or her value system or personal judgment. Number four, dual relationships in clinical supervision vary in their degree of harm to the supervisee and client. They can also be a source of conflict and lead to role diffusion. It's inevitable that supervisors take on roles with competing goals, such as the role of evaluator and the role of the trainer/mentor, and therefore must remain alert to the possibility of conflict. An example of this is a supervisor may have the role of evaluating -- administrative role of evaluating the supervisee. Or maybe the one who does the performance review at the end of the year or who's responsible for a pay raise, that sort of thing. But on the other hand you're trying to build this working alliance and there sometimes is a conflict between the role of the evaluator and the role of what I would call the mentor. And therefore, you know, the supervisor must remain alert to the possibility of conflict. Boundaries and unethical roles that fall outside of the role of supervision will be addressed more thoroughly in an upcoming webinar that I will be doing in November on ethics. Moving on.

Oops. Didn't move. Okay. Let's try a different way. There we go. So the supervisory relationship, by virtue of the supervisor as an authority figure in the relationship, begins with a power differential. A lot of people don't like those two definitions of power and authority on top. But let me explain. Though many will strive to minimize this differential, in order to establish a strong supervisory alliance, the difference is inherent in the relationship. Power and authority on the part of the supervisor can be a distraction and interfere with the establishment of a collaborative relationship, where as it says on this slide, where power can be characterized as the ability to influence and control others, authority is seen as the right to do so. However, the supervisor who utilizes collaboration -- a collaborative leadership skills can master the use of authority in minimizing the power differential and power to those being led. Or, put another way, and this comes from the book called The Art of Possibility, published way back in 2002, but it's a great book and it's also at the reference at the end of this presentation, and I'm paraphrasing them, but it says here, leadership is the ability to use authority to make others powerful, or to empower others. There's a little more here I want to share with you about this. Social influence is another concept of power that demonstrates the degree of influence a supervisor inevitably has over the supervisee. The power differential can also be minimized with an

effort toward mutual influence between the supervisor and the supervisee and the degree of involvement or social bonding that exists between the two individuals. Social bonding is also a factor in the development of mutual trust as it creates an atmosphere of safety and lowers one's sense of vulnerability. The supervisory relationship does not exist in a vacuum but resides in a multifaceted context that emphasizes the idiosyncratic nature of the supervisory diad. By idiosyncratic, we just mean the uniqueness of each individual and relationship. (Inaudible) maintains a sensitivity of the contextual relationships that impact clinical supervision. However, according to my mentor, the late David Powell, whose book on clinical supervision, also referenced here, was published in 2004, Powell said a (inaudible) by actively engaging the many interpersonal nuances openly discussing them, exploring how they impact treatment in supervision, and developing strategies for addressing them. Okay. Moving on. Okay. Now we're going to talk about some of the different roles that a supervisor has. One, as you see here, is the tutorial role, where the supervisor is a teacher. The supervisor in this role instructs the supervisee on a variety of clinical topics that come to light in supervision. Instruction is individualized and may occur experientially with role-playing and demonstration by the supervisor and may include giving assignments such as readings, attending workshops, and specific work with

clients. The supervisor is also a coach, combining instruction with demonstration, feedback, and may offer strategies to use with specific clients. Coaching also involves holding the focus, challenging the supervisee, providing encouragement, and setting goals. Note that the level of coaching is typically higher, though, for entry-level supervisees. The supervisor is also a consultant who assists the supervisee in problem-solving and decision-making while being a sounding board -- which I'm going to dwell on in a minute -- advocate and advisor -- which I'm going to dwell on in a minute. In this role, the supervisor may provide case consultation and offer suggestions to solutions to assist the supervisee in resolving current dilemmas while using situations as learning experiences in preparation for their reoccurrence in the future. Regarding sounding board, an important role the clinical supervisor is to be available to each supervisee so they can openly bounce off hopes and ideas as well as share their fears and frustrations. And this can only happen in a good, collaborative relationship. Many supervisees may be fearful of using supervision as a sounding board. But if you have that level of trust developed with the supervisee, they're going to be more likely to use the supervisor as a sounding board. Of course, as I said, this does involve an honest and trusting relationship. An objective perspective by the supervisor can be quite helpful, but at times it may be best for the supervisor to merely use their

listening skills. Be that sounding board and hear what they have to say. As an advisor, I want to say a few things about that. Though a goal of supervision is to promote autonomy and decision-making -- you know, we want supervisees to be able to, as I said, self-supervise, which doesn't mean they will go without supervision, but we want them to be independent with their clients. But at times advice giving is needed. Direct intervention in the form of helpful device may be helpful when a supervisee is in a situation where the supervisee is beyond their level of expertise and experience. (Inaudible) these are all examples of when a supervisor may need to intervene with needed advice. So, important to keep in mind. But as we see here, the supervisor also is involved doing case consultation review, an advocate, case conceptualization. What we mean by case conceptualization is really helping the individual be able to put two and two together about a client, be able to gather all the information and conceptualize the client's needs and the idiosyncratic needs of that particular client. And , of course, we want the supervisee to be able to work to achieve mutual goals that we have worked with him or her on. This is a different workshop, but goal development really needs to be -- the onus really needs to be on the supervisee. We kind of see parallels between goal development and treatment planning with clients. We want the supervisee be able to say, this is what I want to work

on. Of course, it has to be within reason and of course the supervisor and supervisee will work together to finalize those goals. So, speaking of which, understanding unique needs of each supervisee is important. And so I'm just going to pose some questions for thought here. You know, as we look at the slide here and it says such things as, identifying learning needs, determine strengths, promoting self-awareness, et cetera, et cetera. So I want to ask you three questions to think about. Just questions for you to ponder. If you were live with me, we would discuss these back and forth and I'd get your input, but just think about these questions. Number one, how do you know each needs of each supervisee? How do you gather information? You know, we can make assumptions about what individuals' needs are, but each person is different. You know, again that word, idiosyncratic differences comes to mind. Question two, what do you do to assist those you supervise in planning their own career development. And this gets back to working with them in developing their goals. So if you're doing supervision right now, ask yourself that question, what do you do to assist those you supervise when planning their own career development. Obviously we're concerned about client care today, but an important role of clinical supervision is to be able to help the counselor grow and move forward in their career development. And the third question is -- this is more of a yes or no thing, but we'd want you to kind

of think about this as well and elaborate on in your own thinking, and that's, do you feel you have a role in developing the workforce for the addictions field in general? So, you know, we're talking about, you know, idiosyncratic issues about this individual, you know, what are their unique needs? You know, what is our role in helping them move forward in their career? But on a grander scale, on a more macro scale, do you really feel that you have a role in developing the workforce for the addictions field? I hope you say yes because as a clinical supervisor, you do play a significant role. You might lose supervisees to another job. They may advance to the point where they go somewhere else, but you've still contributed to the field. One thing to think about. I know -- I work with a lot of supervisors right now that are going through some difficulties in keeping staffing up. There seems to be a lot of job openings in the field right now and that gets frustrating. One thing I tell them is, think about it, the people you've lost makes the field better in most cases because of what you've done, you helped them grow. So let's move on. Okay. Create an effective learning environment. You know, here's another question: How do you work with counselors to come up with a plan? We talked about goals and objectives. We talked about the fact that, you know, an important role of the supervisor is to work with the individual in coming up with their own career development plan, but here are some tips on this slide. Using the

MI approach, the motivational interviewing approach as we talked about earlier, supporting counselors at all levels. One of the things I'm going to be talking about in another webinar, I think in December, is the different stages of supervision, the different levels that counselors go through in their growth. Obviously we're going to have a different kind of relationship with an entry level counselor than we would have with a more advanced counselor. Needs assessment of mutual planning. We talked about that. Training students for counselors. That should be part of that needs assessment and mutual training. What need opportunities are out there? Is there a budget to send someone to a workshop? Can you bring someone in? Can you yourself do an in-service training? Et cetera, et cetera. But this last one I think is significant. Promote autonomy. I alluded to this earlier when I said something about, you know, it's important that we reach the goal of getting the supervisees to self-supervise. That doesn't mean they would go without supervision, but we want them to be autonomous in the work they do. We want to feel confident that they can make the right decisions with a lot of hand-holding and oversight. That should be an ultimate goal and that certainly is part of creating an effective learning environment. Okay. We have another polling question.

>> Thanks Tom. Yes, everyone you will see this last poll pop up on your screen in just a moment. It has two

answer options. And the question is asking, when providing clinical supervision, do you provide direct observation of the work of your supervisees? Answer options are yes and no. As a reminder, in order to access the CE quiz, please make sure to review the entire training and listen for the password. The password is revealed in three separate sections. Here I'm going to share with you the third and final part of your password. The third and final part of the password is the [REDACTED] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance). Again,

[REDACTED] So as you're interacting with this poll, just make sure you write that down. If you happened to miss the first two parts of the password, no worries. You will have access to the recording about an hour after the live webinar and you will be able to review the training again to capture the full password for access to the CE quiz. This password will be required to access the CE quiz. So one final time, the third and final part of your password is the number 391. We have some great questions coming in already. Thank you for those. To interact directly with our presenter, you can simply click on the questions box and our presenter will be able to answer each question in just a moment during our live Q and A, or they will get posted online in about a week. Now I'm going to go ahead and close the poll. We have 92 percent participating in the poll. Thank you guys.

>> Okay. Good. I am glad to see the strong majority of you answer yes. You know, it's a big bugaboo of mine.

I am a strong proponent of direct observation. And certainly I feel that any way you can observe the work of the counselor not only gives you an idea of what is going on, but it does help create a more supervisory bond. You know, this was -- I did some -- my doctorate research was in this area and -- actually, what I majored in was self-efficacy. There was a development of self-efficacy for those who received what I call live supervision, which is watching the individual work, as opposed to those who did not. So thank you very much. And when I say live supervision, I mean watching -- not only watching them through a one-way mirror or watching a recording of them, but probably the easiest way to do it, the most common way to do it, the least threatening way to do it, is to do cotherapy with the individual. That way, you're modeling as well as observing. So let's move on. Okay.

Dimensions of -- we're going to wrap up talking about cultural humility. But I have a lot of good information here that I want to share with you. So first of all, I want to note that adopting a multicultural focus in adopting the profession is really a must. We're living in an increasingly diverse society that presents challenges and opportunities (inaudible). For example, the fields of substance use and mental health disorder treatment are faced with the challenge of identifying barriers that encourage some cultural minorities from viewing counseling as a potential beneficial experience. Many believe that counselors operate under

the myth that their basic values, beliefs, and theoretical approaches are supportive of multicultural personnel. Those who agree this is a myth point out that (inaudible) are experienced by the cultural arena from which they involve. Counseling theory, for instance, is rooted in western tradition and has emerged from the values and beliefs of the predominantly white culture. I think this may be changing, but I still feel that it's a significant issue in the treatment field. In a study on major in openness (inaudible) diverse clients, researchers define cultural humility as -- I'm quoting here, this is a study done in 2013, quote, the ability to maintain an interpersonal stance that is other-oriented, or open to the other, in relation to aspects of cultural identity that are most important to the client. So the ability to maintain an interpersonal stance, that is open to the other, in relation to (inaudible) we find that it really has to do with what's most important to the client. Cultural humility is characterized by expression of respect by a counselor who can counter any feelings of superiority, especially when cultural differences interfere with a potential therapeutic alliance. Counselors who successfully gain an ability to be culturally humble approach clients with an openness to learn the complexities of individual identities and are thus able to foster an atmosphere conducive to the development of a strong therapeutic alliance. Clinical supervisors are challenged with actively identifying

(inaudible) and creating solutions to enrich the clinical growth of supervisees. A supervisor can play a vital role in adding diversity to the workplace and in promoting diversity awareness among staff. However, supervisors can only gain cultural humility when they are willing to examine their own cultural assumptions and biases. This slide here shows some issues of context. We could probably add to that list greatly, but those listed here are just a small example, a small sample, I should say. So, what is your level of cultural humility? Again, if I was doing this as a face-to-face training, I'd probably put you in small groups and have you discuss your answers to these questions with your partner or your small group. It's important to note, though, that the culturally competent supervisor has examined and identified these assumptions, bias, and values that they may have that could interfere with working with clients and supervisees from different cultural backgrounds. Supervisors are advised to gain cultural humility by being sensitive to their own heritage by valuing and respecting others. Acknowledging the fact that one may have indirectly benefited from institutional or cultural racism will help uncover one's own potential bias as a step towards defining nonexploitive attitudes. And this came from a textbook called *Treating the Culturally Diverse*, by Sue and Sue. The most recent publication was in 2015. Supervisors can gain cultural humility by expanding self-awareness of one's own culture and -- one's own

culture and biases by engaging in supervisory centered relationships, by striving to learn each supervisee's learning needs (inaudible) by being culturally responsive, by appropriately using cultural knowledge and culturally based learning styles and by teaching to each supervisee's strengths, many of which could be culturally based. Many supervisors tend to see their supervisees as extensions of themselves. This can create tension and disrespect in the relationship, especially when the supervisor and supervisee have different cultural identities. The supervisor who mistakenly assumes that the supervisee identifies with him or her cultural is doing a disservice, not only to the supervisee but to the clients as well. To counter such assumptions and gain cultural humility, Sue and Sue, again, who I mentioned earlier, propose three dimensions. Number one (inaudible) positive view towards multiculturalism. Two, to be knowledgeable and understanding of one's own world view and to gain knowledge of one's diverse groups with whom one works. And three, to learn skills, interventions, techniques, and strategies that are effective with diverse groups. You know, a challenge for some counselors is to avoid imposing their values on their clients. The same challenge go for supervisors (inaudible). In the text by Cory and associates, that I referred to earlier, they said the avoidance of communicating one's values on supervisees as well as on clients is quite difficult since much of one's nonverbal

behavior, body language, and other subtle language are unknowingly (inaudible) due to the lack of cultural humility. For example, if a supervisee's culture places significance on open and supportive relationships as a method of effective learning, and the supervisor typically takes the didactic approach, meaning more of a teaching approach, are not really focused on developing the relationship, the supervisee may view the supervisor as critical and punitive. This example of a lack of cultural identity by the supervisor can lead to a feeling of inadequacy. (Inaudible) not only would the supervisee be given permission to communicate openly, they would likely receive feedback in a manner that is more (inaudible). Supervisors must (inaudible) and be able to communicate to avoid cultural misunderstandings. Cultural humility means to be open (inaudible) by integrating sensitivity and can result in promoting greater personal insight, stronger supervisory bonds, and higher levels of satisfaction. If one goes into a supervisory relationship thinking they can know everything there is to know about the culture and communication style of a supervisee, they are doing the relationship a great disservice. In fact, this could even be seen as a racist view. Always reminds me of a workshop I once went to that was called -- the title of the workshop was called Racism of the Well-Intended. Think about that. On the other hand, by gaining cultural humility (inaudible) increasing the potential to develop an effective and growth

enhancing supervisory relationship. So, I'm going to kind of sum things up with a few comments here and just state that, you know, there are numerous factors that contribute to successful and productive supervisory relationships. Move on to this slide here. We'll do questions if there's time in a minute. Such relationships are bolstered with a sense of mutual trust and collaborative (inaudible) and can be a consistent predictor of therapeutic outcomes. The supervisory bond is created and fracture (inaudible) by articulation of who the client is, who the supervisee is, and who the supervisor is, as well as all other implications of the context within which the supervision and counseling takes place. Cultural humility also is significant contextual factor in collaboration enables individual and individualized as the course of supervision in a relationship that involves mutual learning and understanding. Once the relationship is established, the effective supervisor can appropriately empower supervisees while acknowledging and effectively utilizing the numerous relational dynamics that typically exist in this multi-person supervisory system. The collaborative bond also increases the quality of attention and compassion in the supervisory relationship, two components necessary to provoke change. Another parallel between counseling and supervision. Supervision is a valuable encounter with the ultimate goal of being both helpful and rewarding, not only to both participants in

the relationship but ultimately to the clients being served. And I thank you. And if we have time, we may have a few minutes, I can take some questions.

>> Thanks Tom. And thank you, everyone, for sending your questions into the question box. Tom, I'll go ahead and ask the first question. What are some ways to measure the success of the clinical supervisory relationship? Am I doing a good job as a supervisor because they trust me or because they have had consistent successful treatment outcomes? Or is compliance more important?

>> That's a good question. And my initial reaction is all of the above. No. You know, when I think about the supervisory bond, you know, and its impact on client care, I think the first thing -- in a way, it is all of the above. But the first step needs to be that good collaborative relationship, although the ultimate is good client care. I think the best major is to know that you are working with an individual who is, through your relationship, has maintained some good positive growth to the point where they are -- they have developed positive relationships -- positive and effective relationships with their clientele. And, you know, that right there is one of those parallels. That's a downward parallel process. If I can develop a strong working relationship with the individual that I supervise and I have that kind of bond that includes a lot of trust and a

lot of collaboration, and that person takes that trust and collaboration into their clinical relationships, then, you know, I think that's a good major right there, and that's what we call a downward parallel process. I think that's one of the major factors. You know, of course this goes back 20 years, so it's not recent, but I did use -- I talked about my doctorate research. I did use a tool to measure what was called counselor self-efficacy, not that you're going to do that with your supervisees, but there are some excellent research tools out there that can measure an impact of supervision and that was one of them. I hope I answered that question well. Is there another one?

>> Thanks Tom. Yes. So the next question is, what if the supervisory relationship is always in group or in partnerships, like two or three supervisees. What are (inaudible).

>> Okay. Yeah, that's another good question. And, you know, that's certainly something that I am very much involved in. I do group supervision right now. And the dynamics, of course, are much different than individual supervision. But I think the main dynamic that makes group supervision so effective, or small group or triatic supervision, which I think is the other part that was mentioned, is the fact that you, the supervisor, are not doing all the work. It becomes a group effort. In fact,

I always talk about an experience I had early in my career when I was working in outpatient clinic and there were about, you know, seven masters level therapists working together. We did have a supervisor, but when we did group therapy, our supervisor took off his supervisory hat and it became pure supervision. And I think that's one of the strengths of group supervision, is getting everyone involved and giving input and feedback and positive support to each other. It can be very powerful, especially if there's a good bond among the members. And that really -- you know, that really says something about the leader. You know, if you as the supervisor of that group are also the supervisor of all those people, maybe the team leader of that group, you know, there's a lot you can do to bring that team together and get that bond, and if you get that kind of a team, then group supervision can be very powerful. It's much different from individual supervision because you've got so many perspectives and that's what makes it most powerful.

>> Thanks Tom. Let's see if we can squeeze in two more. What if I'm asked to supervise someone that I am not equipped to supervise like an assessment counselor, and I have no choice because I'm the only one, but I've never done assessments before full-time?

>> Well, I guess my first reaction when I heard that is, well, if you're not equipped to do it, then you should be

telling your supervisor you're not. But it sounds like it's a situation where there's no choice. Then my first thing is you need to equip yourself. Get as much information as you can about what the individual's involved in so that you can properly lead them. You know, if you are their supervisor, that means you've been around a while, you've been chosen to be their supervisor for a number of reasons, not just that you're a warm body, but you're worthy of being a supervisor. And so that tells me that you've progressed to a certain point in your career and there's no reason why you can't gain additional knowledge to best equip yourself to supervise that individual. You know, the best advice I could give you is find someone who is well-equipped, whether it's in your agency or not, and use them as a mentor. You know, it might mean going to some training. It might mean getting additional training. I know budgets are tight in agencies and that might be out of the question. But, you know, seek out a peer, seek out someone else, certainly go to your own supervisor, share that -- you know, the fact that you feel that you need some more experience or understanding of what you're supervising so that your supervisor knows that that's a concern, and work with your supervisor in seeing that you can get the training or experience that you need to be better equipped.

>> Thanks Tom. Everyone else, please, again, feel free to send in your questions to the questions box. We will send

them to Tom and we'll have them all written out in a Q and A document, including the ones we discussed during the live training. And they will be posted on our website within a week or so. Tom, I believe you have one more slide and then we will wrap up.

>> Oh, yes. A quote. A quote from Gandhi. I love this quote. Live as if you were to die tomorrow. Learn as if you were to live forever. So I want to leave you with that quote and turn it back to Samson for the rest. Oh, and here are my references.

>> Thank you so much, Tom, for this valuable and necessary information on clinical supervision. Congratulations, everyone. You just completed part one of the six-part specialty training series on clinical supervision in the addiction profession. You are that much closer to completing eligibility for the certificate of achievement, which can be an excellent resource to add to your career portfolio and résumé that will validate your education, your interest, and your studies in the area of clinical supervision. Please make sure to register for part two, Using Technology for Clinical Supervision (inaudible). Registration is only \$25 per webinar, and that includes eligibility for the certificate of achievement, and, of course access to the CE quiz and CE certificate upon the successful completion of that quiz. Just as a reminder, for those who missed

our earlier instructions, this webinar is approved for one continuing education hour and our website contains a full list of accepting boards and organizations. To obtain your CE certificate for this course, please follow the steps you see on the slide here. Most importantly, remember, if you missed the password for access to the CE quiz for this training, no worries. You will be able to review the recording of this training for free to catch the password. And as a reminder, the password is one full word, it's all lower case, but it's revealed in three separate moments throughout this training. So, again, if you missed it, in about an hour, you'll get an e-mail from Go To Webinar, and you'll have an access to the recording, you can view the recording and fast forward so you can access the password for the CE quiz. If you have problems accessing this at any time, you can e-mail us (inaudible). Thank you to all of our NAADAC members for your continued membership. For those who are not yet members, please visit www.naadac.org/join and take a look at the benefits of becoming a member with us. If you're interested, you can always call us. Our phone number is on our website. Or you can e-mail us and that will send you directly to our membership service center. Thank you again, everyone, for participating in this webinar. And Tom, thank you for your valuable expertise on both this training and on the new clinical supervision workbook. Please visit our website to find out more about how to purchase

the clinical supervision workbook. And I encourage you to take some time to browse our website to learn how NAADAC helps others. You can stay connected with us on LinkedIn, Facebook, and Twitter. Thanks everyone.

>> Bye-bye.

(End of meeting.)