Clinical Supervision of The Seven Challenges® Program
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This document is written as a supplement to the section on Clinical Supervision in *The Seven Challenges Manual*. It is to support Seven Challenges Leaders who supervise The Seven Challenges Program.

**Structuring Supervision**

Rather than doing entire case reviews, The Seven Challenges Program lends itself well to clinical supervision in which counselors bring issues to discuss at supervisory sessions that are most relevant to them – difficult situations; or problems with a certain client or type of client; or a particular type of help needed to provide better services; or examples of what has, or has not, worked well; etc.. Supervisors can also prompt discussions about issues that they think are most relevant to counselors who are implementing the program. (Examples of questions and tasks are listed below.) In other words, supervisors can use the “working model” with counselors, just as counselors use this model with youth.

In doing The Seven Challenges, counselors will be learning new skills and a new program. Using a problem-solving approach and a nurturing voice to help a counselor learn from mistakes can be modeled in supervision – just as we want to teach this nurturing voice to clients (Challenge Seven counseling skill).

Challenge One can be discussed in terms of facilitating an open and honest counselor/supervisor relationship: What do we need to do to make our supervisory sessions feel safe to you? This is a parallel to how we use Challenge One with youth.

In discussing clinical work during supervision, supervisors can seamlessly make The Seven Challenges part of the conversation to model and teach how this is done with clients during counseling sessions.

Supervision also includes helping counselors understand that The Seven Challenges model is not optional and must be practiced with integrity. Supervisors will help counselors adjust to the program. Supervisors may inquire: “What in The Seven Challenges Program is entirely consistent with how you worked with youth in the past?
What is different from how you worked with youth in the past? How are you reconciling your style with this program?"

Supervisors can help counselors learn with questions.

Below are Examples of the types of questions that may be useful in supervision, helping counselors think about their use of the counseling skills incorporated in each challenge:

1. **CHALLENGE ONE:** What are you doing to actively build trust with clients; to help clients feel they can talk openly and honestly with you; and to undo expectations that you are working to make them quit? Do your clients understand that they are in charge of making their own decisions, and for this to happen in this program, they need to work on their lives? What are you saying or doing so that your clients understand what it means to work in groups? Have you tried to explain how clients can succeed in this program in small increments, short of making the decision to quit using drugs?

2. **CHALLENGE TWO:** What are you doing to encourage youth to talk freely about what they like about drugs? How do you respond when they start glamorizing drugs or telling war stories? Do clients understand the difference between talking about what they like about drugs and glamorizing drugs or telling war stories?

3. **CHALLENGE THREE:** What have you been doing to help young people identify the harm from drug use, without increasing their defensiveness? Do you find yourself arguing with youth about drug use? If so, what is said in these arguments? How do you confront youth about their drug use and other lifestyle issues? How do you respond to youth who try to engage you in the game of “Try to make me quit?”

4. **CHALLENGE FOUR:** How do you respond to youth who tend to excessively blame themselves for everything that is going wrong in their lives? How do you respond to youth who seem so angry and always blame other people for everything bad that happens to them? Can you give an example of how you validate for a behavior without necessarily justifying it or considering it to be the best possible behavioral option for the future? What’s the difference between validation and making excuses?

5. **CHALLENGE FIVE:** What sort of things do you say to help and inspire young people to think more about their future? What sort of activities do you use to help them think more about their future? How do you inspire young people to think about their dreams and aspirations? How do you help them evaluate and consider their values, belief, and goals? How do you respond to youth who seem to have naïve, simple-minded beliefs about their future, more based on fantasy than reality?
6. **CHALLENGE SIX:** What do you do to slow young people down when they are making decisions to change? What sort of issues do you raise when they say they want to quit using drugs? How about when they say they want to cut back on their drug use? Or just use one drug? Or, stop abusing drugs? How do you help youth understand that success in making changes with regard to the use of drugs requires complementary changes in their lifestyles?

7. **CHALLENGE SEVEN:** Do you teach about the difference between lapse and relapse? How do you help young people take responsibility for their mistakes, and learn from their mistakes without excessively blaming themselves? What do you do to make it feel safer for young people to discuss their mistakes? How do you model a nurturing voice for youth?

**Supervision tasks:**

1. Describe the main concepts of The Seven Challenges in your own terms.
3. Describe a discussion you had with a client, or an activity you did in group and how you helped youth relate the work to specific challenges.
4. Describe how a client tried to hook you into a game of “Go ahead, try to make me quit,” or any power struggle, and how you avoided playing the game or engaging in a power struggle.
5. Discuss the stage of change of a particular client with regard to drugs and why (your perception).
6. Discuss a reading from the Seven Challenges book covered in a recent session and how the client(s) responded to it.
7. What are you doing that seems to motivate a desire to change?
8. What does it mean when we say counselors are “problem solving partners” in The Seven Challenges?
9. What has worked well for you in the program? Discuss what you look for to validate success in your clients?
10. Discuss how you handle self disclosure and your rationale for your approach.
11. What are your own values about drug use and drug problems? How do you feel when you work with clients who have different values?

Journal Reviews: Balanced feedback, pointing out positives and negatives about journal responses, considering options with counselors; be specific about possible improvements; and rationale for proposed improvements. Make it part of supervision. Also have group Journaling sessions in which counselors collectively respond to Journals and build their skill in Cooperative Journaling.
Frequent problems seen in clinical supervision:
Counselors rush through Challenge One and do not see its unique importance.
Counselors feel very uncomfortable allowing clients to talk freely about what they like about drugs. They often must discuss Challenge Three whenever a Challenge Two issue arises.
Counselors often have an agenda of abstinence that is subtly communicated and creates resistance.
Counselors often get hooked into playing “Go ahead, try to make me quit.”
Counselors seem to be seeking that one brilliant question that will turn everything around.
Counselors often confuse validation with justification.
Counselors often do not slow down youth when they say they want to quit using drugs.
Counselors often make an inaccurate self-appraisal about their tolerance of discussion of drug benefits. They vastly overestimate their threshold, which often is exceedingly low.
Counselors view Challenges One and Two as pre-treatment and must see the importance and primacy of these challenges.
Counselors structure most of the time in sessions; do not establish the norm and insist upon youth bringing in issues that they want to work on.

Supervision topics to discuss at Leader Training

- Prepare to deal with the issue of youth complaints about medications, for example, “You recommend I learn to deal with life on its own terms. Why should I be taking medication?”
- “If you want to use drugs that’s fine.” Versus “I accept your decision.” “So be it.”
- How to handle it when youth says: “Are you telling me it’s OK to use drugs?”
- Problem when counselor says: “I try to convince the youth there is another choice.”
- Problem when counselor says: “We want to help you make better decisions”
- Over-generalizing: Calling a program that helps youth with either drug abuse or dependence a “CD program.”
- Challenge Four: Problem when counselors see explanations of context as an excuse, when they should be validating experiences.
- The difference between a working group – and a group in which members talk about whatever pops in their mind.
- Responding without a power play to youth who say: “I already decided; I’m going to keep using.” Example: “Help you see what informed your decisions; follow through and check out your decisions; and see what other aspects of your life you would like to improve.”

Supervisors will observe sessions and rate counselors on a Skillfulness Scale
Basic Skill Deficiencies and the Role of Clinical Supervisor
The Seven Challenges Program is designed to counsel adolescents with drug problems as well as co-occurring psychological and life problems. Various organizations provide Program services in different modalities, often including group and family sessions. By any measure, implementation of The Seven Challenges Program requires considerable professional skill. In the field of drug counseling, substantial skill deficiencies are widely acknowledged. We work with organizations that have staff in professional roles who are lacking skills in mental health counseling; lacking skills in drug counseling; have little or inadequate background in working with the adolescent population; and those who are being asked to conduct groups or provide family services, without any specialized training in group therapy or family therapy. As a program we cannot remediate all the deficiencies. On the other hand, we aim high. We assume that organizations will send competent Leaders to Leader Training who will address skill deficiencies in their ongoing supervision of counselors. In our training sessions, we have become increasingly aware of the need to provide experiential help in this process – to jump start remediation and to help supervisors see ways that they can teach and advance basic skills. We ask that Leaders who supervise the Program reflect upon the skill sets of their providers and work toward ever increasing competency.