

## Clinical Supervision Series: Preparing for Individual Supervision - Module 3

JOHN WALSH: Hello. My name is John Walsh. I'm the project director for the Center for Innovative Training in VR at The George Washington University. Welcome to our training, Preparing for Individual Supervision. This is module 3 of a multipart series focusing on clinical supervision.

If you have not viewed module 1, Foundations of Clinical Supervision, and module 2, Transition from Counselor to Supervisor, I would highly encourage you to take those two training modules. Those modules really provide a lot of good foundational knowledge and information in which the other modules are built upon.

I also wanted to provide a bit of a preview of some of our future modules we'll be releasing. Modules 4 and 5 will be exploring group supervision. In module 5, we'll specifically look at effective practices around group supervision. Module 6 will focus on legal and ethical considerations of supervision. So look for those in the months upcoming.

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The Center for Innovative Training in Vocational Rehabilitation is sponsoring this clinical supervision training series. I also want to welcome you to come check out our website at [trainvr.org](http://trainvr.org). We offer a number of various webinars on a number of different topical areas. And we also host a number of learning communities or communities of practice which you can join at [trainvr.ning.com](http://trainvr.ning.com). So come check out what other trainings we have to offer.

It is now my pleasure to welcome back our presenter for this clinical supervision series, Dr. James Herbert from the Pennsylvania State University. Dr. Herbert has extensive experience not only as a rehabilitation counselor educator, but also extensive research and training background in the area of clinical supervision. We are really fortunate to have Dr. Herbert lead these sessions, as well as our future modules in a very important topical area that will provide

knowledge and actionable items in your continued pursuit of lifelong learning. So Dr. Herbert, I'm now going to turn it over to you.

JAMES HERBERT: Thanks, John for that introduction. I'm glad to be here with all of you. And before we begin with module 3, as I did the last time, I just want to do just a brief review of module 2, just to kind of make sure we're all on board as to kind of where we've been so far.

So you'll remember in module 2, we talked about supervision being a developmental process. And we looked at the developmental process from both the counselor and supervisor perspective. And we talked about the different phases and different stages, if you will, that each of us, as counselors and supervisors, have experienced.

We also talked about the importance of having a theoretical model or a guide, if you will, that basically answers the question of why do we do the things that we do, as far as how we supervise counselors. And we talked about the importance of having a theoretical model that guides us in that way. And in particular, we looked at one that I think would be useful in State VR practice, and that was the integrated developmental model. And you'll recall in our review of that model that there are three areas that we, as supervisors, have to be considerate of when we're working with our counselors.

And the first is to what extent is your counselor or your supervisee, what is his or her awareness of their strengths, of areas they need to improve on, they want to get better at? What's their motivation for even wanting to do supervision? And is that something that continues?

And we talked a little bit about how in the beginning, new counselors may have a really high motivation for supervision. But as they progress, that sometimes that sort of waxes and wanes. And in some cases, especially with the more experienced supervisors, sometimes what will happen is there will be an effort to really not seek supervision. And we spent a little bit of time about, well, how do we work with those counselors? If you want to say the unmotivated counselor, or sometimes there's-- as I think I shared in the last module-- kind of the unforgotten counselor.

And then the third component that influences counselor development is their autonomy. And that fits very nicely to what I was just talking about earlier in terms of motivation. But we know, for example, that often, beginning counselors, new counselors, they seek a lot of guidance. They want structure and supervision.

But as they progress as supervisors, eventually, they seek to have more autonomy. And so what that means for you as supervisors, your role may change a little bit, where maybe with a beginning counselor, you might be working more as a teacher or a counselor looking at process kinds of issues. But as they develop their skills, you may work more as a consultant.

And then finally, we talked about the areas that you might explore in supervision. So it gets to that question of, what do I do during supervision? So we talked about each one of the areas

that you see on your screen-- intervention skills, assessment techniques, interpersonal assessment, client conceptualization, individual differences, their theoretical orientation, your treatment, your plan, your goals in supervision, and then ethical issues that come up. So building on that foundation, we are going to now expand our discussion on individual supervision.

[COUGHING] Excuse me.

OK, so our objectives today are these. We're going to look at how individual supervision is practiced in State VR. We're going to talk a little bit about how should you prepare for the actual session. What are some things that you need to be aware of before you even sit down with your counselors and have your first individual supervision?

We're going to talk about the importance of having a supervisory contract and what that might look like. We'll examine some of the legal obligations that you, as a supervisor, have to understand in providing individual clinical supervision. And we'll provide a framework as to, again, what is it that you want to address.

And then finally, we'll provide an outline as to how do you know that this is really a good supervision session. I'm sure there's a lot of times where after you've given supervision, you kind of step away, and you kind of wonder, is that a good session or not? So I have a couple litmus test questions that you can consider that hopefully answer that question.

OK, this next slide simply is a picture of two, I'll say younger women, African-American, who-- Oh, this is simply just trying to depict the scenario of a counselor and supervisor.

OK, so let's take a look at a couple facts when we think about individual supervision practice in State VR. One of the things I know from my research is when we look at the time that supervisors devote to supervision, it's not very much. It's about 20 to 30 minutes for an individual supervision session on average. And usually, that occurs about one or two times a month.

So when we think about that for a moment, let's say that you have five counselors, and each one of those has 100 clients. Well, that's 500 clients that you, as supervisor, have to have some knowledge about in working with a counselor. And so the big question is, well, how do I do that? How do I manage that? There's only so much time in a day. And we'll talk more about this when we get into group supervision, but for now, I just want you to realize that clinical supervision within the State VR system is not something that's widely practiced, that we mentioned earlier. And even when it is practiced, it's not practiced to a great extent.

Let's look at something else that's kind of interesting. Supervisors who work with counselors that have two or more years' experience, when you ask counselors about their satisfaction, what we find is that supervisors who work with counselors who have more experience, they're more satisfied when there's fewer supervisory sessions. Fewer. So basically, that corroborates

one of the things we were talking about earlier, that for some experienced counselors, good supervision is when basically, there's not too much supervision.

When supervision is provided, we also learn from McCarthy's work. She found that when it's provided, it often focuses on administrative rather than clinical supervision. And as I noted earlier, as a professional group, State VR counselors are largely unchecked by persons responsible for supervising them. So I don't mean to kind of start it off by kind of an indictment to supervisors. What I'm simply saying is that that seems to be kind of the current practice. And so what we want to do is try to find a way, hopefully, that-- a workable solution or solutions that might help you provide a better context in providing supervision.

OK, so before we actually sit down and work with the counselors and provide that first supervision session, there's some preliminary considerations that I'd like for each of you to think about. Well, first of all, think about the physical environment. So I've seen a lot of State VR offices, and I'm familiar with those environments. And I know from my going out in the field and working with a number of states, sometimes it's very conducive to having a private conversation.

Sometimes you have offices where the walls of the office, maybe you have those cubicles, they go up 6, 7 feet. But still, you don't have very much privacy. So the first thing you have to make sure, that you can have some kind of privacy when you have supervision.

Now some of the things I'm going to be talking about might seem like very obvious kinds of things. But I can tell you that what I'm going to share with you is that again, this comes from my interviews with State VR counselors on some of the things you recall from module 1 about qualities of effective and ineffective supervisors. You might recall the issue of, how well does my supervisor attend to me? So do your very best to eliminate distractions. So disconnect your cell phone or turn it off, I guess I should say. Avoid answering office phone calls that come in.

If you can, turn off your computer, or at least make sure your computer's not in your periphery. I think we've all been in meetings where sometimes we're talking with one another. They'll have the computer screen on. And as they're talking to you, they're also kind of trying to do other things, multitasking. Well, when we're providing clinical supervision, we don't want to multitask, OK? Uni-task. Let's focus just on this counselor right now, at this time.

Make sure if you have an office with windows, close your curtains. I'm thinking of a situation I'll recall as that supervisor had a ground floor office and a window, but people literally can walk by and kind of see in, what was going on. If you have a door in your office, make sure that you shut that. And for some supervisors, I even see the do not disturb sign. So the physical environment's important because it's communicating this message, you're important, this time is important, and these are some of the procedures I'm going to go through to acknowledge that.

When you think about each one of your counselors, what do you know? There's some questions I would be asking for you, is what do you know about their educational and professional

background? Mmkay? We talked last module about the importance of theory. Do we know-- What's the theoretical approach, OK? Do we know anything about questions about, well, how do you facilitate change in clients that we work with?

Another important consideration is, what's their prior experiences in supervision? You know, whether or not they got clinical supervision, or was it pretty much all administrative? What was their reaction to that? Did they find that as something valuable or is that something that they didn't value very much-- they didn't gain very much from it? So what did you learn? What did they learn from having that experience?

And then kind of the flipside to that is what expectations might they have in supervision with you. So you want to spend some time talking about those kinds of questions, of what would they like to see happen here? What are areas that they think that they feel that they can work on, or ones that they struggle with? What are areas that they think they do a pretty good job with?

Some other considerations. If supervision is important and you're trying to communicate that message to your counselors, then treat it as such. And the best way that you could do that is schedule a time that you meet with each of your counselors if you're doing individual supervision. Now my own personal recommendation would be when you schedule, it might be a good idea if you can have consistency. So you're meeting at the same time.

So it might be maybe with your brand new counselors, you're meeting with them once a week, Tuesdays at 9 o'clock in the morning. That's a consistent time that you and your counselor can meet for individual supervision.

I clearly recognize things happen. There's things that can interfere with that. But you have to approach this, if the message you're trying to communicate, that this is important to me as a supervisor, and you're important to me as a counselor in your development, and I can demonstrate that by saying we're going to commit to this day and time. For other counselors, it might be once every two weeks, once a month, whatever that is based on the individual needs of the counselor, and then also, what you're able to provide.

I talked a little bit about expectations and supervision, and what are some kind of important questions that you may want to be thinking about, or procedures that you might want to be implementing. I would suggest, and we'll talk about this later today, but I would suggest that you have a written agreement about what's going to happen and how it's going to happen. So it's, just as you have an individual written rehab plan, you have an individual written supervisory plan.

So you'll recall in the last module, some of the questions that counselors legitimately have about what are we going to do here, what's going to happen. So we need to outline, OK, so we're going to meet this often, at this time. And as you'll see in a couple slides later, here are the things that we're going to be doing. So we're trying to, again, set the stage.

I also talked about some of these other points that I introduced in the earlier slide about those experiences. But I want to just emphasize the importance of take the time to talk about their experiences with them. Talk about their expectations. Talk about their counseling fears. Take the time to do this.

And the other thing I really want to underscore here is remember we talked about a developmental process that you, as supervisors, go through. And I said one of the big things that I look for as kind of a litmus test is when you as supervisors start focusing on counselor needs and not the client. In other words, your supervision is really all about the counselor.

So when the counselor talks about his or her client, it's always in relation to how they perceive the issue, how they perceive the problem. And so you want to underscore that your interaction is all about the counselor. So no matter kind of what direction that supervision goes, it always has to come back to the counselor. What does this mean to you? How do you interpret this information? What do you do with it?

Now let's take a closer look about this supervisory contract. And if you notice on the top of the slide, I say it's good, but it's underused. And that's true. We find that, at least my experience has been in talking with supervisors, that most supervisors do not use written contracts. Interestingly enough, which may be not much of a surprise, is that those counselor supervisors who have written supervisory contracts, I also find a strong correlation to a lot of other good clinical supervision practices.

So let's look at the written contract. Well, and again, this is not to be some really high, fancy, a legalese kind of thing. Put it in your own words. But basically, your written contract should explain these kinds of things, the first thing being purpose. And so why are we doing it? Well, the purpose of the supervision is trying to help develop counselors, improve the counselors' skills, case management decisions. And then that's important to monitor client welfare. As we'll see a little bit later, you are legally responsible for your counselors.

The other thing you want to do in a supervisory contract is explain it, but what are the responsibilities as a counselor and a supervisor in doing supervision? OK? So that may involve, when we have supervision, some general expectations. Yeah, that you come each time. You're on time. You're prepared.

If there are certain assignments or things you're going to be asking the counselor to do, like bring in some of your case notes, or if-- and again, I don't know the individual setting that you practice in-- but if you have tape, videotape, audiotape, if that's part of the process, that counselor is going to bring it to the supervision session if you want to review and evaluate. So whenever you work with your counselors, saying who's going to do what, these are the expectations-- whatever those are, they need to be communicated.

So related to that, you have logistical concerns. So we talked about how often, when, how long is it going to be. But also we need to talk about the method of supervision. Now we've been focusing pretty much exclusively on individual supervision, but if your supervision also involves

group supervision, that's something that you'll want to include too. And as you'll see in the next couple of modules, that's something that I think we really want to explore a lot more than it is.

The other kind of supervision, which you might not be aware of, is called triadic supervision. And I talked a little bit about that when working with disengaged counselors that you want to supervise. And again, what that might mean in triadic, three, you might have a counselor who maybe is a really good counselor, and you might see as someone that you think would be a really good supervisor. So you might be working with that counselor and your new counselor together, so you're giving supervision.

But in this case, the issue may be the more experienced counselor is actually doing some supervision in your presence. And so you're also watching the skills of the experienced counselor in facilitating the counselor's skill development in the newer counselor. Triadic. So that's another way. And I also, too, I will tell you supervisors who do that often find that it's a very effective tool for the experienced counselor because it also gives them some kind of context when they become supervisors. So when they become supervisors, it's not a totally new experience because they've had now some earlier work as a result of this triadic supervision.

So with the methods, we're going to just rely pretty much on case review. We talked about the advantages and disadvantages of doing that. Reenactment. Remember, I suggested you avoid using the term role-play.

Is that what we're going to be doing in our supervision? Is that part of what's going to happen here? Is it going to involve live supervision? You're going to go out in the field with the counselor. Or the counselor, maybe they're going to work from their home office in their home district office, and you'll be sitting in there.

Or tape, are you going to use that? And again, if that's the case, then of course, obviously, you need to make sure you have written permission from the client to tape. So again, what are the methods with that, OK?

And then there might be some developmental activities that you might use as well. You'll notice at the end of each one of these modules, there's a number of references. Maybe you might want to take a look at those references, and perhaps make a copy of an article or a book chapter or something that you could give to your counselor to, hey, I'd like you to review this. And maybe in the next supervision session, let's sit down and talk about that. OK?

Now just something else I want to amplify a little bit as it relates to taping. So it's the counselor's responsibility for gaining consent to record the session. It's a counselor responsibility. Now when you raise the issue of taping with a counselor, I would say in 95% of the time, usually what you hear is, hey, I'd like to-- Yeah, if we want to tape, that's fine. But I know my client's not going to agree to that.

It's been my experience that basically, that's not true. While it is true that clearly, some clients have concerns about taping, I find that really, that response is more the counselor anxiety about taping-- performance anxiety. It's one thing for me to talk about my session, but if now, you actually see my session, then it's like, well, now it's all out there. And that's why in terms of establishing trust and those kinds of things are so important.

So in those instances, what usually I find is pretty effective is I might actually do a reenactment with the counselor, and say, OK. Well, let's take a look at this. What do you imagine-- What would happen? How would you bring that up?

OK, now maybe they really don't know. But if they're a graduate student in their master's program, I can pretty much assure you that they've been taped before. So this isn't anything new. But it's when they get to be hired as a State VR counselor, it's a teaching tool that we often forget.

So you may need to take a couple of minutes just explain it. Well, OK. Well, what would you say? You might want to then follow up. Let's just kind of reenact that. How would you bring that up? So I might then take on the role as the counselor. Ask my counselor to take on the role of the client. And like, well, how do we do that?

So the important thing is, of course, is that any sessions have to have written approval from the client. And I didn't really kind of go in detail about that, but the same cautionary things that you have to exercise in writing up a disclosure. The client's got to know what's the purpose, who's going to review it, how long are you going to kind of hang on to this tape. So there are things that you need to, again, have. And it's best if you have a form developed, articulating that.

And then finally, when we look at the supervisory contract, again, we have to think about what are the evaluation methods. How are you going to assess it? How is this going to work? When you say the word "assess," if you want to raise somebody's anxiety levels, just say, today we're going to assess you, or I'm going to assess you, or--

[COUGHING] Excuse me. Yeah, I want to test this thing out with you. It's like OK. Now you're successful in raising my anxiety level.

So we have to talk about, well, how are you going to assess my performance? So what's going to happen there? Well, there are a number of tools-- and some of these are in your reference materials-- that talk about specific checklists that you could use.

If you think about, again, what is it that you're trying to emphasize with your counselor? Their listening skills? How they use positive confrontation? Planning skills? Developing treatment plans?

So it may be kind of a thing that you just develop with your counselor. So it could be very individualized by saying like, for example, with your counselor, well, let's take, what are the



things that you want to work on? So let's break that down. So we might break those down into specific kinds of components, OK?

There are formal kinds of standardized counseling skill inventories that you could implement. And again, we'll have references that you want to look at these kinds of tools. But basically, they're a series of statements in kind of a rating scale. So it might be counselor demonstrates effective listening skills, counselor uses paraphrasing and summarizing effectively.

Again, this doesn't have to be some really kind of big formal thing. In practice, I find actually, if you develop kind of your own checklist with your counselors, I think actually in some ways, that's more meaningful and less intimidating than having some kind of a formal checklist. It's because a lot of times, counselors are worried about-- understandably so-- what are you going to do with this information? Is this going to be like part of my annual performance review? How's that going to work? So again, you have to be prepared for that.

The other kind of evaluation method-- and this, we talked a little bit about this with a disengaged counselor-- is, well, are there other kinds of behavioral criteria that you're going to use to demonstrate that, wow, the counselor's skills getting better, case management's decisions are much more effective. And so that at some period of time, you'll sit down with the counselor and say, well, how do we know that to be true? Well, one of the big things that we know in State VR practice is the gold standard, if you will, is the Status 26.

So there may be specific kinds of-- And this is where you're using administrative supervision to help with the clinical supervision. Maybe when we look at the various kinds of statuses, there may be points in that process where the counselor gets stuck. And then you could see with supervision, wow, we're moving clients through at a more efficient rate, plans are generated more efficiently, more comprehensively. So those kinds of behavior criteria are things that you could also use as part of a day-to-day reality basis of assessing whether or not improvement's occurring. So lots of tools available to you.

And then the final thing I'll just say, one question that sometimes I'll ask some counselors that I supervise, or I consult with supervisors to supervise, is I'll ask a counselor, six months from now, if you think about, hey, I think this supervision is working. I'm getting something out of it. How do you know that to be true? So I'll ask the counselor basically to operationalize what are some of the things that you're looking for that suggest that I think I'm becoming a better counselor. So again, you can incorporate those as well, when you look at your evaluation method, as to is this working or not.

Now if you notice on this slide, there's a caricature of a, looks like a sun, and he's kind of holding his hand to his chin and he's thinking deep thoughts. So on the top of the slide, it says, something to think about. Now I mentioned earlier about the legal responsibilities that supervisors have. There's a Latin term that is "respondeat superior," which is Latin for "let the master answer." What that means is legally, whether you're aware of this or not, you are responsible for your counselors.

So when we talk-- If you think back in the earlier module that one of the ineffective supervisory approaches is the laissez-faire, hands-off kind of approach, supervisors who practice that style or-- I don't know if practice is the right word there-- but basically, you have that kind of hands off approach, what's the accountability? If there's any problems that are going on, what's your awareness?

Sometimes, when you have problems with your counselors, and sometimes, they'll go up the chain of command with you as supervisor. And then you might talk, might go up to the next level, the assistant DA. And then they even go up a little bit further, the district administrator. I find that usually, when problems exist, they're often associated with when supervisors don't know what's going on with counselors and their work with clients. So with this legal responsibility as it relates within an employment context, it's basically saying that you're responsible ultimately for the actions of your counselors, or in a sense, even just employees, OK?

Now there's another legal term, but again, I want to be clear here. I'm not an attorney. But I'm just sharing you based on my understanding of the professional literature as it relates to this point. There is this issue of vicarious liability, which means that supervisors are held liable for negligent actions of the supervisee or your counselors, even if you didn't know about it.

So to say, jeez, no, I didn't know about it. I didn't know my counselor was doing that. He's been doing it for 15, 20 years. I just assume he's been doing a great job. His 26's are on par. But yet, there's some other things here that because you had a hands off approach to it, you weren't aware of it.

So legally, that's no excuse. So you can't simply say, jeez, I didn't know, because the response is, you should have known. So think about that as we talk about supervision and how you participate, engage, facilitate that, who you do it with, who you do it maybe not so much with, or worse, who you don't do with it at all.

Now we've mentioned about there's different kinds of tools that you can provide in supervision. I kind of actually, maybe I jumped the gun a little bit because a lot of material on this slide is actually kind of covered. But I do want to amplify a couple of points here.

We noted that in the earlier module that a lot of times, supervisors rely on self-report narratives from their counselor, the case review method. And I guess the thing I want to try to underscore here is the quality of that information is only as good as the reporter. And I can't tell you how many times when I've done supervision and I've asked the counselor, well, how do it go? And sometimes you'll, oh, that was terrible. I really messed this up. I didn't do this right. And then if I had the opportunity to audio or videotape it, and I'd go back and look at it, I sort of scratched my head. This isn't so bad. This isn't like the end of the world.

So sometimes, particularly with newer counselors, they're much more harder on themselves than they need to be. Well, it's also true that sometimes newer counselors, you'll have it, oh, it

was great. Yeah, really, you'll do a wonderful job, and you kind of look at it, and you're like, ooh, I'm not so sure. But you can always find something, I think, good in people's work.

But case review method. Again, you've got to recognize that they're always seeing it through rose-colored glasses, through their lens, and that may not be the same perception that you, as a supervisor, may have. Now one thing that you could do if-- and sometimes I've done this-- is that if, and particularly if you find like, well, I don't know if I'm ready to kind of do the taping. Maybe that's too big of a step.

Well, another intermediate step or suggestion I might have is have the counselor do what's called process recording. Now by that is basically, at the end of a session, I'll ask my counselor, I want you to just take a couple of minutes, and I want you, in your own words, just talk, just write down what you did well, maybe things that you want to work on.

Now the reason why I say do that immediately after the session is because I find that usually, the longer you wait to do that, then it becomes more kind of a creative exercise. Oh yeah, OK, like I'll do it the next day. And you know how that goes. A counselor might be seeing three, four, possibly more clients in a particular day. And then the next day try, and OK, what did I do?

Now this is not in terms of talking about the case note that goes in the file. This is something for clinical supervision that's focusing on the counselor concerns or issues that they might have about their last interaction with their client. Now if you really want to kind of amp this up using process recording with audio/videotape, even though that's rarely used, that is a really, really powerful tool, and this is how it will work.

Let's say that the counselor videotapes their initial intake session. And so as you kind of watching the videotape, you'll have the counselor review that. And they might-- A lot of videotapes, they'll have these counters, so like 000 to 150. So on a sheet of paper, on one side of the column, the counselor might write collecting demographic information. So that's the content, collecting demographic information.

And then on the next column, because you divide your paper in two columns, you have process. Process is what the counselor might be experiencing or saying to him or herself. So for example, you might have a new counselor, and the content is collecting demographic information. The process might be I'm feeling really nervous. Oh boy. I hope I don't mess this up.

Now, so a counselor might, on a sheet of paper, just document that sort of content and process. When they come into the supervision session, so rather than just, well, let's take a look at that session, that session with that process recording can help you, as a supervisor, to figure right from the get-go, well, what do we want to work on? So you could ask your counselor, what would you like to work on today?

Or with that sheet of paper, you might say, as I'm looking at this, let's look at the first beginning, because it sounds like you are having some doubt about how that went. So let's take

a look at that. So the beauty of that is you don't have to waste time kind of like going through an audio/videotape, or where is it, where's that section?

I can't tell you how many times, years ago, I would kind of leave it open to the counselor, and I felt like I'm wasting a lot of time just trying to figure out the segment that I want to look at. So with the process recording, I can look at, OK, well, let's look at number 375 in the tape. So I can go right to that. I'm not wasting time.

Again, as I said, any kind of recording, you have to have client permission, as I said. And usually if there's anxiety by the counselor as well, but we talked about a way to do that.

By using that combination of the video/audiotape and the process recording, the nice thing about this is that it offers you a perspective from the counselor. You have your perspectives of the counselor, but also, it offers you a perspective of the relationship between the client and the counselor.

So one other thing I'll just mention about another supervision tool is doing live supervision. I note in my own research, it's probably the most effective, but it's also the least used with counselors, with each exception of new counselors. I can't tell you how many times I've had counselors say, yeah, my supervisor used to go out with me, but after a couple months, nah, and not really.

You've already heard me talk about the importance of having supervision throughout the whole developmental process as a counselor. But live supervision, obviously, it's occurring. You're having the opportunity to observe. And that's the important thing, observe. Don't get involved in the counseling session. Your job is simply just to kind of watch, observe. And again, I'm sure all of you who have done supervision before of new counselors and have gone out in the field with your counselors, or maybe they're doing the session at their home office, again, your job is to observe.

One thing I will say that I find that if you do that is I would suggest don't sit next to your counselor. Kind of be in the periphery of the client can see you and the counselor. But I find that often, you just kind of sit off to the side there. It's a little bit less intimidating.

The other thing too, especially given what we've all been going through this last year, is distance e-supervision. So if you have a camera with your laptop, again, one of the great things about this is you don't literally have to leave your office. As long as the counselor has a camera on their laptop, you can do supervision. And that, actually, is even better in the sense that you don't have that physical presence. And yet, you can see kind of what's going on.

So I mentioned that I want to spend a little bit of time too on the role-plays as that tool. I have on the caption of this slide, Another Neglected Tool-- The Infamous Role-Play. OK.

It's amazing sometimes to me because that tool is used so often in one's graduate training. But again, I think as I noted a little bit earlier, when they get to be a counselor, it's sort of like a

forgotten tool. And I think part of it is just the negative connotation or the negative associations that people have role-playing. I mean, first off, when you of role-playing, I'm not playing. I'm not an actor. And it's like yeah, right. I'm not either.

So one of the things I would say to you is think about or rethink maybe even just using that term because of the negative connotations it's often associated with. So sometimes I'll use the term, OK, I'd like to try to re-enact. I'd like to try to recreate. Let's try to recreate that initial session when you wrote down here in the beginning that you didn't feel like, hey, I was doing a really good job. Let's look at that.

Sometimes I'll even say, well, let me try an experiment here. I'd like to be the counselor. I'm going to ask you to be the client. I'm not asking you to respond in the same way as the client because you're not the client, OK? But let's just, for the benefit of this learning activity, I just want you to just try this experiment with me. Let's just try to see what's uncovered.

Now the other thing, if you're doing a reenactment, I also refrain from using, well, let's just wing it. And I find that for some reason, that often is-- In the conversation, when you're talking about reenactments, OK, well, we'll just kind of wing it. When you hear that, first off, wing it. I'm not into just winging it. Like what does that mean? You have to really kind of compare where you're going.

So when you're doing a re-enactment, explain, well, here's why I'm doing it, and here's what I'm hoping. So I might say I'd like to try to re-enact that first part of the intake. And again, I'm not asking them to assume the entity or the role of the client, but I want to reenact that because what I want to do is to see, hopefully demonstrate maybe some ways that you might be able to begin that session that might be more comfortable.

It may or may not work. I'm not sure. But let's re-enact that. And then when we're finished, I'm going to ask you to kind of talk to me a little bit about well, what, was that experience like for you. Is it something that might work, or maybe not? So that's what I'm asking you to do.

So again, you're providing some rationale, so the counselor, why are we doing this? What's the purpose? OK? And with that, again, you'll see it on the slide, like again, avoiding that term, the role-playing. It's not acting. You're not going up for an Academy Award.

And again, as I said, yeah, your counselor's not your client. So even if they depart in a major way from what actually happened, the interaction with you can be still very informative, and it may also translate to something that they can use in their work with their counselors.

Now here's a little tip I'm going to suggest to you that I found, really, I'll tell you the truth, by dumb luck. Especially in the beginning, when you're re-enacting, because we're all concerned, performance anxiety. God forbid that in this re-enactment, me as a counselor would do something in the re-enactment that would confirm your impressions of me that maybe I'm not skilled or don't know what I'm doing. That's like the worst thing that could happen.

And sometimes, I even ask that question if I'm sensing some resistance on the part of the counselor. I might say, well, what's the worst thing that could happen? What do you imagine what would happen? And oftentimes, you'll get into that aspect. So that's why I'm using kind of a counselor role in clinical supervision to explore maybe the dynamics of fears, anxieties that they have in doing this with you.

So one little tip that I would suggest is allow the counselor-- and also allow you because there's also performance anxiety on your part because you want to be the good supervisor, right? Oh, man. What if I make a mistake? OK, well let's take that out for a moment, out of the equation, by first allowing you, as supervisor, and the counselor, like it's OK to make mistakes. It's OK to make mistakes. And in fact, I suspect I'm going to be making a mistake.

And I say to you this came by dumb luck. Many, many years ago, I was doing a training program, and I was in front, I don't know, about 25 counselors, and we're doing a re-enactment. And I was the supervisor, and the counselor was reenacting the counselor situation.

And I said, so I was beginning, I was sensing some anxiety because like here's the professor. The professor should know, blah, blah. And I realized right at that moment, like boy, there's a lot of performance anxiety. So what I said to all the counselors around, I said, look, I'll probably be making a couple mistakes. In fact, I even went a step further. I said I'm going to actually try to make some subtle mistakes. I want to see if you can find them.

What I found that did for me is it really decreased my own anxiety levels because number one, the truth of the matter is I probably will be making a mistake. Point one. Point two, though, if I make a mistake, it's not the end of the world.

And here's the other thing. Sometimes, by also saying that, I may not have considered something a mistake, but sometimes another counselor might like, you did this, and I don't really think that that was good. And even if I thought, actually, well, no. Actually, I thought that actually was good. What it does is it engages the other counselor to provide their perception. So when you're working, doing individual supervision with your counselors, if you do re-enactments, plant that idea right from the get-go. Look, that's what this is all about.

Remember what I said in the last module. You want to provide a safe space for your counselors to make mistakes. And also too, if they see you making mistakes, it's hard to say to your counselor, oh, feel free to make mistakes if you, as a supervisor, but it's not OK for me to make mistakes. OK?

And then also what it does is you're not now focusing on the counselor. Now you're paying attention to your little voice about, oh, boy. I hope I do this role-play really well. I hope I really demonstrate effective listening, and genuineness, and empathy, and all those aspects. We make mistakes. It's OK.

OK, let's talk a little bit about giving supervisory feedback. And some of the things I'm going to talk about are things that you well know. So much of this, I think, is simply a reminder for you.

So when we're giving feedback to our counselors, we want to be clear, we want to be specific. And the best way to do that, of course, is provide examples.

So whether you're observing live, or on audiotape, or videotape, or in re-enactment, and you're processing, when you can give-- Well, I really liked when you said this, because when you were working with your client, I sensed that you were really connecting. OK, so giving specific feedback with examples is really important.

Making sure that that feedback is ongoing, that you're checking in with your supervisor. So during the context of supervision, a lot of times, I'll be asking counselors who I supervise is-- I'll check in with them. So I might say something like, so what do you think about what we just talked about? Or I'd be curious, what's your reaction to that?

Sometimes, again, I'll adopt that counselor role, because remember, teacher, consultant, counselor role. If I sense that the feedback that I'm giving, it's like, boy, this isn't making it, I might even say to the counselor, I was just kind of wondering, that feedback that I gave you, I sense that maybe you disagree with me here. Or if I want to get more kind of an affective way, I might say, I get the sense you're kind of saying, I'm just not buying that. So now you're talking about the process that exists.

So as you're giving feedback with supervisees, make sure that you're checking in through the course of individual supervision. How's this impacting? What do you think? What's your reaction?

Another thing in giving feedback-- and this is something honestly, I know sometimes some of my supervisees have said to me, given me feedback about my supervision-- sometimes there's a tendency to kind of focus on what's wrong. And many years ago, I had-- Actually, this is was a master's student who was doing an internship in State VR. And I could sense that near the end of the supervision, like that just sense of boy, she's really kind of feeling down.

And I said, so what's going on with you right now? And no, it's all right. I said, well, let me ask you this. If someone asked you, hey, how did your supervision go today? What would you say? And she said, well, sometimes I just feel like all you tell me is what I'm doing wrong. Am I doing anything right? I thought, oh my Lord. Yeah.

So first thing I did is say, you're absolutely right. I realized that this morning, probably of our 50 minutes, probably 40 of them were on what's wrong and what needs to improve. So first off, thank you for telling me that. So you want to make sure that you're balancing your feedback-- the things that they're doing well, and what you perceive as their strength areas, and then obviously, things that need to be corrected. Because again, sometimes I think we might focus too much on what's wrong as opposed to am I doing anything right.

We talked a little bit earlier about using either-- You can have formal kinds of checklists if you want. But a lot of times, I think if you use kind of your own self-statements or assessment tools, make maybe a list of like five statements that you might want if you're trying to focus on a

couple key areas. So maybe one statement is like the counselor effectively uses silence in their session. Counselor uses positive confrontation when needed, effectively uses positive confrontation. So you can tailor that to the specific things that you're working on supervision.

And you might say, well, on a scale of 1 to 10, how do you think you did this time? Again, it doesn't have to be some big, highfalutin, formal assessment. There are forms and tools available that you could use. But I find, frankly, a lot of it can simply just be individualized. Maybe pick a couple of statements or skill sets that you want to focus on in supervision.

Make sure before the end of supervision that you summarize what happened in your supervision session. And then that sets up to kind of, well, where do I want to go next? Where are we going to go next week, next month, when we continue supervision? And the reason why I like to do that is because it gives you an opportunity to check in with your counselor of here's my perception of the session. What's your perception? Because sometimes, they're not always in sync, as that earlier example that I demonstrated with the counselor saying, am I doing anything right?

The other thing too, if you really want to get some feedback for you as a supervisor and your developmental level, the thing that I would say to you is you might even want to ask your counselor, when we think about this session today, was there anything in today's session that you thought was particularly helpful? And is there anything here that maybe you think, I don't know if that was as helpful?

Now again, that could be a little risky. But what it does is that if you're willing to take that risk with your counselor, hopefully what results from that is accurate and is from the perception of the counselor. Information will be useful for you as a supervisor that will help you in your supervision and help you to grow as a clinical supervisor.

In my work with supervisors, specifically in training State VR supervisors, I find that when I provide a consultation and I've listened to supervisors talk about their first supervision session themes, that there's a list of things that I think often occur. And I thought I might share them with you, again, as a context for if you're kind of wondering, well, again, what am I going to do? What are we doing here?

So let me just kind of scan these, because I think a number of these, we've talked in detail. So one of the most important things we already talked about is why are we here. That has to occur in that first session. You have to provide that rationale. You have to provide that explanation about what's this going to look like, what's involved.

You might have to spend time talking with your counselors as to, well, you already do supervision. We do a quarterly review of my case files. So you might have to go back to that module 1 and say, well, that's true, but that's administrative supervision. This is clinical. So you might have to talk about using the material that we addressed on module 1, explaining the difference about this is quite different from what we've done before.



Spending some time-- [COUGHING] excuse me-- about the procedures and setting up a schedule, those kinds of administrative things you need to work out. Taking a few moments about your expectations from the counselors about what's going to happen here, and perhaps your expectations, what you hope will during that. In that first session, you talked about spending some time about their past experiences and supervision.

And then we had talked about the importance of setting that stage, that this is a collaborative experience, hopefully. This is a place to learn. It's OK to make mistakes. It's OK to ask questions. It's OK not to have the answers to everything. It's OK for you to challenge maybe some of your answers or your understanding of how things work. OK?

And then finally, you might want to take time to review what was that first session like for the counselor. So before they leave, take that time.

So the reason why I'm just kind of summarizing those is to highlight those points, is yeah, your first supervision session, particularly if this is something new that you're instituting, you want to make sure you get this right. Because that old saying, you only have a first day once. Well, yeah, that's also true. You only have your first clinical supervision session once, so you want to do everything you can to make sure it's a facilitative process, it's a helpful process, and that when the counselor leaves the session, that they feel good, and hopefully, it's wow, this is something that's going to help me.

I was trying to think about, give maybe some examples of questions to facilitate collaboration. Before I kind of go review some of these questions, these are just questions that I've used. Sometimes I think presenters, when they give an audience-- Well, here are the questions. It's like, well, OK, here are the questions that I have to ask.

First thing I would say to you is this. These questions may not be ones that you might want to use. Use ones that you think are true for you. And also too, the way that questions are phrased, the language, how it's used may not be the way that you would phrase them. Again, phrase them in a way that makes sense to you. But having said that, here's some beginning questions, when we're talking about that first session with your counselor, that you might think about, that in my own work that I've found to be particularly useful and has generated a lot of good discussion.

[COUGHING] Excuse me.

So that first one is, what have you received feedback from prior supervision that you'd like to improve? I like asking that question because I want to see if there's any continuity between kind of prior supervision and maybe what I might, as a supervisor in working with a counselor, might want to work on, OK? And again, I have to be prepared that maybe the counselor didn't get much supervision, so I have to address that. OK?

Another question I use that generates a lot of discussion is when you think about the skills that are needed to be an effective voc rehab counselor, what do you consider as your strength

areas. OK, what are those things that you think that you can improve on? What are the things that you do really well?

Are there situations or clients that you think, I do really well in these situations? And here are the things that I struggle with. OK? It may be a type of client in terms of functional disability or some characteristic of the person that maybe that they struggle with a little bit.

Another question I'll ask basically is asking if I were going to take a random sample of clients to work with, what do you think they would tell me about you as a counselor, your strengths? And what do you think they'd say that you could improve on? That kind of question in family therapy is often referred to as kind of a gossiping technique.

So you basically are asking the counselor to comment on what he or she believes other people would say, which really, in essence, is kind of a projection of what they perhaps believe of themselves. But this is sometimes even a less intrusive way, if you want to be less directive than asking them out front, what are your strengths and weaknesses? A way to kind of soften that would be, what do you think other people would say about that?

You remember that the infamous slide about nothing's as practical as a good theory. And this is something for you as a supervisor, you need to think about, and you need to be prepared with. What's their understanding of counseling style, counseling theory, whatever you want to use, when they work with clients? How do they believe that you facilitate change with clients? What's their framework? OK?

Have they ever considered other approaches? Do they want to learn more about? I know nationwide, there's been quite a lot of work on motivational interviewing. And perhaps some of you may have participated in that. But there are other approaches, as you may recall from your graduate training, a lot of other counseling style approaches that might be quite effective in working with clients-- rational emotive therapy, feminist therapy, internal family systems, cognitive behavioral therapy, counseling approaches.

Again, how you perceive the way that you intervene with clients and promoting change, that's going to vary across counselors. And so it's important at least for the counselor to say, well, this is what I believe. And as a result, this is how I act in the client-counselor session.

On the left-hand side of this next slide, there are a stack of coins. There are four stacks of coins. And on the top of the coin, there's a small plant that's kind of growing out of the coin. And there's a big jar with coins, with a plant that's a beginning plant. It's growing out of the jar. And basically, I use this to remind me that the more that you invest in your counselors, the better your outcome's going to be.

But the bottom line is it requires investment. And it requires investment, obviously, not just on the counselor part, but your part as supervisor. So when you think about the investment, like, well, are my counselors invested, there are a couple of things that you kind of think about and

address. Most obvious ones being, well, are they showing up for supervision? Are they prepared? So are they responsible for it, OK?

In your supervision, do you see your counselors as taking measured risk, that they're trying to implement some of the things that you're talking about in supervision? That you can see that, wow, last month we talked about this, and I can see in this month, they're trying to practice some of the things that we had talked about. Their receptiveness to the feedback that you give them. Are they engaged in that process or are they just kind of sitting back?

And then the other thing too-- and this to me is the litmus test, and we talked a little bit about this-- is does the counselor feel safe in making mistakes with you as the supervisor?

[COUGHING] Excuse me. Do they feel supported by you?

I know from my experience, when I ask a counselor, well, how's supervision going? Pretty much, when a counselor can say to me, like, well, you know what? I know that if I messed up, it's all right. That John, Linda, or whoever my supervisor is, they're going to help me with that. When a counselor knows that they can have that level of trust with you, that it's OK for me to make mistakes, it's OK for me to kind of share things I'm kind of confused about, uncertain about, when I can do that with you, there's a lot of other good things that follow in supervision.

So this next slide gets to a question that a number of supervisors, when I do supervision training, will ask. And that question is, how do we know it's a good supervisory session? It's a great question.

Now I want you to recall a little bit back to the material that I covered in the module 1. OK, and in that, I'm not obviously going to go through all that again. You're probably saying, thank you for that. But you'll recall the slides about effective and ineffective supervisory behaviors. So when you, as a supervisor, if you think, boy, was that a good session or not? OK, here's some things that you can be thinking about.

So we talked about the setting up before we actually meet face-to-face, the pre-preparation planning. So did you have a setting that promoted privacy, just the physical aspect of it? Did you discuss within that first session particularly, but with any of your sessions, was there some clear purpose or focus of what do we do today? So when you leave the session thinking, wow, we focused on this, as opposed to, man, we were kind of all over the place. And maybe sometimes, that's OK. Maybe that's different when talking like a number of topics. But so like, boy, I went here, I went there. I don't know where. It's all over the place.

Did your supervision build on or expand earlier work that you've done? So how does the supervision relate to the prior one? Now with each supervision session, there may be different topics. I get that. But sometimes, if you're setting it up with your earlier session, and you wanted to see, well, OK, let's for this next month, I'd like for you to try to do, and then whatever these tasks are, in your work with clients. How does the current session that you have-- Did it expand? Did it build on the previous one?

Did you use multiple tools with your counselors to assess their concerns, address their concerns and client-counselor dynamics? And we talked about some of those tools about audiotape, videotape, live supervision, checklists, content process recording, re-enactment. Lots of tools that you can use within the context of that. Did you give specific feedback that address the areas that they're doing really well with, and areas that need improvement?

And the last question is this one, and to me, I think this is the most important one. Was the counselor heard? When I've done work in the past and in consulting, which has happened a few times, where I've actually done live supervision with the counselor and the supervisor present, and one of the things that I ask is to the counselor. I might say to the counselor, did you feel your supervisor heard you today?

And if the answer to that is yes, usually, good things follow. Or if the answer is, well, kind of, but I was really saying this, and I think they kind of missed the boat. Or he's telling me to do this. I don't know if I really can agree with this. I have a different opinion.

So if your counselor was heard, and sometimes you can even rephrase this as, is there anything that I missed today? You can even kind of ask it in that way. But that, to me, is really the litmus test as to whether or not this was a good supervision session or not.

And then, as I said, sometimes I've actually just asked that question indirectly. Particularly if I feel like I've missed things. I've had situations where I've done supervision that towards the end, and as I'm kind of like, before the counselor leaves our session, and I think, you know what? I think I missed something a little bit earlier.

So I might even say to the counselor, you know what? I kind of have mixed feelings about our session today. We were talking about something about 30 minutes ago, and your uncomfortableness with your client about this. And I know we explored that, but I'm not sure I really got to a point where I felt that I was really kind of helpful.

So it gives me an opportunity also with my counselor to not only disclose that maybe I made a mistake, but it also gives us an opportunity to say, I'm here for you, and if I feel that perhaps I'm not addressing everything the way that I would like, hey, we can always come back to that. So then I might say, I'd like to, in our next session, I'd like to follow up on that a little bit, if that would be OK. So before the counselor leaves your session, and particularly your first session, ask yourself, was the counselor heard?

All right, we're just about finished, but there's a couple of things I want to do or ask you about. [COUGHING] Excuse me.

OK, we're just about finished. There's a couple of things, though, I want to ask each of you to reflect on. On the right-hand side of this slide, there's a picture. It looks like a woman who's kind of walking in a field of tall grass that borders water. And the sun's in the background. It's kind of a nice reflection of that silhouette in the water. So reflection question.

So I've asked this before, but I'd like you to kind of think a little bit about, well, what were some of your takeaways from this module, OK? Was there anything here that was kind of new for you, or maybe some things that you feel like reaffirmed or you relearned? Or maybe some things that you totally disagree with.

And as you think about that, think about, well, what does that mean for you as an individual supervisor, and how you want to go forward in the way that you provide supervision to your counselors? OK? And that's that second question. So the information that we covered today, how will that impact your individual supervision that you provide to your counselors?

So take a few minutes. And what I would suggest is while this is kind of fresh in your memory, maybe just take a piece of paper, jot down a few notes, because then you can always kind of come back to that as well.

Now, something new in this module that I was thinking about is I have some suggestions of some additional learning activities. So if this module was not enough for you, and you want to do even more stuff that hopefully will even enhance this further, I have a couple suggestions that you might want to think about.

First, write up a supervisory contract that you believe will work for you and the counselors you supervise. And to tell you the truth, I was tempted to give you a copy of an example, but I refrained from doing that. And the reason why I did that was because sometimes I find that while that might be a tool, sometimes it can also be kind of an anchor in the sense of like, well, this is what this guy did. My intent here is by not doing it is that you can do this in your own words. It doesn't have to be some highfalutin legal document. It just is a document that works for you. And you use the kind of checklist of things that we talked about in this module that you might want to incorporate in a contract.

On the slides that follow are a list of references that if you want to learn more about-- You could look at those references and download those readings if you want to learn more about individual supervision and some of the topics within that that we talked about today. Before you have that first supervision session, another activity you could do is just put together a checklist of things that you want to keep in mind when you're conducting your next-- or your first, if it's your first-- counselor supervision session.

And then the other thing that I would suggest-- And I find that when you kind of declare things with another person, your likelihood of accomplishing that behavioral task is significantly increased. And that is I would suggest to you that you discuss your intent with another supervisor, things that you want to change in how you do supervision. And so I would strongly encourage you to-- someone, a colleague who you trust and maybe you've gone to the past about questions you've had about supervision-- but have that discussion with another supervisor, and in essence, hopefully then maybe provide an opportunity that you might do some peer supervision with another supervisor so that both of you can learn and both of you can grow as a clinical supervisor.

So these are the references that I was talking about. If you notice, a lot of them are mine. I'm not sure what that's saying except for that I think it's good stuff, and hopefully you can use that. And also, by the way, I should just comment, we're planning to put together like an

annotated bibliography in the future-- that might be sometime later this year or next year-- that you can use. But if you want to get a head start, here's some things that you can kind of take a look at. And here are some additional references. So again, those are up to you.

So I want to thank you for taking the time again to spend in this training module. I hope it's been helpful to you. I look forward to continuing to work with you in our next modules. As John had said, we're going to be focusing on group supervision, which is something that a lot of VR supervisors believe that they institute, but I'm not really sure it constitutes group supervision the way that we want to frame it. I look forward to working with all of you. And I'll see you at the next module. Thanks.