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NAADAC
ENGAGING LEARNERS IN ONLINE SUPERVISION

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>> JESSICA O'BRIEN: All right, I'm going to start the broadcast.

>> SPEAKER: The broadcast is now starting. All attendees are in listen only mode.

>> JESSICA O'BRIEN: Hello, and welcome to engaging learners in online supervision. Presented by Drs. Eileen O'Mara and Ann Melvin.

I am so happy that you guys can be here with us today. My name is Jessie O'Brien, and I'm the training and professional development content manager for NAADAC. The association for addiction professionals, and I will be the organizer for today's training experience.

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Every NAADAC webinar houses everything you need to know. As soon as this webinar ends you will find the online CE quiz link on the same web page that you use today register. So that means everything you need to know will be hosted at this web page.

As many of you are aware, we're using go to webinar for today's live event. You will notice the control panel that looks like the

one on my slide here. You can use that little orange arrow to minimize or maximize the control panel.

You can type questions into the questions box. We'll inquiry the questions and give them to our presenters -- we'll gather the questions and give them of to our presenters at the end of the webinar. Any questions we don't get to we'll collect and send them to the presenter and post the questions and answers on our website.

Lastly you will see another tab called handouts. You can download the slides there and a user friendly instruction guide on how to access the online CE quiz afterwards immediately following the webinar. So please make sure to use the instructions when you go to take the quiz.

Okay. Now let me introduce you to our presenters. First Dr. Eileen O'Mara is a licensed alcohol and drug abuse counselor in Minnesota, and core faculty in addiction counselor at Capella University since 2009. At Capella, Eileen has taught addiction counseling, addiction studies and clinical courses. She represented the school and addiction counseling on the dean's council. In 2019 Eileen retired as a member of the Minnesota recovery connection board after serving for six years. She's a professor emerita and the former assistant dean of the Hazelden school. She has published nationally and internationally. Most recently Eileen presented at the NAADAC 2016 and 2019 annual conferences on online clinical supervision of addiction counseling students.

Next Dr. Ann Melvin is core faculty in the college of education and human services at Capella University. She is the fieldwork coordinator for the addiction studies program and teaches a combination of mental health and addiction studies courses. Ann was awarded the Stephen Shank recognition and has been honored as faculty of the month during her career at Capella. Her recent publication as a coauthor with colleagues entitled improving rehabilitation counselors' knowledge of co-occurring disorders, screening, brief intervention and referral to treatment practices was published last year. She has presented at the NAADAC annual conference and is a member of NAADAC and the American Counseling Association. Her current research interests are supervision, co-occurring disorders and suicide prevention and intervention.

And Ann if you are ready, I'm going to hand this over to you.

>> ANN MELVIN: Okay. Thank you so much, Jessie.

Okay. Welcome, everyone. Thank you for joining us.

We're so excited to be able to do this with NAADAC. And to present this topic to you all, especially during a pandemic, in this -- these crazy times we're in. So just to get right into it, our objectives. We'll be looking at some of the intricacies of online supervision and how, you know, the transferable skills from face-to-face supervision can be used and for also times where you need to adjust certain things just to make the relationship better, timing, virtual, like this, with your supervisee. We'll talk about

some of the common barriers to building a working alliance, and especially in an online environment, and then we'll intertwine different models to show you how to kind of tweak them into the online part.

And we have a poll.

>> JESSICA O'BRIEN: I am going to go ahead and launch the poll. Give me one second. You should see it appear on your screen.

So go ahead and answer, what is the ultimate goal of supervision, online and face-to-face: A, developing a set of guidelines. B, developing a therapeutic relationship. C. Developing expectations. D, developing supervision goals. Go ahead and put your answer there. See people sending in their votes here. Coming in.

And if you have any questions for your speakers, guys, make sure to put them in the questions box.

I'll give five more seconds to get the responses.

Okay. Closing the poll now, and I'll share the results so you should see those appear shortly on your screen.

>> ANN MELVIN: Interesting. Kind of -- they're all there. Everybody looks at each thing as important. That's great.

Okay. So we'll get into the answer here. Let's see. Somehow -- okay, there we are. Full screen, I guess.

Okay. Sorry. I'm having a little bit of trouble with my screen there. Okay.

All right. So let's first talk about the functions of a supervisor. Based off the kind of the distinct areas from Bernard and Goodyear, teacher, consultant, coach and a mentor.

So as a teacher, you know, you model your expertise, and you provide them with information they need to build their own supervision relationship, and then you discuss what the supervisory relationship is like. You want to promote their strengths, and basically transfer your knowledge.

And so when thinking about online, then, you know, if someone's not used to the technology, that becomes, you know, part of the teaching component, because you can provide them with more free sources or tech support.

For me when my supervisees have technical problems, I tell them I can do a little bit, but we'll work with tech support to make sure you get the right answers, so that way if your web cam is not working or the sound's not working, all of those things that could interfere with the supervision process and building the relationship, if you start those right in the beginning, and teach them how to navigate the system for the technology, it'll be very important as you move along, and especially for troubleshooting if something goes wrong, and then kind of having a backup plan for that.

So as a consultant, you're the gatekeeper, but you work together. You assess their knowledge and measure their expertise, work together with them with conceptualization. You know, I

usually ask my supervisees to provide me -- if they just give me a mini case conceptualization of your client, just to get an idea of where they're at and how they feel about what's going on, kind of what's their theoretical orientation, you know, just so that I know how to approach their specific style, okay? And so that's why I like to collaborate with my supervisees in order to have the best relationship and then I can understand where they're coming from.

A supportive role, you know, those times where they may not feel like they know what to do, and they may not want to tell you that, because they don't -- you know, they don't want to -- they're seeing clients now. They don't want to appear like they don't know. But I always give the example, after 20 years of all of this education and over 13 years of counseling experience, just when you think you've heard it all, a client may come in and say something that you are like, what? And that did happen to me just a couple of years ago.

So I work with my clinical supervisor at the time, and we worked through that. Even after all your experience, don't be afraid to walk in there.

Also so you as the supervisor provide that support, okay? And let them know right away that nobody has all the answers and nobody's perfect.

And then help them to recognize if they're feeling burned out or if they're feeling overwhelmed, and, you know, what are the signs, talk through those with them and kind of notice them and the thing with online is that if you do like Zoom or something like that, then you actually get to see them, and so the down (indiscernible) of telephone and emailing, you don't really get to see their emotions and that's one thing that's missed by the interface of seeing them face-to-face.

With all of the latest wonderful technology, we can do that and just noticing subtleties in their behavior or changes in their facial expression is still important.

And you're a mentor. You serve as their role model, and you talk to them about professional development, and what it means to continue your education and to continue your professional development, and I don't mean like go back to college or anything, which some people are doing. But it's more about getting CEUs and staying on track.

So all of the functions of a supervisor kind of serve, you know, like a counseling role, okay? Because these are things that we do for our client too, and so I usually just say, you know, when you come in, I want to collaborate, and I just want to set these boundaries up also, and then I want to talk through some of these very important functions and, you know, my role in the process, so that you know right away what we're going to do. And they may be nervous with that online, so talking about the technology right away is a really good way to break the ice. You know, if your web cam doesn't work, and it happens, or your sound, you know, just

call me, we'll talk through it, we'll work together. We'll get tech support or however you have the process set up and to help, because it can be overwhelming, the technology sometimes.

Even for somebody who works with technology every day, you know, Eileen and I had to learn a new system with this program. It's different than what we're used to using, so lucky Jessie is a really good teacher and was very patient with us and she was a consultant and a coach and a mentor.

So all of these things can be used in different ways and it's very important in the supervision process.

So the answer to the poll question is the ultimate goal of online and face-to-face supervision is building the therapeutic relationship. It's just like the client-counselor relationship, okay? Or the student-teacher relationship, all right? You want to build that relationship right away so that there's trust, so that your supervisees feels safe and that can be intimidating in an online environment where they don't know what to expect or they're fearful of the technology.

So really talking about that first thing and laying out all the details and here's what's going to happen and here's how we keep things private, and here's how we keep things ethical, all of those good things that we'll cover later on.

There are unique differences in both forums, and when you're face-to-face, you get that -- you get to see them. Like their whole body and if they're shaking their leg if they're nervous or if they're looking away, so just remember some of those things when you're online that you want to pay attention to the most that you can.

So if they're looking down or sighing or something like that, it's still okay to say, hey, you know, are you doing okay today? Or if they're really excited, you know, hey, you're really excited. Just really think about it as how you might approach your client, but this is the more collaborative way and more where you're helping develop professionally, but you transfer some of those skills over.

There can be barriers to building the therapeutic alliance and we're going to talk about those.

And then identifying barriers, you know, is crucial to this process. So Dr. O'Mara is going to cover some of that.

And when thinking about the difference between online and face-to-face, some may feel that face-to-face is better, but Bender and Dykeman did show in their study, and I can send this to you if you want this study, reported the results from their study indicate online learners can master skills at the same level as face-to-face learners. And there's other research too to back that up.

I feel I have a very good relationship with my supervisees and it's usually not the online part that might interfere with that. It's navigating what's going on through the online, and if you can do that, then, you know, it would be the same as navigating through

face-to-face.

So I'm going to turn it over to Dr. O'Mara.

>> EILEEN O'MARA: Okay. Here we go. Here I am.

(Laughter.)

This is a new technology for both Ann and myself, and yesterday I thought, what was I thinking when I said I would do this?

I recently retired. From the time we applied for the NAADAC conference actually, and today, I have retired from Capella. I've been retired about I guess six weeks, and I haven't been particularly productive, I have to tell you. I thought I'd have this house cleaned out, but that hasn't happened.

Anyhow, what we're going to be talking about is in the process, the process of engagement. When you are working in a school or you're working in an agency, you see each other, you see people, and you can -- it's kind of easy to meet them and, you know, get to know them, but in this environment, if at all possible, it is a good idea to schedule a Zoom session, like a half an hour with each member of your supervision group. That gives you a chance to get to know them, to get to know what is their theory of counseling, how are they approaching counseling. It really doesn't matter, because the supervision theories and the supervision approaches is trans theoretical. It applies to all theories, but sometimes specific theories have specific techniques, like the family systems.

Usually the family systems people are supervised by a family systems supervisor, but sometimes, you know, they're on your unit, and so you need to know this.

It is a good -- it is a good idea to let them know who you are, and what is your specific supervision expertise. So I've been very fortunate in my counseling and supervising career. I was mentored by David Powell, and I was also mentored by Jeannine Bernard. I lived in Connecticut, and they were both there. So I worked at one of my first counseling -- counselor education part-time jobs was at Fairfield university with Jeannine Bernard. So I let them know that. I let them know that when I look at what I'm approaching supervision, I really work Dave Powell's theory of supervision, and he defines supervision as a discipline tutorial process where principles are transformed into practical skills, and it is primarily a relationship that is focused on the growth of the supervisee. So I let them know that's where I'm coming from and that my interest is their interest and that what I want to see them do is grow from where they are today to someplace else that we will establish.

Establishing a trusting environment, this is a lot harder, I think, online than it is in person. I use some of the same things that I do in -- if I had an in person group. I like to have six people, and I would have them pair up and, you know, get to know each other, and then come back into the big group and introduce their new friend. So that kind of breaks the ice. Any kind of an

ice breaker that you can think of that you've used in group, they all work. It's just to kind of break the ice. Because a lot of times these people, if they're working in an agency, and they know each other, they know each other by sight. They may even share clients, but they don't really know what theory they're coming from or who they are as a person, and so it's a good way of establishing that trusting relationship.

You know, when I do that, I also -- I spend a lot of time on confidentiality, on HIPAA and CFR 42.

Now, if your people are in an office situation, and they can go into their office and close their door and get on to Zoom, that's one thing. But if they're home, that's another thing.

So I bring this up, and I will call people on it. It's a good idea to find a private spot where you can participate in Zoom supervision. The kitchen is not a private spot, nor is the dining room or the living room with the TV going and kids coming in and out, because we're talking about confidential information, and we have to adhere to CFR 42 and to HIPAA.

So I suggest to them that they find a spot in their home where they can have some privacy for an hour or whatever. And an hour and a half, whatever it is. I reinforce this every week. What you hear here, let it stay here. You need to protect yourself and your client, that when you're describing your client, please don't use patient identifying information, like their name. And that this is a professional experience.

One of the other things that I focus on, I don't focus on it, but I stress as part of the ground rules for supervision is dress. No tank tops. No baseball hats. No dark glasses. I want to be able to see your face, but I don't want to see anything else. I want you to wear -- if you want to wear a T-shirt or another shirt, but no tank tops. None of that sort of thing.

And they'll say, well, I'm home, I'm kicking back. No, you're not kicking back. You're in a professional -- this is a professional relationship, this is a professional hour, so you need to be reasonably attired.

Each -- okay. What do I do now? Wait a minute.

The other thing that I do for the engagement is I work on the first session, one of the tasks is to establish group rules. Now -- or rules of supervision.

I start out -- I have a few that I want. That is be on time. Stay for the whole session. Dress appropriately. What is -- no smoking, no chewing, no eating. And then I open it up and I say, you know, what would you like to see in this environment? What is going to help you focus?

You know, one of the other things from doing supervision, for years there was a student once, I'm like somehow I don't think I'm getting this person. And you know what? The whole time this guy had the TV on, and he was reading the news. He had CNN or Fox or somebody, and he's reading the news, so he wasn't with me, you

know.

So what you want is to establish a message that says, hey, this is your hour to be with me and to get this experience. So anyhow.

So I usually have -- I usually type them up, you know, they'll come up with some things that they'll want. I'll type them up, and then before the second meeting, I'll send it around, and then at the second meeting, we can kind of renegotiate it if there's something.

Now, one of the things that happens is time. There is no perfect time. I did online supervision for years, and it didn't matter what night I did it. It didn't matter. Somebody always objected, and so one of the -- my rules, okay, the university has said we're going to meet from 6 to 8 on Monday nights, and though I'm flexible and this is what my flexibility is, but only if everybody agrees. So if we're unanimous, that 6 to 8 is not a good time, 5 to 7 would be better, that's okay, as long as everybody agrees. Hard to get everybody to agree.

So anyhow, that's what we do.

And then the format. And the other thing that I do in the first session is establish the group format. So usually it's like we're going to do -- we're going to meet at 6:00 o'clock, and there 6 to 6:15 we'll do a check in. We'll go around and everybody -- and this is the time, if you have something -- if anybody has something that they want to be sure to discuss, and bring to the group, that this is the time and they let us know.

Now, the only time that I'm likely -- and then I have a couple of people scheduled to present cases, and I try to be sure that everybody -- I was working in an academic environment, so everybody in a ten-week period has two or three, depending on how many people there were, has two or three opportunities to present.

If there's a real crisis, if there's been an incident in the agency or a suicide attempt or God forbid a suicide, okay, that takes precedence, and that's what we would do that week, and then we would reshuffle.

I always leave an extra session so that at the end of the quarter, we can have an extra session, and that session is for anybody who missed, you know, missed their opportunities.

Now, when there's school, you have some clout that you might not have in an agency, but if you're in an agency and somebody isn't showing, I'm too busy, and they are busy. I get it. They are busy, but this is an important part of their professional development, so if they don't show up, and if I'm their direct supervisor, I speak to them about it, or I speak to their supervisor. Or I speak to my supervisor and let him speak to -- or her speak to, you know, however we can manage this. And use a little organizational pressure to get people to attempt -- to attend and to see that this is important.

Sometimes you have to do a little selling.

So boundaries, and boundaries are kind of incorporated into the

group rules.

For example, are we going to allow cross-talk or do we allow for someone to do their presentation, and then maybe to go around and ask for comments? Or -- but definitely no interruptions? If someone is talking, do not interrupt. Let them talk. Let them have their -- especially if they're presenting a case.

And then we have to talk about what are we going to talk about here? Not everything. This is not a gossip center. This is not case management. Although you may take some information that you learn in supervision back to case management.

So the other thing that -- well, it does happen in agencies. Relationships. If there's a couple, I do not allow them to be in the same supervision group. I separate them. I send one -- one can stay here. The other one is going to some other group. And if coupling occurs, which we encourage it not to occur, but it does, I would do the same thing, because then if you get a couple, then they get colluding, and that will distract from your group.

I also do what I call a process call, and I do it -- if I was running a group, I would stop the group and say what's going on here? I would do the same thing -- if something gets going in the supervision group that I'm like what's going on here, I stop it and I say, you know, I think we need to do a process call about what's going on here.

Now, there is the phenomenon of parallel process, where counselors will act out the client, if you have a complicated client, so I will do that, and one -- I think that your skills as a group facilitator are going to come in and really help you out in this process, because you can -- you've got to get your supervision group working as a process group, so where you have the facts, you have the process, and then you have the thinking that goes on in between.

Now, sometimes I do suggest homework, if some -- somebody has a question about some issue, I say, look up a couple of articles. Find a couple of articles and tell us what's the research.

It's okay not to know, by the way. You don't know everything. And so if something comes up and you don't know, you don't know what -- exactly what to tell them, say, you know, I don't know, but let me talk with someone who does, and I'll get back to you. And then bring it back to the group the next week, but then you can always get back to that person either that day or the next day if there's information that they need.

One of the -- establishing the boundaries are in our -- are found in that negotiation for the group rules.

Now, sometimes I will establish a rule, like no eating. And they say, well, we didn't have time to have lunch. I think at one point I had said, okay, you can eat for the first 15 minutes while we're doing the check-in, but after that, please put it away.

So we usually work it out.

One of the things that I -- one of my group rules is always, is

no freezing your screen. I don't know if you do it on Zoom so much, but we used to have an adobe connect, and they could freeze their screen. No, no, no, no, no. I want to know what you're doing. What are you doing that you're freezing the screen? You're not paying attention to what's going on in this process if you've got your screen frozen.

The other problems that will happen is kids coming in to ask a question. I ask them not to do that. And I'll ask the kid, please, this is confidential information. You need to leave.

So, you know, eventually people balk a little bit but they get used to it.

The technology. Technology is changing as we speak. A year ago who knew about Zoom? I didn't. I knew about adobe connect and Caltura, but I didn't know about Zoom, and now I think I've got four or five Zoom meetings at all different -- of all different nature a week, but this was -- and this was a little different from Zoom.

Anyhow, but it's their responsibility to have a workable piece of technology.

One of the things I will say that when you -- when everybody, with Zoom, if everybody is on their own device, it works better than having three or four people in a room, with a tablet or something in the middle of the room. The acoustics and everything are better. So that's my preference, but it depends on what the constraints of the agency are.

One of the issues is the -- I don't think this is on the next one. Oh, okay. Here we go. Okay. I wanted to finish this.

The issue of the loss of the nonverbal cues, not so. It's different, you don't see the legs going, but you can see the people who are fidgeting, and one of the things about the use of Zoom and stuff, is that if they're moving a lot of papers around, it makes noise. So you have to address that, you know. Who's making all that noise? Whatever you're doing, please stop.

I usually have a rule of if you're not speaking, put yourself on mute, but keep your camera on, because I want to see what you're doing.

The other is facial expressions and general appearance. You know, if somebody shows up looking disheveled, well, what's going on? Now, we're dealing with professionals, but sometimes professionals are people, and they have chaos in their life, and today with COVID, people -- everybody's got some kind of stress that who knew? I mean -- so everything is different.

Are they on time? If they're not on time, I'm not -- I don't -- I'm not really -- in this model, it's really important that everybody get logged in at the same time so that we can get going, and you don't have -- like I had somebody last night call me 15 minutes into the session and say, oh, I can't get in. Well, she was using an old number, so I gave her the current number, and she got in.

I think the other thing is the environment that you see behind you. What does it look like? You know, is it a mess, or is it fairly organized? That just tells you something.

You can't do anything if somebody's Internet goes out. It does. With Zoom and the home school education of the kids, there's some times in the day, especially the afternoon, like from 2 to 4, my Internet connection can sometimes be slow.

The other thing that I like to -- you don't know where people are. A coffee shop is not an appropriate place to do clinical supervision. I know they have Wi-Fi, but we're discussing confidential information here, and that is just not acceptable. I'd rather see a library that has a conference room. That's better.

The other thing is there's something that appears, you don't know, you've got a question, something appears, and you say, you know, could you tell me more about that? It looks like you're troubled or bothered or something like that. You have to kind of pull it out of people.

And technology problems, I'm spoiled, I worked at Capella for 11 years and they had a wonderful IT. At the beginning I was a mystery, and this one guy, he gave me his home number because I called him every morning. But it took a while, I clicked it and then I got it and I did better.

But, you know, it's your responsibility and it's their responsibility to become familiar with your own equipment.

Process issues. We're going to talk about the transference and counter transference issue. It does happen.

Process issues are always historical, it's a gut reaction, it's not verbal and it's either painful or joyful, but it doesn't make sense to what's going on.

So this is how it presents. When you have a student or a supervisor who is constantly emailing you, and wanting more of a relationship, what's that about? Or if the other group objects to something, says something negative to you and this student is always defending you, okay, why? If someone -- they'll say, oh, you remind me -- now I get grandmother, but I've been in this field since I was 25, so I see a daughter, then I got mother. I always got sister because I have sisters.

Anyhow, you remind me of someone. Well, and then my hair changed. In the COVID, I let my hair go -- I didn't color my hair, and so now I have white hair. Man, am I grandma. I was in Walmart the other day and I was checking out with some embroidery floss and the young girl checking me out, the young woman, said oh, my nana does that. Well, there you go. That's what she sees.

Anyhow, I think I'm 25, so it's kind of a shock. There's a little disconnect there.

Anyhow, they want to be your friend or they want to be your family member, or they act like your co-supervisor. I find that the most annoying myself, but -- and it has to do with my history.

And then counter transference. And counter transference is you're having some kind of irrational reaction to the student. There are two kinds of counter transference reactions, I think. There's the ones you love and the ones you hate or dread. Maybe hate's a strong word. It reminds you of -- sometimes -- and sometimes you can't quite pin it. It doesn't remind me of anybody, but there's something going on emotionally that reminds me of some person in my life.

Know your vulnerability. What do you -- what kind of situation are you more likely to respond to in a counter transference way? What is your history with counter transference? I do a supervision session on counter transference to get people to talk about it. Because if they don't talk about it, it's like a secret. You don't want to have counter transference. It's bad. It's not bad. It's a natural process, and the better you are as a counselor, the more in touch you are with your counter transference, and the more open you are to addressing your counter transference. It's just -- it just is. It existentially is. You need to be aware of -- if you're going through a divorce, if somebody just died, right now people have family members with COVID. They have -- probably the hardest to deal with is children. Even adult children. People who have something with an adult child, what is it? You know, and sometimes it's --

The thing with counter transference is it's sneaky. You don't see it. Whoops, I just did what I didn't want to do. So let me go back here.

Okay. Now, one of the things that we have to do with prevention is to be aware of your vulnerabilities. What are they? We all have them. You know, what kind of client, what kind of therapeutic situations kind of pulls at your heart strings?

The other thing is more -- in this COVID time, everybody is overstressed. And be mindful. Be aware. Are you hungry, angry, lonely or tired?

Personally I'm diabetic, so I have to eat regularly, so hungry is never good, because my blood sugar will drop, and then I'm not good. So I kind of watch that one.

But the one that I'm likely to forget about is tired. I'll just plow through. And most counselors I know are like me. You don't acknowledge necessarily, I'm tired, I'd like to take a nap. Well, it's 3:00 o'clock, and I'm here to 6, so I guess no nap. So you have a little more caffeine.

But when I'm tired, I am more vulnerable to overreact, not even counter transference, just overreact, because I'm like a little raw. You know, those nerve endings are a little -- the synapses, the synapses, you know, get kind of raw.

And so hungry, angry, lonely, and tired, that's what we tell the clients, be careful, that's when you're vulnerable to use.

Over time, it's when you're vulnerable to overreact to some situation.

So and in this particular -- particularly in this time always, but in this time of COVID and stress and the holidays are coming up and wearing a mask and all of this don't go with your family, all of this kind of stuff, you need to take care of yourself, and you need to take -- be sure you get some time off. And be sure that you seek supervision yourself. If you're not getting it, I would suggest that you pay for it. You find somebody outside and pay for it. It's money well spent, and I think it's a tax deduction, but I'm not sure about that. It used to be anyhow.

And if you're in recovery, many people in the addictions field are in recovery, it's really important that you make sure that you take care of your recovery program, and by doing that, you -- you know, you get some Zoom meetings or whatever -- whatever. I mean there are in person meetings still going on, I know, but there's a ton of Zoom meetings.

So be sure you get -- be sure that you're taking care of that piece of your life, your spiritual piece of your life, 'cause this is a very stressful situation, and it's affecting everyone, and none of us are super beings, so that's that. I could do a whole three hours on that.

Oh, ethics. When -- oh, I printed out, the NAADAC code of ethics is pretty clear that you need to be sure, you need to do your homework and be sure your agency has a secure network and all of that sort of thing. And that you protect your clients and yourself and your counselors so that people don't reveal too much in an email format or Zoom or whoever.

As far as -- my rule of thumb for Facebook is that I don't -- I don't do Facebook with students. I actually don't do it very much. I just go in and check it every now and then. I post a needle point or something, but not much. I don't do it. And I definitely don't become Facebook friends -- I don't want everybody to know -- I'm private. I don't want everybody to know my business, but other people put everything out there. And I tell students, and I tell clients, you know, be careful what you post on Facebook or one of the others, because once it's out, it's out, and you may not really want that public, you know. So be careful of that.

The American Counseling Association section H is long. If you want to have a fun afternoon, pull it off. I did pull it off last night and read it, and it goes into areas that really aren't having to do with client -- protection of people who are in the study and stuff like that, but it also addresses the need to be careful about supervision and you need to be careful about identifying -- about patient identifying information and adhering to state local agency rules, so it's a challenge. It's a challenge, but you need to be aware of it, and if you think that something's an ethical violation, look it up, and go to the agency lawyer. They'll tell you. They'll look it up. And, you know, I guess I'm kind of spoiled. I worked for Hazelden and Capella in the last 20 years, and they have lawyers, so it was easy. We could check with them.

But check with them, and be sure. Be sure that you're not doing anything inadvertently that's against the ethics. But just common sense. It really is.

So I think I'm going to move on to Ann. Or is this me? No.

>> ANN MELVIN: You were doing up to cultural competency.

>> EILEEN O'MARA: Okay. Sorry.

>> ANN MELVIN: I couldn't unmute.

>> EILEEN O'MARA: And I lost a whole part over here.

Anyhow, okay.

So okay. We're going to talk just kind of a summarizing here. Scheduling. If I have my supervision -- my supervision group is an hour and a half, I like to schedule for two hours, and so that gives us a little leeway. If everyone is here at 2:00 o'clock, we're here until 3:30, otherwise we're here to 4. But please block out 2 to 4.

As a supervisor you need to work with somebody individually, whether it's in Zoom form or in person.

You as a facilitator or the supervisor, it's important for you to be there early, to log in early, and then be there so maybe somebody can ask you a quick question.

One of the things that I think that's lost, when you work in an agency, and you're going down the hall and somebody says, hey, can I ask you a question, and they say da, da, da, da, and you say yeah, yeah, yeah, and it's done.

Well, online you got to type it out and then you got to type out an answer, and it's there for life, so you have to be careful.

And now in most of these -- I'm assuming that most of this audience is not teaching. If you're teaching, you have an evaluation -- well, even if you're not teaching, you have an evaluative responsibility, and so what I like to do, I like to set individual goals with each student or each mentee or supervisee at the beginning of the ten-week block or however we're working, and then in the middle, I like to, you know, let's go back and schedule -- I like to schedule individual meetings and say how is it going? What could we be doing to enhance this? What do you need to do?

One of the things -- most addiction counselors, we all have to take CEUs, and we have certain things that we have to do every year, or every two years, but I like to say to somebody, okay, if you have -- you have so much money from your agency, and you can get -- you can get free CEUs from NAADAC. What is the issue that you want to study for the next -- you want to focus on for the next year? Do you want to learn more about motivational interviewing or family systems theory or working with suicidal clients? Whatever it is. Pick something, and that's -- those are the things that you try to find CEUs in, and get some training, get some additional training, and if you're like me, you'll buy a book. I have a ton of books.

A couple of years ago, my husband and I loaded up the back of

his SUV twice. We made \$150 at the used bookstore. So what does that tell you? We had a lot of books.

And some of them, you know, I kept. I said, well, I can't part with that one.

And in the alliances, we talked about you're discussing -- you're looking at a goals and how are you going to achieve those goals, and that goes back to you want to learn more about something, or something -- sometimes people come to you and they say my supervisor has identified a deficit, so you as -- you know, their manager. So you then as the clinical supervisor can help them by, okay, what do we tonight work on here? How are we going to improve that deficit? So that you learn the skills that you need to learn. 'Cause nobody has it all. Nobody knows it all. I mean I've been working a long time, and it never fails to amaze me that there's still stuff I don't know. I'm like, oh, if I go to a CEU -- my rule of thumb is if I spend two hours or an hour and a half getting some CEUs and I learn something I didn't know, if I can come out with two things, just little things, my time was worthwhile.

But the supervision, the supervision style that you have is usually congruent with the counseling style that you have. But you have to sometimes -- I like to -- you know, I like all this videoing. I like to video myself and see -- I look at it and say, how could I have better achieved that goal? How could I have better worked with that mentee? How could I -- what could I do better? You know, what could I do -- should I have asked a question instead of giving them my two cents? I'm happy to give them my two cents, because there's all this stuff, and, you know, it's rolling around up here.

And most people who have been doing counseling for a while, we know a lot. We do know a lot, but we don't know it all, and sometimes what we don't know is what's causing the block in the mentee or the student? What's causing the problem? So we need to, you know, zip it for a bit and ask questions, do a little motivational interviewing. And kind of flesh it out. So for myself I think my message to myself is zip it and maybe ask questions and find out what's going on, that maybe what's on the top of my head as the answer is not the answer.

I certainly -- I really love doing supervision because I love seeing the growth of students or new counselors or even old counselors. I'm like, oh, you know, it's really important that we can see people grow. So anyhow, with that, I am going to turn it over to Ann, and I'm not quite sure how to do that now, because I lost my mute little thing. So I lost it.

>> ANN MELVIN: Hello. That little arrow. Yeah.

>> EILEEN O'MARA: The arrow's gone.

>> ANN MELVIN: You can still on until you find it.

Okay. The last component that we want to talk about in building the therapeutic alliance is cultural competency. Okay? And

because it has been shown to really affect the therapeutic alliance. Okay?

And there is a strong correlation between cultural competency and the therapeutic alliance.

So when you think about it, the -- think about it in the terms from the diversity -- I'm sorry, I just lost my train of thought, and I wanted to tell you specifically -- I'm sorry. Let's see. The diversity training university international, okay? I have a lot of information from them, and I didn't want to miss the name of it, so I apologize.

So they look at the components of like awareness of yourself, awareness of others, you know, what should -- your attitudes, how do your own -- how does your own culture and beliefs affect the way that you relate to others, will directly impact the way you relate to your supervisee, or even possibly vice versa.

So knowing the basics of cultural competency, okay? And honestly it's difficult to know everything about every culture, but it's, you know, never too early to start learning, because I tell my learners and my supervisees, go start looking at the culture, look at the cultures that you're not aware of. Make some notes, make a little toolbox. I had a little toolbox for different areas of supervision, different areas of counseling, where I could pull resources from, and utilize techniques from those resources, or if I need more knowledge on a certain culture, and I had a -- and I have a funny story about an adolescent that I had, and I'm almost 50, but I still feel kind of young, you know? She was about 15, and she told me that I didn't know anything, because I was too old.

(Laughter.)

And so I agreed with her. I said you're right. I don't know anything about what you're going through. And this was a client I had. I used to set it as an example, because she was right. I didn't understand things from her perspective, and I can kind of sit in her seat and think who are you to tell me or whatever. Well, the same with the supervision relationship. You know, you need to think about cultural differences, and how that's going to interplay. Think about oppression, you know, power differential, and research has shown that even though you may feel culturally competent and you have a lot of knowledge, often your behaviors don't demonstrate that, and there's a difference between the knowledge that you have and the behaviors that you show, and a lot of times you don't even recognize it. That's why there's that importance of being self-aware.

And then advocacy. And really just, you know, advocating for more culturalism, more people to be culturally competent.

One of the things with online supervision now is that you might have an online supervisor in a rural area or supervisee, either way, and then they may -- the other person might be from a more diverse area.

So for example, in my area, there's not a lot of diversity in my

town, so you need to go to the university to experience any type of cultural experiences or learn about diversity or meet new people, and so counselors in this area lack that actual interaction, which has been shown to really have a positive impact on attitudes and even training and knowledge have a better impact on our attitudes and our behaviors culturally speaking.

So it's okay to have that discussion in the beginning about any cultural differences there might be, or any expectations that your supervisee might have. You can talk about expectations you might have. I don't know everything about every culture, but I want to learn about you, so please let me know if there's anything that I may say or step over, because that's one thing we have to be careful of too, is just our own terminology that we're used to using every day, because we live in our own world and our own little box sometimes, and that's not always a bad thing, but if you don't have a lot of experiences with different cultures, and especially if you haven't, you know, had the classes or had the trainings, it's a good time to do that. It's never too early. You don't have to wait to have the class in college is what I tell supervisees. Don't wait until your multiculturalism class. Or don't wait until the instructor intertwine it in the material you're learning. Seek it out for yourself so you're comfortable with it, okay?

Because when you're uncomfortable, right, that's when you learn, okay? And that's when you grow, and so put yourself in an uncomfortable position to where you are forced to learn. I don't mean anything like, you know -- I don't want anybody to have anxiety and be uncomfortable. I just mean if you're not -- if you don't know about something, then find out. Ask, research.

You know, counselors, a lot of times when we're done with school, we're done. We're ready to get working. We have our clients. We don't want to write any more papers or think about research or the library or anything like that. But you'd be surprised at how interesting and how much you would get into it, you know, looking at some of the articles and the latest research and how things have changed, okay?

And in this day and age, we have to be mindful of diversity and cultural differences, and being able to relate to somebody that's different than us. So communication is such an important aspect of this, and the communicate if you don't know. And if you don't know and you want to learn, seek out how do I learn, okay? How do I learn about something that's really going to affect my relationship with my supervisee, okay? And there could be very subtle differences that you may not think would impact the relationship, and, you know that all of a sudden, you know, there's some tension going on, and it's because of these very subtle differences.

You know, so learn about -- really and in a power differential, in different cultures and, you know, oppression and how that has affected the power differential, okay? And how that might come up

in a supervision relationship, okay? So that you can be sensitive to that, and -- or you can teach someone about that so that they understand, because how you interact with your client and -- I mean, sorry, how you interact with your supervisee is really modeling how to relate to a client in a culturally competent way, and it can be a supervisee in a position and the supervisor, either one. If there's a difference, it's important to acknowledge that. Okay?

And then acknowledge what each person's expectations are and how you can make that relationship the very best it can be. And just being open, you know. Have that -- what I've been hearing about a lot lately is the growth mindset, okay? Have that growth mindset where you're not stuck in, well, you know, I live in a town with -- where there's not much diversity, so what does it matter? Well, it matters a lot. It matters a lot to how you relate to the whole world, and how you relate to each other, and just because you might not have that client population doesn't mean that your knowledge won't help someone else. Maybe, you know, a counselor in training who you're supervising, they may move to a more diverse area. They may move to a different country.

You know, I had -- when I went to school, one of my very good friends, unfortunately she passed away, and she's from Africa, and she came here to study, and learn about addictions, and then she was going to go back and help in her area where she lived. People with substance use disorders, because the high population of that, and so I learned so much from her, and she would tell me she learned so much from me. We had very frank conversations. I would tell her I didn't know and she would tell me she didn't know and we talked about it and I really valued that relationship. I think about that a lot and her. And how she taught me a lot about, you know, being uncomfortable and learning and growing, and I appreciate that from her. I do.

So really don't be scared to ask. Don't wait to learn. Think about it from an online perspective, because you and your supervisee might be so worried about the technology and what's going on there that, you know, some of those things that you need to think about, no matter what platform, might get put under the table a little bit. You know, put together a toolbox, or it can just be a file on your computer or something, and resources for different areas of the therapeutic alliance, and that you want to look back on, say, hey, I remember this web -- this fantastic webinar that Eileen and Ann put on for us, and I remember some of the information they provided. I want to look at that, because I think it'll help me in my supervision, or I want to reach out to Ann or Eileen and say, hey, you were talking about this resource. How do I learn more about that? And then share with others too.

You know, if multicultural competency is a strength, share that with people. Advocate for that to be really in the up-front and foremost discussion in the very beginning to form that supervisory

therapeutic alliance.

So with that said, I'm going to turn it back over to Eileen for just a minute. I want to see if I can get the slide to move. Eileen, are you there?

>> EILEEN O'MARA: Here I am.

>> ANN MELVIN: Okay. There we go. Okay.

>> EILEEN O'MARA: I'm sorry.

Anyhow, this is what happens with new technology. I don't know what I did, but there was a thing on the side that told me, you know, what to do when I was going.

Anyhow, somebody just rescued me.

So termination tips. I begin the termination process with supervisees in week one. And let's say we're in a ten-week course, or we're in an agency. So I would say to the -- let me take it to the agency.

I would say, okay, we're going to do this for three months, and then we're going to reevaluate, and we'll probably continue for another three months, but I talk about it in week one. Okay, we've got three months. This is going to be the time that we have to learn what we can from this experience.

I'm very specific, and I come back to it each time.

Now, one of the things that people have trouble with is terminating with clients, and because maybe you had counter transference with this client and you're like oh, thank goodness he's gone. Okay. That's something you got to deal with. But you need to be able to figure out what's the best way to terminate from a client and what's the best way -- you know, I always like to go back to the -- say, well, you know, when we started this journey, we were looking at A, B, and C, and I think we've met A and B, but you have some more work to do on C. So maybe you might want to consider outpatient or getting some private therapy and certainly some 12-step attendance.

The treatment business has a wonderful way of terminating a client, and that's with the chip or the -- when I work with the students, I have these little pieces of amethyst, they're all smoothed out that I bought in the bead store, and I give everybody an amethyst, and some of them drill a hole in the amethyst and put it on their key ring, because I tell them, you know, put this amethyst in your pocket, and when you're having trouble -- when you're just having trouble, I mean not necessarily with your own addiction or something else's addiction, it's there to ground you and to center you.

I think it's a legitimate thing to do when we are working with -- especially if you get a bunch of new counselors, they really connect with the client, and then the client's gone. They're leaving. So I think it's an appropriate thing to do, is role-play terminating with a client.

When we do the week-long residency program, I always assign -- I assign pairs. Everybody is both a client and a patient, and so

that when -- so I'll do a training on how to terminate, and then I'll do -- I'll let the students practice with it, and then as we get closer to the termination time, to that last day, I'll have them meet and do a termination meeting, and then we do a group, and in the group, that's when I give everybody their amethyst, and ask everybody to talk about, you know, what they learned. So you try to lead them -- I like try to leave it on a positive note. What have I learned here? What was this about?

Now, in the process of termination, I think it's a good idea to schedule an individual meeting, and to talk about this is where we are. This is where -- it looks to me like it would be helpful for you to work on your engagement skills, and talk about, you know, what do I see, what do you see, how do you see this process having gone? What do you see your strength? And what do you see your challenges? 'Cause everybody's got challenges. I mean you go through a one-week residency, you're not a counselor. And even teaching, you know, anybody who's taught, I think you have to teach a course three times before it's yours, and then you have to revise it.

(Laughter.)

At five, you start revising.

But I think in the process of -- what I like to do is between -- let's say it's 12 weeks. Between weeks 10 and week 12, I like to schedule a half an hour with each person, and then at week 12, we do the group process, but I like to be clear with them. What do you see, what did you get here, what did you learn, what are you leaving with, what do you need to work on when you leave?

And I talk about it in the group before I meet with the individuals, so that there's no mystery, and actually there shouldn't be any surprises. Everybody should know where they stand each week. You know, if I -- if there's a counselor in the group and that counselor has a deficit in their training, whatever it is, if I identify that at week three of the quarter, I would pull them aside and say can we talk for a few minutes? And develop a program where they can begin to build up on that skill. 'Cause it's a skill. A lot of it is skill. We have good intentions. They understand theory, but they don't have that particular skill.

And you know what? Nine times out of ten, you know what's between the person and the skill? Anxiety. They want to be perfect. And so maybe they're overdoing or underdoing.

So I'm seeing Ann is back on the scene, so I think I'm done.

>> ANN MELVIN: I wanted to spend just a few minutes for questions too, so we can go forward here.

Just to summarize, Eileen, I thank you so much for being here. I hope you have some questions.

I want to summarize quickly and before we start with that.

So, you know, the point is is that online or face-to-face supervision both require that therapeutic alliance. It's important

in both platforms. And there's just different ways to approach it, and there might be different barriers.

We should be knowledgeable of those barriers so that we can address them. And knowledge of supervision style. The models of supervision, so we can apply what's most appropriate and how -- what best fits us.

You know, I like this quote I heard, a good working alliance may signal that the supervisor is willing to invest cognitively and emotionally in the relationship because he or she views the therapist as having clinical potential.

I like to have that, because I do see that potential, and I also like to witness the growth from start to finish, and it just makes me feel really good, and I value that position I have, because I remember how much I valued my supervision throughout my career, and I want to be that person for someone else. And remember how important cultural competency is, and think about the different barriers to all of the things we talk about, and if you have any questions past this or you want to reach out to Eileen or myself, please do.

Thank you.

>> JESSICA O'BRIEN: Here I come. All right. Just turn my camera on here.

Okay. So we've got some questions here. The first one is -- I think this goes back to the poll. If the goal of supervision is developing the therapeutic relationship, how do you differential supervision from therapy?

>> ANN MELVIN: Eileen?

>> EILEEN O'MARA: Yeah. At the beginning, you say this is clinical supervision. This is not therapy. Although we may be touching on therapeutic topics, and it may be appropriate for you to get some therapy while you're -- while as a result of the clinical supervision, this is not -- this is not therapy. So we are not here to work on you. We want you to grow professionally, but your personal therapeutic issues need to be addressed in the personal -- most agencies have EAPs.

By the way, you cannot be a person's clinical supervisor and be their therapist.

(Laughter.)

>> ANN MELVIN: Yeah, and you know, I think we use different terminology in that too, so when -- if you're thinking about therapeutic alliance, it's not therapeutic in the fact that the supervisee is going through a therapeutic process in terms of counseling, but it's therapeutic in a way that -- that's the reason that you're there, okay? The reason is to, you know, help your supervisee build their therapeutic alliance, and so you're modeling that supervision. So it's kind of using the same term in a different context, and, you know, you don't have to use that term either. It's in the literature, there's a lot of that too.

But I can see where that would be confusing. Like wait a

minute, I don't want my supervisee to think that this is counseling. So I would want to make sure that that terminology is clear myself.

So that's a great question.

>> JESSICA O'BRIEN: Great. So the next one, I know we're a few minutes off. I work for agencies where I reported ethical and legal violations that supervisors, managers and HR covered up. When I reported it, there was retaliation to the point that I quit, how do you handle a situation (indiscernible) this person said they also went to the licensing boards.

>> ANN MELVIN: Yeah. That's a tough one. I actually unfortunately used to work with, not that part fortunately. I worked with a young lady who was just a fabulous at her role, and she ran into something like that that was -- although it was considered an ethical violation, it was very minor, and the result of it -- I don't think minor as to dismiss the importance of it, but I say minor into that it's so important for you to be knowledgeable of all levels of ethical dilemmas. And then she also was terminated.

I sure hate to hear that, and I hope that's not, you know, like generalizing for everyone, and in that situation I think you did the right thing by going to the board. I would love to know how that turned out. I hope it turned out well for you. I sure hate to hear that.

>> JESSICA O'BRIEN: Uh-huh. Okay. I'm going to do one more and then we'll have to wrap up. This is from Olga. Any suggestions on how a supervisee can approach their supervisor if the supervisor isn't providing effective supervision or meeting the supervisee's needs?

>> ANN MELVIN: Great question. Eileen?

>> EILEEN O'MARA: Well, make an appointment, and I think when you make an appointment with a supervisor and you're going to basically be complaining about the nature of their work, try to be positive, and talk about your needs and not her or his behavior or -- you know, the other thing you can do is hire someone, if this is your profession. For years I had a once a month psychiatric consultation to understand -- so that I could understand how people -- I could understand the -- I wasn't getting it in any supervision, the interpsychic stuff because I was basically trained in an analytic system, so --

>> ANN MELVIN: Yeah. I think Eileen makes a good point, because when you approach this situation, you can say, you know, may I make an appointment with you, because I have some, you know, areas at work for supervision that I really need some guidance on and I would really appreciate if I could meet with you to talk about those. I feel like, you know, I really need to do this to move forward and to become the professional that I want to be.

So I know that you're very busy. I just want to learn from your expertise and there's a coupled of areas that I would love to meet

with you about. And, you know, and that's hard to do when you're aggravated, I know. But if you approach it as I need this, I need this, and you do. It's important. Then hopefully it will work out.

And I know the world's not perfect obviously, and I've had interns that ran into that problem too, and if you do have a university liaison or somebody that you're interning with, you can also meet with them and have them help you advocate for yourself.

>> JESSICA O'BRIEN: All right, I have to stop you there because we're one minute left, but thank you guys. Dr. Melvin and Dr. O'Mara. What a wonderful presentation.

Just a reminder, you can get access to the CE quiz on the same page you registered. So you can go ahead and do that now.

Also here's just the upcoming schedule of webinars. On December 9 we're going to have Geoff Wilson presenting on substance use disorders and suicide, addressing a co-occurring epidemic, so really current and important topic, so if you can tune into that.

If you haven't already, just make sure you bookmark our cultural humility webinars so you can stay up-to-date on the latest in this new series, there's eight trainings, they're open and free and we have more stuff coming up on all of that. So stay tuned.

Also we have our COVID-19 resources page. Still very applicable unfortunately. But we do have these resources available to you, and the website is right there on the slide on the left-hand side.

We have -- a reminder, there's two specialty online training series, more to come this year. The first is our clinical supervision specialty online series. There's six parts. Once you finish all you can take a test and get a certificate of completion.

Then we have the second one, and there's six parts, and once you finish, you don't have to take the test for the certificate, but you do take a test for each individual session. Sorry for the confusion, but that's how you access it, at the bottom.

Lastly a reminder that there's lots of benefits to being a member of NAADAC. I think one of the biggest is all of the access to continued education. We have over 145 hours, so if you're not already a member, consider joining.

And lastly, take our short survey at the end of this. It'll pop up. Give us all your feedback. We do take that into consideration for all future webinars, and thank you again, Ann and Eileen, we really appreciate you being here.

Have a wonderful weekend, everybody. And that's all. Take care.

>> ANN MELVIN: Bye-bye.

>> EILEEN O'MARA: Bye, everybody.

(End of webinar.)

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