

Clinical Supervision Series: Making the Transition to Supervisor - Module 2

JOHN WALSH: Welcome to our training, Making the Transition to Supervisor. This is module 2 of a multipart series that we endeavor to publish, focusing on clinical supervision. My name is John Walsh, and I'm the Project Director of the Center for Innovative Training in Vocational Rehabilitation at the George Washington University. I would like to acknowledge that the contents of this presentation was developed with the support from the Innovative Rehabilitation Training Program funded by the US Department of Education, Rehabilitation Services Administration. This information contained in this webcast does not necessarily reflect the position or policy of the US Department of Education, and no official endorsement should be inferred.

Before I introduce our presenter today, I want to give you a brief introduction to the work of the Center. The Center for Innovative Training in VR seeks to develop innovative methods to train VR personnel in their work within state VR agencies to help improve delivery of services and ultimately to improve employment outcomes for people with disabilities. Our website has a number of free trainings that also provide CRC continuing education hours, and I welcome you and encourage you to visit our website at trainvr.org. And also, please think about joining our virtual community at trainvr.ning.com so you can stay in touch with our new offerings.

It is now my great pleasure to introduce our presenter for today's webcast and for all of our future modules focusing on clinical supervision, Dr. James Herbert from the Pennsylvania State University. Dr. Herbert has been a rehabilitation counselor educator for the past 35 years, and he has performed clinical supervision research for the past 30 years. Clinical supervision is a significant part of his teaching assignments. And in addition, Dr. Herbert has conducted training across the United States in this field for 10 different state VR agencies and has been recognized as a Mary Switzer Distinguished Research Fellow. We are fortunate to have Dr. Herbert lead this session as well as the other modules in this important topical area that will provide you with points to ponder and actionable items in your continued pursuit of lifelong learning. So Dr. Herbert, I'll now turn it over to you.

JAMES HERBERT: Well thanks, John, appreciate the introduction. And those of you that were with me with the first module, we're going to continue today on supervision and build on the foundation that we talked about in module 1. But before we get to the second part-- the

second module, I should say-- I want to do a quick review of the content in module 1 for any of you who may have missed that. I would say that if you did happen to miss module 1, I would highly recommend that you perhaps go look at that first before continuing on module 2. As again, I'm building on the foundation that was contained in module 1.

So quickly just to kind of refresh your memories, in module 1 we talked about, what is clinical supervision? Because in state VR practice, we found that a lot of VR counselors and supervisors really aren't clear about exactly what it is, how it's performed, and what's the purpose of it, and also how clinical supervision complements administrative supervision, which is often the kind of supervision that's provided in state VR practice. We looked at some of the basic principles of clinical supervision as it related to quality assurance to make sure that clients who receive VR services are getting good service and just as importantly, those services result in successful client outcomes.

And we looked at exactly, how is clinical supervision practiced in the state VR agency? And I shared with you over the past 25 years or so my research that specifically looked into clinical supervision in the state VR program. From that information, we looked at what were effective and ineffective clinical supervision behaviors that counselors and supervisors reported and how that impacted on individual voc rehab counselor development.

And then we ended with five commonly used, although for the most part largely ineffective, roles that supervisors adopt when providing clinical supervision. You may recall the acronym BE OLD, which referred to the supervisors who sometimes act as a buddy, as an expert, as providing services or supervision services as one size fits all, everyone gets the same way, laissez faire, which is kind of a hands off approach to supervision, and then also expert. So those roles that are often adopted in clinical supervision, we looked at each one of those. And we are proposing a different way to do clinical supervision.

Another thing that we talked about in the first module-- and I want to just kind of recap a bit-- are the three roles that supervisors can adopt in providing effective clinical supervision. The first one is consultant. So they may work as a resource with the VR counselor, help trying to problem solve. So a counselor might come in and say, what do I do in this situation, or where can I find this information to help the client do this? And so the role of the supervisor basically is trying to provide an alternative to conceptualizing the case and at the same time, also assessing what's the counselor's problem skill level, if you will, in terms of resolve, whatever the conflict might be.

Another role that supervisors often use is the role of a mentor or counselor. Now I want to be clear, as we indicated in the first module, I'm not suggesting that the supervisor be the counselor's counselor. Clearly, that would be inappropriate. But what I'm talking about here in working as a counselor, I'm basically emphasizing the point that as a supervisor you're using those effective listening skills with your counselor, so empathy and concreteness and genuineness, those kinds of things that help promote good, effective communication. And so as the supervisor who's functioning in this mentoring counseling role, a lot of your effort is directed toward the asking questions about the client-counselor relationship and to some

extent, the relationship that the supervisor has with the counselor. So there may be some dynamics that occur in the context of supervision that require some exploration.

And then the final role is that of a teacher. And sometimes what happens is the most expedient and most effective way a supervisor can intervene is basically teach a skill. So if it's something that a counselor doesn't know, you, as the supervisor, step and say, OK well let me show you what I'm talking about. And so you might demonstrate a situation with a counselor. So maybe the counselor might portray the client, and you might portray the counselor. And so you're attempting to kind of reenact that scenario in a way that hopefully at the end the counselor can say, OK, yeah I get it. I see what you're talking about. So those are the three roles, and we're going to be talking about those roles a little bit in this module as well and how that relates to individual counselor development.

OK so before we actually dive in a little bit further with module 2, I want you to reflect on some questions about your role as a clinical supervisor. And if it would help you to get a pencil or a pen and a piece of paper, maybe you want to jot down some of these right now before we actually begin. So here's the first question. How consistent is your role with that of the supervisor who supervised you when you were a VR counselor?

In other words, what I'm asking, when you think about your prior supervisor or supervisors, what did you take away from those experiences that you find that you are also doing? And maybe there's some things, as a result of your interactions with your supervisors, that you definitely do not do. So maybe just take a little bit of inventory now. Just kind of think about that and say, in what ways am I the same? In what ways am I different?

As you think about that, another question-- and again, you can stop this at any time, the video-- but I want you to think about this next question about, do you find yourself that you gravitate to maybe one or more roles? We just got finished summarizing that teacher, counselor, consultant role. And do you find yourself that of those three roles I gravitate more to this role? Or do you find sometimes, this next question, do you find that the roles that you adopt largely depend as a function of the counselors that you supervise? And if that's the case, I want you to kind of think about, well how is it the way that I supervise Regina is different maybe in how I might supervise Eric? What's different about those two people that necessitates that I change the way that I interact and demonstrate, hopefully, good clinical supervision practices?

So again, if you want to take a minute or two to just write a few notes before we begin, why don't we go ahead and do that right now. OK so maybe you've taken a minute or two to kind of reflect on those questions. And whether you did or you didn't, let's talk about what we're going to do for the rest of this session.

So in module 2, here's where we're going. We're going to look at the transition phases that are involved from where each of you started as a counselor to where you are right now. And hopefully that is working as an effective supervisor. We're going to look at a model of supervision. And what does it mean in terms of practice? And particularly, the model we're

going to look at is what's called an Integrated Developmental Model. And we'll talk more about that in this module.

So we'll look at that model from both the supervisor perspective and also from the counselor perspective. So that's what we're going to be doing in this next module. Now on this slide, for those of you that may have visual impairment, there's a old movie poster of Dr. Jekyll and Mr. Hyde. And I use this picture as kind of a metaphor to describe the transformation process.

From-- all of you before you were supervisors, I'm making the assumption you were working as a VR counselor. And one of the things you clearly recognize is that the process in becoming a voc rehab counselor is different because of the work demands as opposed to becoming a good VR supervisor. And sometimes that transformation can be real smooth, but sometimes it can be quite difficult, as in the transformation of Dr. Jekyll and Mr. Hyde. I'm not sure if when you began if you were a counselor as Dr. Jekyll or Mr. Hyde. But regardless, hopefully as you'll see, we're going to be talking to look at this transformation process.

OK the first phase, if you will, is the initial transition. And on the left-hand side of the screen, I have a little cartoon of two older gentlemen with rather protruding stomachs dressed up in suits. And the one older gentleman says to the other older gentlemen, if I were you, I'd spend most of my time trying to be someone else. And I like that because I think what it captures is that sometimes when you become a supervisor, you realize as the demands of the job are different you're suddenly faced now becoming someone else.

Becoming a supervisor is different from working as a counselor. And I've talked with a number of supervisors that have shared with me some that process that suddenly now you're perceived as rather than one of us, you're one of them. You're part of the administration, part of that chain.

Now in this initial transition phase, the basic indicator there is-- I have on the slide-- I don't know what I don't know. And I think right now, the job is a bit overwhelming. And so as a new supervisor-- often what my work in interviewing many, many supervisors across a number of different states-- one of the things that they often try to struggle with is, what's the right way to do things? I don't want to mess up. And so towards that, they have a tendency to rely on other supervisors, older supervisors who've been doing this for years, which is a legit strategy. That makes sense.

When you look at the kind of supervision that a phase 1 supervisor, that initial transition that he or she provides, there's a couple characteristics that I found in my research that are apparent. First one is they primarily use individual supervision. The supervision that they provide tends to be more reactive. So it's a kind of thing that if a counselor has a problem, the counselor will come to you. As opposed to being proactive, where you might set up specific meetings with your individual counselors. And then also too, not just the other aspect, just individual supervision, but there's also-- and I don't have it on the slide because I'm thinking about it now-- there's really limited involvement in terms of doing group supervision. And we'll

talk more about that in this module and then actually have a separate module on group supervision.

There tends to be a much greater comfort with the administrative components versus the clinical components, and we talked about that in module 1. And again, that's because that's what you know. You're familiar with all the policies and procedures. Another characteristic for a phase 1 supervisor is the supervisor tends to focus on the client. And in this sense as a supervisor, your clients actually are your counselors.

So when a counselor comes to you and has a client problem, is talking about the client, as we'll talk about today and then again in module 3, your frame of reference is not in terms of the person with a disability. Your frame of reference is, how does that information that the client is sharing with you, how is that impacting on the counselor? What is it that they're asking? What are they saying to you? And so as a new supervisor, you're doing a lot of problem solving, that, OK let's kind of correct or address the client problem, the person with a disability.

Also for newer supervisors, there's a tendency to be a little bit more dualistic in your thinking, kind of like the right way and the wrong way. We talked about the different styles of supervision, ineffective ones. And primarily with newer supervisors, they tend to be more kind of buddy-oriented or laissez. Buddy-oriented particularly with new counselors, like let's be friends. We want to all get along here. I'm going to do everything I can to make sure everything's proceeding smoothly. And so with that, I want to make sure I'm not saying or doing anything that might offend or upset or anything like that. So we tend to be kind of more buddy-oriented.

For experienced counselors, newer counselors, I think, typically apply that laissez-faire approach. So they sort of, you know that saying, let sleeping dogs lie. They've been doing this job for years, and they may even have more experience than you as a supervisor. So it can be pretty intimidating to try to supervise someone who's been doing this job 10, 15, longer than you've been doing the job. So sometimes what happens, a new supervisor will kind of back off and just kind of let them kind of do their own thing. And I'll have more to talk about that in a few minutes.

After the first phase-- and also too, you'll notice that I don't have time. I don't I don't say like six months or one year or two years because quite honestly, I know that they're experienced VR supervisors out there that, from my perspective, are still functioning at a phase 1 level. So years on the job do not necessarily mean that one's progressed from one phase to the other.

So if the supervisor negotiates the first phase and gets into then the second phase of development-- on the left-hand side of the screen, I have a picture of a young white man who has his hands on either side of his head, his hair's a little kind of disheveled. But when you look at the picture, when I use this picture, it's kind of like, aha, I get it. I'm starting to figure out. And that is used as a way to describe phase 2. I refer to it as, starting to figure it out.

And a big indicator for a supervisor who I know now has progressed into that phase 2 is the recognition that you can be a really good counselor. And it doesn't mean you're going to be a really good supervisor. In fact, if you look at the literature on whether or not there's any correlation between good counsel and good supervisors, you find that basically it's 50-50. So there's much more to being a good supervisor than just being a good counselor. Clearly, that helps, but the jobs are different.

So as a new supervisor, you're kind of going through this transition process. Now you're starting to kind of figure things out. So some of those indicators are first off, you're having less anxiety about your supervisory role. So the self doubts that you might have, the worries, oh boy, the experienced counselors, boy I hope they think that I've got some value here. My newer counselors, hopefully they're finding that they can come to me, and I could be helpful to them.

There's also though you begin to realize, where in the first stage, you don't know what you don't know. The second stage, you start to realize, I don't know how to do all this. Or there are situations here like, I don't know how to address that. What do I do with that? So you start to realize there's a need for training. And hopefully, the fact that you're taking this module-- hopefully that includes just about everybody, if not everybody because otherwise maybe you wouldn't be here. So hopefully this training will kind of help you to even grow within phase 2 or hopefully beyond.

Another characteristic that I know from talking to supervisors in phase 2 is they use peer supervision. But they use it in a little bit more structured format as opposed to maybe phase 1 where just if you happen to talk to another supervisor. Here, it's a little bit more deliberate. Sometimes there are actual kind of supervisory meetings, just for supervisors, that they had to kind of talk about their issues and their concerns. And so there's a shift from a reactive, counselor comes in your office. I got a big problem here. I had a client this morning and her jaw just went to hell in a hand basket. What do I do? To much more proactive, so you're starting to set up individual meetings with your counselors or group meetings.

And so while supervision is primarily individual based, in doing individual supervision, again, you're starting to notice that the shift is now more of a counselor focus. So your questions as a supervisor when they're talking about the client, it's often in relation to, what does that mean to you as a counselor? What is that saying about you as a counselor? What is that saying in terms of what you're doing or not doing?

Your roles, there's a little more flexibility in your roles, especially with new counselors. While you're still primarily a consultant for new counselors, a teaching role is starting to emerge. And you recognize that, hey, you have a set of skills. And these are things that you can impart. And while there's still that buddy-orientation with new counselors and laissez-faire experienced counselors, as we see in the next phase, there's starting to be a little bit of shift, maybe doing things a little bit different. Say, hey, let me try out some things that hopefully I'm getting from training that might facilitate counseling development.

OK before we get to the next phase, I just want to talk a minute or two about some other things and suggestions as a new supervisor, a relatively new supervisor, as you negotiate phase 1 and phase 2. And the first might sound a little counterintuitive in light of what I've said thus far, and that is make sure that you learn all the administrative policies and procedures if that's even possible. Because as we all know, it seems like every week, there's a new policy or procedure coming down from central office. But you want to make sure that you have a good understanding of that.

Another thing that I would say to you is that as a new supervisor-- I know maybe the thing is hey, I want to get in and start doing things, and let's start shaking things up. Let me suggest that you hold off a bit. You may have some great ideas, maybe some different ways that you want to do things. And again the 60 days, that's not steadfast. And we don't like OK, he said 60. I got to wait 60. No. But what I would say is just be judicious about any changes or policies or procedures in terms of the way that you want to do supervision.

And basically, what I'm suggesting here, consistent with, I think, a rehab model in terms of being participatory with our clients who we serve, take time to learn your counselors. Take time to know them. And most likely, you've probably worked with many of them as peers and colleagues. But as I said, it's going to be a little bit different because in some cases, you're not going to be their supervisor.

So find out about their career goals. What are their interests? What do they perceive as their strengths as a counselor? What do they perceive as maybe some things that they can improve on? So take that time to know your counselor in maybe a different way that you know them as a colleague or peer because that's going to pay off big dividends as you'll see later in this module on how you prepare for that first individual supervision session.

Other thing and that's what you're doing right now. And congrats to all of you. You're-- get training in clinical supervision. So hopefully that's occurring. Another suggestion I would have is try to find a mentor who can help you develop as a clinical supervisor, so someone who you trust, who you respect, and maybe someone who might supervise your supervision. OK and many times as I mentioned earlier, sometimes that can occur through peer supervision.

So people that have been doing this, how did you address that? How do you guys do that? But at the same time, recognize that you may be doing some things that are totally different from other supervisors who've been doing this job for as long as they can remember. Because again, they may not have done any real serious training in clinical supervision. And particularly if you're in that kind of situation, sometimes that raises some unique challenges because you're instituting maybe a different way in how to do supervision. And we'll talk more about that later.

The third phase is called settling in. And on the left-hand side of the screen, there's a picture of a little bunny rabbit cartoon kind of figure in a kind of like a little dollhouse. And then over top of the house is a rainbow, and there's mountains and trees. So it's a beautiful little picturesque place, and it's like, wow. I use this slide only sort of like, wow, it's kind of the fantasy, home sweet home, and you're settling in. So that's why I use that slide.

In phase 3, the settling in phase, the big indicator there is that you start to recognize the value that you offer, that you provide as a result of your supervision, and how that impacts on counselor development. So you start having sessions that you realize like wow, I did a good job there. I was kind of helping my counselor develop, maybe expand a skill, or at least provide a space where they felt listened to and that I could offer some kind of support.

As far as behaviors, what does that look like? Often that, for supervisors in that settling in phase 3, is characterized by regular meetings that they have with counselors. So rather than kind of hey, stop in any time when you want to see me kind of a thing, no, it's much more intentional. So I might have individual and/or group meetings with my counselors on a regular basis. In the settling phase, you're continuing to seek training, such as these modules and maybe other training that you've done now or in the future.

So those are the kinds of things that when I think about the supervisors who are in that settling in phase, they're using that proactive individual group, and they're integrating all three of those roles of the counselor, consultant, and teacher. I mentioned to you, I think in module 1, most supervisors are pretty comfortable with the consultant teacher role, and which seems a little paradoxical, they are less comfortable with integrating the counselor role. So having discussions with your counselor about their beliefs, their feelings in situations where they're working with clients, things that they struggle with, things that they're uncertain about things that they worry about within the client-counselor relationship, or maybe even relationships with employers or their colleagues, those kinds of things. So a supervisor is in that settling in phase, is someone who can integrate all three of those roles within the context of an individual and/or group supervision session.

The last phase is mastery, and on the left-hand side of the screen, there's a cartoon figure of a Kung Fu Panda bear. He's standing on the-- it could be a she. I'm not really sure. The bear's wearing pants so we're going to let that-- you disclose whatever. But anyway, they're standing on one foot, and with their other leg raised up high, they're in this kind of kung fu position. And I use that simply as a metaphor that you've mastered your skill, your craft.

I will tell you quite honestly, and I don't wish to insult any of you here. But my experience has been actually, there are very few supervisors that I've known that I would consider in this mastery level. One thing that I will share with you is that length on the job does not necessarily mean that you've mastered. I know a lot of supervisors who've been doing their job for 5, 10 years or longer. And quite frankly, I think they're still kind of in phase 1.

So having said that, in the mastery phase, this is really, in my opinion, kind of an exceptional supervisor who's done quite a lot of work in continuing to improve and work on, how do I become a better clinical supervisor? They have a good sense of, these are things I do well, and conversely, these are things I continue to need improvement. These are things that I struggle with. So it might be boy, I do really well with newer counselors but maybe the more experience I'm not-- feel as skilled. Or maybe there's an aspect of supervision that I do really well with but another aspect perhaps that I don't. So for example, you as a supervisor might not feel as comfortable addressing multicultural issues with your counselors. Or I think I do a really good

job with individual supervision but boy, group, trying to do group, that's another aspect that I kind of struggle with.

So knowing that one of the key things is that this is a supervisor despite all that, recognize, hey, I still need training. I can still always improve. And so toward that, though, this kind of supervisor can seamlessly move from one kind of role as a consultant or counselor to teacher, to another with pretty much ease there. And so they can integrate any of those, depending on the situation. And the other thing that someone at the mastery level is characterized-- and this is what I'm going to spend a couple of minutes now talking more about-- is they use a specific model. And while there are different models, for the purposes of our instruction, we're going to look at this supportive developmental model so they have a theoretical orientation that guides their practice. So let's take a look at this supportive developmental model.

OK I just said, let's take a look at the supportive developmental model. We are going to do that, but I just realized I'm going to ask you to maybe-- let's take another minute or two, and I have another reflection question. And again for those of you that may not be able to see the slide clearly, on the left-hand side, there's a picture. It's a silhouette of a tall leafless tree in kind of a forest area and on the edge of a lake. And it's sunset and some gorgeous colors, and the reflection of the tree is also on the water. So that's, again, just a reminder of let's reflect on some things.

So here's what I'm going to ask you to take a minute or two to think about before we talk about the integrated supported model. If you think about the relationships that you have with each one of your counselors and how you approach supervision with each one, I want you to first think about this question. In what ways is that relationship the same, regardless of who the counselor is, and conversely, in what way or ways is that relationship different?

And as you think about that maybe one or two, three, four, five counselors or possibly more, I want you to think about, what is it about that? And I raised that question maybe a little bit earlier, but perhaps now since we've had some additional exposure on clinical supervision and this developmental process, this phase that supervisors go through, you think about, why is that? What explains why you have the different kind of relationship, and not simply because I like this person or not? What is it about them that you like or you feel maybe a little stronger working alliance with? The reason why I ask that question is because in this next slide, we're going to be talking about this working alliance that we have with each of our counselors.

So in supervision, there's an actual term called the supervisor working alliance. And basically, it really is addressing the relationship that you have with each one of your counselors. And when you look at that working relationship within the context of clinical supervision, it's basically a function of the goals or the tasks that you see as part of supervision and the relationship that we have with each one of your counselors. And there are three really important questions that this relationship is defined by.

And the first one that board in 1983 talked about was, what are we going to do? That's a really important question. And especially when you're a new supervisor and you're thinking about

making some changes on how you want to do supervision, you can rest assured that your counselors are going to say, what are we going to do here? Or why are we doing this? Now that could be somewhat-- you could be taken back by that. But that's a really good question. And that's a question that has to be answered. And we'll talk today about, well, how do I answer that question?

But the first question is, what's going to go on here? So if I'm going to meet with you, what are we going to be doing? Second, related to that is, how are we going to accomplish that? So what strategies or what specifically are we going to do in this next 50 minutes that I meet with you? What's going to go on, and are there certain things that you're going to ask me to do here that's going to be part of supervision? How is this going to work?

And the other aspect that has to do with our relationship, how do we get along? Let's face it, giving supervision to someone, a supervisee that I have a good relationship, is a lot easier than a supervisee where the relationship is tense. And we'll talk about that as well, like how do I work with a disengaged counselor?

So I talked about this integrated supported developmental model, although we haven't introduced that term. Let me first share with you a really good quote. There's a picture on this slide of Kurt Lewin. And even though, by the way, a lot of people pronounce it as, "Kurt La-veen," actually he was a Jewish social psychologist. And actually his name is actually pronounced, "Loo-in." Anyway, the point is he said something many years ago, which I think is really applicable for today's presentation. And that is, nothing is as practical as a good theory. Now let that set in for a little bit. Nothing is as practical as a good theory.

It's like, well, what's Lewin really talking about in terms of the importance of having a theory? Well as it relates to supervision, a theory basically is a roadmap, or it's a guide for us. And it basically helps us to answer this question. Why do I do the things that I do? Why am I interacting with my clients, who are my counselors? Why do I interact with them in that way? And by extension, why do my counselors interact with their clients in a certain way?

All of us remember when we were graduate students, counseling theory. Well that wasn't just something we taught and then its like, Yeah, we learned that way back in school. We don't really need to worry about that stuff now. Well actually, you do. And here are some reasons why you do. One is you have to have some understanding or some road map or some theory that guides you in, how do you facilitate change with your counselors? So if you kind of go in there like, well I don't really know what I'm doing, trust me, your counselors are going to figure that out real quick. So having some theory gives us some grounding as to answer that really important question, why do I do the things that I do?

Having a theory also helps us structure, what am I focusing on doing supervision? What do I do? Is there some kind of a process here, or is there some kind of a procedure that I have to kind of go through? And so theory provides us, gives us direction about where we're going. How do we get there? And I'll have more to talk-- more on that later in the module.

And then finally, the other thing is that having supervision model or theory does-- it gives us some context about, what are the things that are important that I'm going to be focusing on as it relates to the client-counselor relationship and also the counselor-supervisor relationship? And again, we'll talk more about that. So nothing as practical as a good theory, keep that in mind. All right.

This reflection question again, and I'm-- we don't have to spend a lot of time here. But as I'm going through these slides, in the backdrop there's another reflection picture. And this is just of a woman going through, looks like a field of grass next to a lake perhaps, and her reflection is showing in the water again. But as we go through these next slides, I just want you to, again, think back to your own supervision. And ask yourself, how do you think your development as a counselor-- how might have that changed had your supervisor maybe had a specific model of supervision? Like when you were with your supervisor, was it the kind of thing that you feel like, wow the supervisor oftentimes is kind of flying by the seat of his or her pants? Or no there was kind of a structure here. There's a way. There's a specific method in which he or she used. So I want you to keep that in mind as we go through these next slides.

All right. So this supervisory relationship influence, so we talked about, well it's influenced by what role that you take as a counselor, a consultant, or a teacher. All right? In module 1, we talk quite a bit about effective and ineffective supervisor behaviors and how that influence the relationships. I'm not going to repeat that here. And again for any of you who may have missed that, I would recommend that you go back and look at module 1. And the third component-- and this is one that we're going to spend some time on now-- is the counselor developmental level.

Now this model that I mentioned, let's take a closer look at this. And this is the Integrated Developmental Model by Stoltenberg and McNeil. And at the end of this module there are references. If you want to look at the citation and learn more about that, you could do that. But you recall, I talked about the phases that a supervisor goes through making that transition. Well there's a similar kind of phase or stages, if you will, that counselors. And the importance of this is that you as supervisors have to have some understanding about what is the developmental stage of my counselor because that's going to impact how you interact with them and what you say.

So Stoltenberg and McNeil conceptualized that counselors go through four developmental levels. Level 1 through what they call level 3i, which refers to this integrated. Now with each one of those levels, as a supervisor they suggested that you key in on kind of three aspects when you're working with your counselors. And we'll break these down in just a minute. The first one is about awareness about self, awareness about other people, their motivation for getting supervision, and the autonomy, i.e. they want to work independent. And we'll talk more about each one of those components but just to introduce the topic. And this framework that we're going to use, this Integrated Developmental Model, again, for you as a supervisor, it provides you a context of how a counselor can get a better understanding of their relative strengths and things that need to work on with clients that they serve.

OK now we're going to look at this counselor development process. There's a slide here for pictures of individuals of various ages, all the way from a little toddler to a teenager to an adult maybe in her 30s to an older person perhaps maybe in his 50s. So I'm just using those pictures just to denote that we go through a developmental process. We get older. We don't look like the same when we're 3 versus 13 versus 30 or 68.

All right. Now to introduce this developmental level and then, what's it mean for you as a supervisor? A level 1 counselor is a new counselor. So they have high anxiety about their performance. Their motivation for supervision, in general, is pretty high, but they have limited awareness about their strengths and things they need to work on.

A level 2 counselor is someone who's had gained some experience. Their motivation and autonomy, that is why they've had a great relationship or a more close relationship in that initial phase. They're beginning to recognize that they are starting to individuate from the supervisors. They have more confidence. And again, I'm going to break down each one of these levels but just to introduce those.

Level 3 are experienced counselors, and they're people who hopefully want to continue to improve and are working to become better and more effective in their jobs. And then level 3i, the integrated or master counselors, are people that really are on top of their skill level. They know their assets. They know things that they continue to work on and still are motivated to improve.

You as a supervisor and in working with your counselors, regardless of those levels, have kind of three domains as you're giving supervision. And there are three domains or three tasks, if you will, as you're getting supervision or engaging in supervision. And one of those is self or other awareness, meaning that, what is the understanding of the counselor's view of the client's world view? How do they understand their clients? What efforts do they make to try to understand, what is the client world view? Because that's really important in terms of how they perceive problems, how they negotiate and work through issues, and hopefully use services that will result in successful VR outcomes.

There are also, though, not just in terms of how they're skilled at helping the client understand their world view, they're able to also kind of talk about it and address that within the context of the counselor-client relationship. Motivation's pretty straightforward. Does a supervisee or counselor-- are they interested in getting training or not? There'll be periods where it will be kind of waxing and waning, if you will. So you have to be aware of like, OK, what's going on here. Autonomy refers to the degree of independence the supervisee expresses. So in the beginning, new counselors might not want very much autonomy, but more experienced counselors will.

OK so level 1 counselor, on the left-hand side there's a picture of a toddler. She's looking up at the camera rather angelically, has a little bow or something in her hair. And I use this picture as a metaphor of a new counselor. I'm not saying, obviously, they're like children, but in terms of their development as a counselor, they're basically neophytes.

So they've got limited information about their role as a counselor. Their theory about how do I help other people's rather undeveloped. And as a result of that, they're pretty uncomfortable about their role as a counselor. They're trying to figure out what's the right way to do things. At the same time, they have a high motivation to get supervision because they want to do really well. So my experience in working with level 1 supervisees, they're very, very motivated. And also as a level 1 counselor, I know that as a supervisor that these counselors prefer direct instruction and structure.

Probably the worst thing you could say to a level 1 counselor is when they come to you and they say, well, what do you think I should do? And you say, well, I don't know. What do you think you should do? Now that might be OK with a more experienced counselor, not with a level 1 because the level 1 counselor is asking for that structure because they want to do the right thing.

So this is where, for example, working as a consultant or a teacher role could be really effective in this. Or you could even apply it kind of counselor role and say, so tell me, what's that like for you? It's like, hey, I'm going in with my client. I'm not really sure what the heck I'm supposed to do. Could you tell me a little bit more about what that's like for you? I mean you can use any of those roles. But the point, what I'm trying to say here is that you don't want to be that kind of laissez-faire supervisor. Here with the level 1 counselor, as a supervisor, you want to provide that structure.

Also, it requires strong oversight. So you want to try to shape skills. You want to try to have some impact on their effectiveness as a counselor. You want to make sure that you accentuate the good things. Offering positive feedback is particularly important because if counselors are kind of feeling shaky in the beginning and if they come to you for supervision, then they leave thinking man, I just feel like I got kicked in the pants. Well you don't want that. So you want to provide that support. And affirm their work, but also you want to make sure that you do that in a way that answers their questions in a direct way. So when they leave, they feel, yeah, I was supported. I got some help. All right.

Sometimes with new counselors, like after they've been doing the job for a couple of months, they start maybe developing some independence, and those skills are starting to kind of come up a little bit. And sometimes they'll, after two months, well I don't really need supervision. You got all-- you answered all my questions. I'm good. As you'll hear me talk a little bit later about experience counselors, no, that's not the case. But you have to be aware that, as a supervisor, that counselors will do that, even new counselors.

So when we have-- and I kind of hesitate a little bit. Brand new counselors, when I say this, I gave kind of a timeline of six months or less. But again, it could certainly be beyond that. So just to reemphasize here, you want to structure your supervision session. What are we doing here? What's going to occur? And I'll talk more specifically about that. But there has to be some clarity about, what are we spending? How often we're going to meet. What's the format?

It necessitates you to have direct observation. So that means either going out in the field with your counselor or if clients come in to the district office, that you sit in with your counselor and client. Clearly, not all sessions or even the majority, but there would be as selective opportunity to monitor them directly. And in this case, again, explaining that to the counselor. And then because one of the issues that-- well what do I say to my client? You're going to be right next to me. And isn't that going to be kind of weird? Yeah, you're going to have to address that with your counselor, how to prepare my counselor to have that interaction with the client. But as I said, the really important thing here is that you have to have direct. Don't rely on just kind of a verbal account of what happened.

I think we can all think of situations where counselors, hey, how did the session go? Oh it was terrible. Then you kind of look at it all on tape or something, and you feel, actually it wasn't that bad. Actually, I did pretty good. Yeah there are some things you need to work on. So direct observation.

Education regarding-- and again, for new counselors, there's a large area that you can focus on but client assessment, the counseling skills, documentation in terms of their case notes and how they express that, any ethical issues or liabilities. So there's lots and lots of things to explore with your new counselors.

Level 1 counselor, my experience in supervising level 1 counselors or consulting with state VR supervisor level 1, often these are people that accept direction. They're looking for structure. They want you to-- what am I doing well? And what do I need to work on? So we need to be specific about what are the goals. So if we're talking about this in our session like, I'd like you to work maybe better on positive confrontation with your clients. Or enhance your empathy here. How do I connect more with my client? So those are some of the things that, in terms of as a supervisor, you're going to find with the brand new counselor.

Level 2, on the left side we have a picture of a young woman, I'm just going to guess, in her 20s, smiling, still pretty excited. Level 2 counselors are more experienced counselors. One of the big things that I find with a level 2 counselor is that they're starting-- there's a shift from worrying more about my performance as a counselor, like how am I doing? Or what am I not doing right, not doing as well? To try to achieve a more deeper understanding of the client experience, what's going on with the client? And how can I help the client? How can I facilitate that understanding of their world view? What are things that interfere from me getting a job and keeping a job?

So the counselor is much more involved with trying to help me understand that supervision. Again, my experience indicates that more experienced counselors, they're less satisfied with simple solutions or answers. They realize that oftentimes what seems to be a simple problem, actually is nuanced by a lot of different factors. And so for you as a supervisor, that often requires a little closer exploration. Whereas a level 1, you might say, well, maybe this is what I would suggest. Let's do this. With a level 2 counselor, it's like, well let's kind of process, talk about, what have you tried before? What have you done? What's worked? What didn't work? What stopped you from maybe doing some other things here?

Level 2 counselors, they have greater confidence about their skills, and so there's a tendency to kind of individuate from you as a supervisor. I'll talk more about that in a minute, but just be aware that. The motivation fluctuates. They're starting to realize that, OK I have some deficits, but overall, I think I'm doing pretty good. They realize, as a counselor, a really important aspect in the helping process. And that is, I can't fix other people. That's a really important developmental step as a counselor.

A level 2 counselor, if they've kind of progressing along the way that I've described, they have a better understanding of their counseling approach. They can articulate, what is your counseling style, your counseling approach? And that in working with their client, that's manifested in that way. So there's a strong correlation in terms of what they tell you in supervision and also what they actually do working with a client. Level 2 counselors are much more challenging or can be much more challenging for you as a supervisor because it requires some flexibility here. I'll talk about that just in a minute. But things aren't quite as simplistic as with a level 1, where maybe you're giving more definitive kinds of answers. For a level 2, as I said earlier, it's a little bit more nuanced.

So when we look at a level 2 counselor working with you as supervisor, a couple of things to kind of keep in mind. Yeah you want to continue to be offering support. And I have some support supervisors for conceptual thinking. By that what I mean is, you as a supervisor, you're asking your counselor, how do you believe? Or how did you come to that understanding? What influenced your decision or your view as it relates to the problem or your interaction with your counselor and the clients that you work with? There's less advice giving or answer providing, so your role as a teacher, probably not as much.

Level 2, you're working more as a counselor, a mentor, and also a consultant. While there's certainly instances where you may have to directly get involved, i.e. direct observation, and you have to sit in with your counselors there. In general, my experience is usually that happens less with more experienced, but again, that doesn't mean that you never go out in the field and observe your counselors directly. As counselors get more experience, get more confidence-- I have down here trial and tribulations stage-- there's one of the things you have to guard against is, hey, I'm doing OK. I don't really need any more supervision. And again as we'll see in a couple of minutes, you need to challenge that fallacy.

Counselor in terms of working with supervisors, as again because they're more and more confident about their abilities and skills, they're willing to take some risks. And again, if they're using some theoretical approach, they can explain, why am I doing those things that I'm doing? And at this point too, the process of supervision tends to be fairly open.

So any fears and anxieties or things that may experience, either the client-counselor situation is something that can be explored in supervision because they know, having worked with you, hey, I can trust you. I know you're going to be supportive. I can be vulnerable here, so I can tell you about, yeah my session this morning with Miss Jones, just uh, I did an intake, and it was terrible. She was really angry with me, and I just didn't know what to do. So being vulnerable

when they already have that track record with you, knowing that you're going to be supportive with them, is really important.

Level 3 is again, even a more experienced counselor. And a lot of the things I talked about in level 2 are very similar to level 3. I have a picture of just an older gentleman, African-American gentleman, with a cap on, his hands on his knees. He's used to depict an experienced VR counselor. And basically what the main difference between a level 2 and level 3 is, there's a greater desire for autonomy. It's like hey, I've been doing this job for a number of years. I feel pretty confident about doing it. I don't know if you really need to supervise me as much. Or I don't even know if you need to supervise me. So you have that dynamic going on.

Now let's talk a little bit about the supervisory process for experienced counselors. And I'm going to actually kind of combine levels 2 and 3 together here. Well for experienced counselors, oftentimes supervisors, as you're working more as a consultant role, you're looking at options. You're using that as a way in supervision. You thought about this. Well tell me what you've done. How did that work?

As a consultant, maybe you're providing resources. So maybe you're that what if. What if this happened? How would you-- what do you think about this? Sometimes in supervision, you could be like a devil's advocate. And by that, you might offer suggestions that might be counterintuitive but just to get their reaction, to see what they're thinking about and how well they problem solve. So while you're supporting autonomy with your counselors, you have to realize that supervision doesn't end with these folks.

Counselors, on the flip side, they're feeling greater confidence about their abilities. They might have some doubts about certain situations. They may consult with you for kind of specific direction. But if you've been proactive in supervision and meeting with them on a regular basis, may have started weekly and then monthly kind of a thing, you know they know the drill. So when they come for supervision, they're prepared. They're ready to go. Here's what I need help with. We talked about this last month. Let me kind of update you on where I am with that aspect. And so there might be discussions as to this whole supervision, is this useful? Is it meeting my needs? Is it not meeting my needs?

Now I'm going to digress for just a little bit. But I want to pay attention to a common, unfortunately, a common issue that happens with experienced counselors that you have to be aware of as a supervisor. So let's talk about that. And that is the infamous disengaged counselors. All of us know counselors who have been doing the job 5, 10, 15, 20 years or longer. And you'll ask them, well do you get supervision? Well I get it. If I need, I can just go and talk to my supervisor. But to tell you the truth, I don't really need it. I haven't had supervision like that for years.

Of all the groups, this is going to be the toughest one. And I have some ideas, as you'll see in just a minute, about how to re-engage them. But here's the first thing I want to tell you. You remember when we talked about supervisory approaches, ineffective ones, and I used that

acronym BE OLD? I think that was in module 1. And the L in the BE OLD stood for laissez-faire, which just means hands-off.

When you communicate to a counselor that you're taking a hands-off approach-- OK, John, OK, Mary, yeah, you're right. You've been doing this 15 or 20 years. Yeah, you go ahead. Really what you're saying to them is-- and again this is my own view, but how I look at this, how I frame it-- really you're saying to them, you know what? You're not really worth my time to invest because you've been here for so long. I really have nothing to offer you. You're also saying, I'm sort of giving up on you. So the reason why I frame it in that way is that, number 1, if you continue that, then basically you're just enabling this same thing to continue in terms of, well, whenever the heck they retire. So without any kind of consultation supervision that's ongoing, what are you communicating to them?

So when I say this first line, be willing to recognize and honor resistance-- with that disengaged counselor, one of the things that I think is really important is, number 1, communicate what I just said. I know that I hear you saying, hey if you like me, just kind of leave me alone. But if I did that, this is what it would be. Number 2, most job descriptions that I've seen of a state VR supervisor, somewhere in the job description, usually there's a phrase or wording that you'll provide ongoing supervision to your counselors. It doesn't say you'll provide ongoing supervision to the new counselors, all of your counselors.

So when I worked with supervisors and I've done training and they say, how do I work with the, what's the expression, referred to as the old dog? The old dog, it's like well first of all, let's bring it into the room. What's going on with that? Can you imagine if you've got a schedule to have surgery, and you ask the surgeon, hey doc, by the way, you got your medical degree 30 years ago. Since then, have you gotten any training or any supervision since then? No not really. I mean, obviously, I've done a lot of practice. But all these new high-falutin procedures and stuff, I just don't keep up with that stuff. Really? Not too likely I think I'm going to be going to you for surgery. Well how is that different?

So one of the things that I will say is that when you're working with a disengaged counselor, you need to bring that into the room. So you need to have that difficult discussion. It's like, things are going to be different here. I am not throwing in the towel on you. Now there are ways that you can re-engage counselors. I'll talk about it in just a minute. But let me finish some of the preliminary points. There's a quote that I'll refer to is, "resistance is an expression of ambivalence about change and not a personality defect of the counselor." Any of you had training in motivational interviewing? This is a familiar concept.

So like when we talk about resistance, the counselor doesn't want supervision. You have to ask yourself, well what's going on? Is there any part of the counselor that's saying, well, maybe it might not be so bad? So what's the part that's saying, boy this is just kind of a waste of time. It just makes no sense. And then is there any part that said, well, maybe there's some possibility here? So it doesn't mean the counselor's a bad person or they have some personality issue or even an interpersonal issue with you, which sometimes that can certainly come. But the

question is, what's the resistance about? What is it that's kind of holding them back to say, hey, is it possible maybe I might learn something here?

So my final point is this for you as a supervisor. Giving up as a supervisor is not an option. If you buy into that same message your counselor's communicating, you're basically saying, you're not worth it. You're not worth my time. Can't do that because as we talked about, I think, in module 1, you have an ethical and professional responsibility, to make sure that all of your counselors are providing competent services that produces successful VR outcomes. So if you have these situations that you know when you're assigning clients to the counselors, and well we know we don't refer those people to John because he just doesn't do really well with those whatever. Well why is that? So don't give up. They may have given up on themselves. Don't you give up on them.

Now what are some others? Well obviously the first thing I'm saying is you have to have that difficult discussion with your counselor. And that's a difficult discussion. When I talk to supervisors, particularly new supervisors with the "older dogs," that's the discussion that I think they fear the most. Now there's some other ways you might be able to re-engage the counselors that might successfully approximate kind of where you want to get to. Here are some ideas that I have.

One is when you look at the intervention, there may be kind of things. You might be able to use available data that you have. Now again, I know different district offices across states do different things. I've seen some district offices that actually use consumer satisfaction ratings. So as a supervisor, you'll get these if that's something that you use. Or maybe that's something you want to institute.

And if you notice, wow, this one counselor seems to, in comparison to others, a number of problems as consumers report on these ratings. It might also be manifested when you look at status 26. It's like, wow, their performance is lower than other counselors who I'm working with. What's going on with that? Or it may be certain clientele having lower 26s. So you can use-- this is where the administrative component of supervision complements the clinical supervision. We talk about that in module 1. It may be in terms of how the case proceeds, moving from each one of the statuses, 00 to 8, so on and so forth. Why is it taking more time here? What's going on here?

Another thing that I've used that actually can be really helpful and a less threatening way is I'll use what's called-- or I've supervised supervisors who've use this-- is what's called triadic supervision. Triadic supervision is when you, as the supervisor, are working with an experienced counselor. Maybe that experienced counselor has been kind of disengaged, and maybe you have a new counselor. So what happens is you're enlisting the experienced counselor to work with you with a new counselor.

Now the nice thing about triadic supervision-- so as you're working with the experienced counselor and say, OK we're going to be meeting with Mary, who's our new counselor. Do you have some thoughts about how you think we might want to kind of do this? You've been doing

this job for 20 years. How might we approach this? And so it might be the kind of thing that the three of you are working together. Now the nice thing about triadic supervision here is you're also able to monitor the experienced counselor's behaviors. So if experienced counselor says something that's maybe ineffective or inappropriate-- and we talked in module 1 about ineffective supervisor behaviors.

And if you see that's manifested in that, well the good thing is you, as the supervisor, could step in. So you might say, well let me reframe a little bit something that Tom was saying. And then after that session, you could then take some time with the experienced counselor and kind of process that. So you can re-engage the experienced counselor, who's sort of been not really getting very much clinical supervision, in a way to kind of re-engage them. So the better message here is yeah, don't give up on that disengaged counselor.

OK, our last level of counselors, the level 3i or integrative counselor. On the left side of the screen, I have three pictures of older counselors. Again though, I will say, age and experience doesn't necessarily mean that you're an integrative counselor. These people, again, are really master counselors. I don't know, to be perfectly honest, within the state VR, I don't know many counselors that had performed at a level 3i. Part of that, I think, is associated with the work roles and functions. I think that.

But if I could give you an example, my wife, who is a marriage and family therapist, has been practicing for 35 years. And a couple of years ago, I had her come into my class and one of my students asked her, how long does it take to be a really good counselor? And at that time, I think she'd been doing it for 30 years. And she said, well I've been doing it for about 30 years, and I think I'm finally starting to really figure all this out.

An integrative counselor is somebody who is proficient on multiple modalities, domains. They may, for a client, use motivational interviewing. In this situation with this client, might use solution-focused approaches. With this client, might use feminist theory in this aspect, recognizing that all of us have different world views, are multiculturally sensitive in terms of, how do I interact within a multicultural framework? And these are people that, there's a passion about what they do. They're always working to try to get better. They simply love what they do. And they do it really, really well. If you have one of these people in your office, boy oh boy, count your lucky stars. Clearly this is someone who I might hook up actually with a disengaged counselor. Or clearly, in terms of triadic supervision, this would be a phenomenal person in which to work with.

This next slide, supervising the integrative counselor, again, I said to you it's not just a function of how long. And my experience has been there aren't a whole lot of 3i counselors. These are people that don't feel a need to prove their competence. They know and they recognize they do a really good job. But they also recognize they can continue to do better. Supervision is often characterized by a consultant role. And I think I already talked about interventions using triadic supervision. And the other thing-- and in the future we're going to develop a module specifically on group supervision. That'll be coming up in a bit, but also this is someone who

could really be a great co-leader or even lead a group supervision experience with your counselors.

So I think as you heard in the previous slide and on this next slide, which basically just depicts this conceptual model of counselor level and supervisory role. So the top of the graph, we have the three roles of consultant, counselor, and teacher. And on the left-hand side going down, we have the level of counselors. If you're a new counselor, level 1, experienced counselor, level 2 and 3, and an integrated counselor, level 3i. So what I'm trying to show in this kind of conceptual model is each one of these roles you can apply at any one of these levels. But it may obviously be different as a function of the counselor developmental level. So I'm basically trying to show you how these two things merge together, your roles as a supervisor and as also a function of the level of counselor skill development.

And next slide-- and we just have a few more here before we wrap up-- really addresses this question. A lot of times when I've done training, a supervisor will say, OK this is great. You sold me. OK I'm going to do it. But what do we talk about? What should I focus on? So using the integrated developmental model as our framework here, I want to look at the, I think there are eight, domains that you can explore. Now obviously that doesn't mean you explore every one of these in every single session. You may only actually look at one of these domains in a particular session. So again, that's dictated by the needs of your counselors, your supervisees.

So let's look at the first domain, intervention skills, which basically means, what's the counselor's confidence and ability to implement therapeutic change? So do they feel confident about, hey I know what I'm doing. And also I demonstrate the competence in doing that or not.

Another domain is assessment techniques. So what's the counselor's ability to use available assessment information and when needed, to do so when other evaluations are required. So can they take the information, all the background information and the client folder, the medical, the vocational, educational, social, financial, all that information, and pull that together and say, OK, based on that, this is what I know. And this is what I need to find out. And this is what I'm going to use to find that out.

So we're talking about, why isn't this client working? Or what are the obstacles? So what information do I know about their strengths, the areas where they need improvement? And can I synthesize that information to develop an individual plan, or do I kind of struggle with that a bit?

Another domain, interpersonal assessment, and this is basically within supervision. What we're talking about there is, what is the counselor's ability? When they reflect on themselves, do they have some insight about the dynamic that might exist between them and the client they work with? There's a number of times where either on videotape or in live supervision where I've consulted, and I'll sit in on a counselor's session. And a counselor may be coming off in a certain way that they're not really aware how they're coming across. They may think they're being very conversational and engaging when it seems from my observation actually they're being kind of

parental, condescending. And so are they aware of that dynamic? Did that ever kind of cross their mind, like Yeah I wasn't really sure, or didn't have a clue?

So that not only extends with respect to the client-counselor relationship, it also extends to the counselor-supervisor relationship. So you're giving feedback to the counselor and maybe your sensing they don't want to hear that. And so when you ask, so what's that like when you heard me say blah blah blah? I don't know. It was OK, I guess. Really? So do they have an awareness like well tell you the truth, I didn't really agree with that. I didn't really like it. I didn't really feel that that was being helpful. Or I don't think you understood. So are they even aware of that dynamic that might exist? So it's not just from a counselor-client but also from the counselor-supervisor relationship.

Fourth domain is client conceptualization. You could focus on with your counselor, what is their ability to conceptualize all the circumstances and the relevant information, in terms of putting together a plan? And what are the steps needed to hopefully produce a successful VR outcome? So does the counselor have a good understanding about, yeah, here's some of the dynamics. And can I look at that from different systems, from the individual system, from the family system?

Maybe there are family dynamics that are impacting on one's ability to obtain and keep a job. And even in a larger context, in terms of societal aspects, I mean because you have attitudinal issues, biases, issues. We all know that from working with employers. Certain employers will have certain biases towards certain clients. And so is that part-- do they understand that? So there's a lot of different systems that can impact on that outcome. What's the counselor's understanding of that?

So continuing on, there's four other domains that we can explore as part of our supervision session with our counselors. And that is individual differences. No two people are alike. We all know that. But how is the counselor ability? What is their understanding, recognizing how individual aspects impact outcome? So do they have some understanding of multicultural aspects, race, ethnicity, gender, disability, socioeconomic status, spirituality, sexual orientation, all these unique things that make this person who he or she or they are? And so does the counselor have some understanding of that?

So what happens when the client says to the counselor, well the reason why I'm not getting hired is because I'm a spinal cord injured black guy. Who's going to hire me? Well there's obviously a number of dynamics that are going on there. So how does the counselor address that? So what is their understanding of the sensitivity to those kinds of dynamics? And how are they able to bring that into the room in a therapeutic, helpful way to the client?

Theoretical orientation, we talked about this in the previous slide and earlier slides about nothing's as bright as a good theory. So again, why are we doing the things that we're doing. So if you ask the counselor, well what would you say-- how would you describe your counseling approach? Well I think I'm humanistic. OK so what does that mean? Or I subscribe to

motivational interview. OK so what does that mean? What are you doing that's consistent with that?

Oftentimes to tell you the truth, I find a lot of times counselors can't even explain, what is my theoretical orientation or they'll kind of pooh-pooh it, ah that's not really necessary. I learned that in school. We don't have to know that stuff now. I don't do that. One of the things that sometimes I hear, well I'm not really a counselor. Well I'm a little confused here. What's your job title? What does that mean? Where's a counselor in name only? So you know when you hear those kinds of comments, clearly you can see you got your work cut out for you in terms of a supervisor.

Treatment plans and goals, another domain that you could explore as a supervisor with your counselors. So how does the counselor organize their work in terms of goal setting, intervention planning, treatment progression? So do they had trouble sometimes with trying to help the client? What's the goal here? What are the objectives? How are we going to measure the successes for it. Obviously it's state VR. The sole criterion is the 26. But there's a lot of sub-goals, sub-objectives that contribute to getting to that overall goal of gaining meaningful employment and sustaining meaningful employment.

And then finally, the other domain is professional ethics. And we'll talk about in another module, ethical aspects and supervision. But right now as a rehabilitation counselor, many of our counselors, as you know are CRCs. Not all, but that framework gives us some kind of a context about ethics. And what does that mean in terms of how I work with my clients, my colleagues? And for you, as supervisors, as we'll find in a future module, what does that mean to you in terms of making sure that your supervision is consistent with ethical practice?

So a couple of final comments, supervision is all about relationship. We know this. We know that from our work with our clients. We know that with our work with counselors and our colleagues, employers that we work with. And so as it relates to clinical supervision, it requires a commitment and investment on your part. You have to make that commitment. You have to make that investment. And that's not always easy, particularly if you're a district administrator or assistant district administrator, they may have different views about what is clinical supervision, what you should be doing. And we will talk in the future about how to have that conversation.

But good supervision doesn't happen by luck. It requires effort. It requires commitment. Your counselors will see that. They know when you're-- they may not always agree with how you do things the way you're doing. But if they know that you're making good faith efforts to try to help them and improve outcomes for them that obviously will benefit them as well, they can see that.

Not to beat the dead horse here but yeah, the theory and the practical aspects, we've talked about that. You have to think about your own counseling and supervision model or theory. Why are you doing the things that you're doing? We talked about the Integrated Development

Model. That's one model. There are a lot. Just like there are lots of counseling theories, there are parallel counseling theories of that and supervision.

I use the Integrated Developmental Model only because I think it cuts across many of these orientations. So it makes, I think, good sense, and it can be applied regardless, I think, of one's theoretical orientation. But you have to have some understanding about what is it that I believe. How do I facilitate that change? So if you don't have that own awareness, it's as I say in the next statement, you can't teach someone else if you can't explain why you do what you do because counselors will ask you that.

So final thing, take good care of yourself. Walk the talk. Your counselors will see that. So you don't want to be the one that's staying after every night an hour and a half, coming in an hour and a half early. Work is always going to be there for you. You're never going to have enough time in the day. So you've got to make sure that you do that as well.

I think it just had two other slides here. I'll just say, as you think back to this module, maybe you want to spend a minute or two and just kind of reflect on what information that you gained from this module that you think was particularly important in your work in supervising. And then the second part is, with that information, how do you think that might impact on how you provide supervision in the future?

There are some references here that I have. Some of it's my own work. Some of it's ones that I've cited before in our presentation. I just want to thank all of you for taking the time and investing. I know you have lots of choices to spend your free time, and I'm just very much appreciative that you decided to spend an hour, hour and a half with me and doing this training. I wish you continued success, and hopefully, I'll see you again for our next module. Thanks.